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Salvete Care Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place 11 & 12 February 2016 and was unannounced.

The inspection was carried out by two inspectors.

Salvete Care Home is a residential home providing personal care and support for up to 40 people with a range of social, physical and dementia needs.

There was a manager in post who was in the process of registering with the Care Quality Commission.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and how to report them.

People had risk assessments in place to enable them to be as independent as they could be.

There were sufficient staff, with the correct skill mix, on duty to support people with their needs.

Summary of findings

Effective recruitment processes were in place and followed by the service.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service.

Staff received a comprehensive induction process and ongoing training. They were well supported by the manager, deputy managers and the provider and had regular one to one time for supervisions.

Staff had attended a variety of training to ensure they were able to provide care based on current practice when supporting people.

Staff gained consent before supporting people.

People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were knowledgeable of this guidance and correct processes were in place to protect people.

People were able to make choices about the food and drink they had, and staff gave support when required.

People were supported to access a variety of health professional when required, including opticians and doctors.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well.

People and relatives, where appropriate, were involved in the planning of their care and support.

People's privacy and dignity was maintained at all times.

People were supported to follow their interests and join in activities.

A complaints procedure was in place and accessible to all. People knew how to complain.

Effective quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been recruited using a robust recruitment process.

Systems were in place for the safe management of medicines.

Good



Is the service effective?

The service was effective.

Staff had attended a variety of training to keep their skills up to date and were supported with regular supervision.

People could make choices about their food and drink and were provided with support when required.

People had access to health care professionals to ensure they received effective care or treatment.

Good



Is the service caring?

The service was caring.

People were able to make decisions about their daily activities.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Good



Is the service responsive?

The service was responsive.

Care and support plans were personalised and reflected people's individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place and people were aware of this.

Good



Is the service well-led?

The service was well led.

People and their relatives knew the manager and were able to see him when required.

People and their relatives were asked for, and gave, feedback which was acted on.

Quality monitoring systems were in place and were effective.

Good



Salvete Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 & 12 February 2016 and was unannounced.

This inspection was carried out by two inspectors.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the

provider to give some key information about the service, what the service does well and improvements they plan to make. We checked the information we held about this service and the service provider. We also contacted the Local Authority. No concerns had been raised and the service met the regulations we inspected against at the last inspection which took place in July 2014.

During our inspection we observed how staff interacted with people who used the service.

We spoke with nine people who used the service, the manager, the provider, the chef and six care staff.

We reviewed three people's care records, four medication records, four staff files and records relating to the management of the service, such as quality audits.

Is the service safe?

Our findings

People told us they felt safe. One person said, “Yes it’s safe and secure here, I don’t have any worries” another person said, “It’s very safe, the staff make it safe.”

Staff had a good understanding of the different types of abuse and how they would report it. One staff member said, “I would report it immediately.” Another said, “I would make sure the person is safe from immediate harm. I would then report to my manager immediately. If needed, I would contact the police or CQC if I felt it wasn’t being dealt with.” Staff told us about the safeguarding training they had received and how they put it into practice and were able to tell us what they would report and how they would do so. Staff were aware of the provider’s policies and procedures and felt that they would be supported to follow them.

There were notices displayed within the service giving information on how to raise a safeguarding concern with contact numbers for the provider, the local authority safeguarding team and the Care Quality Commission (CQC).

Staff told us they were aware of the provider’s whistleblowing policy and would feel confident in using it.

Within people’s care plans were risk assessments to promote and protect people’s safety in a positive way. These included; moving and handling and falls assessments. These had been developed with input from the individual, family and professionals where required and explained what the risk was and what to do to protect the individual from harm. We saw they had been reviewed regularly and when circumstances had changed. Staff told us they were used on a daily basis to enhance the support provided.

There was an emergency information file available to staff. It contained; contact numbers for staff, people’s relatives, emergency contacts for professionals, cut off points for gas, water and electricity and a set of floor plans. There was also individual Personal Emergency Evacuation Plans (PEEPs) for each individual which could be used to aid emergency services in the need of a total evacuation.

Accidents and incidents were recorded and monitored. We saw records of these which were completed correctly in line with the provider’s policies.

People told us there were enough staff on duty. One person said, “Yes we are well looked after, plenty of staff about.” On the day of our inspection there was enough staff to ensure people were able to get the support they required.

Staff told us that there had been staff shortages and recently used agency staff to cover staff vacancies. Rotas we saw showed the same agency members had been used where possible to aid continuity of care. We saw the new rotas which the manager had developed and there was very little agency staff used due to new staff recruitment.

The manager told us that they had a recruitment policy which was followed. This included appropriate checks, for example; two references, proof of identity and Disclosure and Barring Service (DBS) check. New staff also had to attend the provider’s mandatory training before being allowed to go onto the rota and were in the process of completing the new care certificate. Records we saw, and staff we spoke with confirmed these checks had taken place. The manager had recently recruited a number of new staff. We saw files which had been prepared in advance of the induction process which they would be completing.

Staff told us they were only allowed to administer medicines if they had completed training and had their competency checked to do so. One staff member said, “I am a team leader so I am fully meds trained. We update the training regularly. We have also been offered an advanced meds training through distance learning.” Another staff member said, “I’m about to do my medication training. It’s only the team leaders that administer meds here, but we can do meds training anyway as it’ll enable us to apply for team leader positions.” Training records we looked at confirmed this. The medication file contained each person’s photo, their individual medication protocol and their Medication Administration Record (MAR). MAR sheets we looked at had been completed correctly. We carried out a stock control check and all medicines were correct. There was also a thermometer in the medication cupboard which staff checked to ensure medication was stored at the correct temperature. Medicines were stored correctly and audited weekly.

Is the service effective?

Our findings

People received effective care from staff who had knowledge and skills in working with them. We spoke with a person who told us, “The staff are well trained, they know what they are doing.” Another said, “I can’t look after myself anymore, the staff are trained to look after me and they do it well.” Staff told us that they knew how to support people as individuals and recognise their specific needs.

A staff member told us that they had received induction training when they first started. This was followed by shadowing experienced staff within the service. They told us, “We were not allowed to do a shift here until all our shadowing had been completed and signed off.” Records showed that all staff received induction training, as well as ongoing training which was kept up to date. We saw records that showed staff received regular supervision.

One person told us that staff always gained consent from them before providing them with any care and support. They said, “Staff always ask me first before doing anything, they are very considerate.” A member of staff said, “We always ask people before doing anything. Even with our residents who have advanced dementia and do not have capacity, we still ask because it’s polite and they might express that they don’t want us to do something.” We observed staff interacting with a person, offering various choices around what they wanted to do that day. The person was given time to take in the information and make a decision.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Some people had authorisations to deprive them of their liberty. Staff knew who had and why they had been granted. We saw records that staff had training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, and observed that they had a good understanding of people’s capacity to consent to care. We saw that individuals had input into their own care plans and risk assessments within their files which they had signed if able.

People told us they enjoyed the food provided for them. One person said, “The food is lovely, we get to choose what we want at lunchtime which is a cooked meal, and then a choice of sandwiches and things at tea time.” Another said, “Yes the food is very good I can’t complain at all.” It was clear from our observations at lunch time, that the meal was a social event. People were chatting and there was pleasant music in the background. Staff assisted people with their meals, if required, in a discreet manner. There were plentiful supplies of food and drink in the kitchen. Catering staff knew who required a fortified or special diet and catered accordingly.

People told us that they regularly saw health professionals as required. Staff told us that each person was supported to see or be seen by their GP, chiropodist, optician, dentist or other health care professionals. We saw evidence within people’s support plans that they had attended various appointments to enable continuity of health care.

Is the service caring?

Our findings

People were happy with the care that they received at the service. One person said, “The staff are lovely, we always have a laugh and a joke.” Another person said, “My children are so happy that I am here because they can see I am well cared for.”

We observed staff interacting with people in a friendly and caring manner. Staff took time when communicating with people and did so in a respectful way. We saw that staff recognised people’s individual likes and dislikes and supported people to achieve things. We saw that staff members regularly updated people’s files to evidence their changing support needs, likes and dislikes.

People were involved in their own care planning, along with relatives or representatives if required. One person said, “I am happy with all the plans. I know it is important that staff follow procedure and I’m happy that they know enough about me.” People had signed service individual care plans where possible. This was evident in care plans we reviewed.

Residents meetings were held regularly. This provided a forum for people who used the service to talk about things they would like done within the house and things that they

would like to do. It also showed us that staff used this forum to communicate information with people about the staff team and company. There was a notice displayed announcing one within the month.

People felt their privacy and dignity was being respected. One person we spoke with said, “our privacy is respected, staff knock before coming in to our rooms.” One staff member we spoke with also said, “We take privacy very seriously. I would not like my own privacy to be ignored, so I make sure we do not ignore it for our residents.” We saw that people were encouraged to personalise their own rooms and make them a comfortable space.

We were told that advocacy services were available should people require them. At the time of our inspection, no one was using the services of an advocate.

There were some areas within the home and garden where people could go for some quiet time without having to go to their rooms. This showed that people could be as private and independent as they were able.

People told us they could have visitors when they wanted. One person said, “my family are local and I have daily visits. There are no restrictions put on them at all. They can visit me in my room or out here with everyone else.” Another person said, “Staff have got to know my family from their visits, which is really important to me.” Staff told us that visitors were welcomed and people were encouraged to visit.

Is the service responsive?

Our findings

Staff told us they knew the people in their care but used their written care plan to confirm there had been no changes. They also had a handover between shifts to pass on information to ensure continuity of care and support.

Staff confirmed that before admission to the service people had a thorough assessment. This was to ensure that the service was able to meet the person's current needs, expected future needs and that they would fit in to the home with the people already living there. This information would be used to start to write a care plan for when the person moved in. Care plans we looked at showed this had taken place.

People we spoke with confirmed they had been involved in any changes made to their care plans, one person said, "I talk with staff and they change things if I want them changed." Staff told us they were regularly updated, a team leader said, "We are updating care plans at the moment." The manager told us they were in the process of changing the care plans to an easier to follow format. We looked at them and discussed them with the manager.

During our inspection we observed positive interactions between staff and people who used the service, and that choices were offered and decisions respected. For example,

what people wanted to eat, where they wanted to sit and what they wanted to do. We observed one person had become confused and upset about where they were. Staff knew how to approach them and provided reassurance so that they could be settled.

The manager told us he had recently employed a new activities coordinator. One person told us, "We have a decent amount on offer, quiz games, bingo, live music etc." Another said, "Themed events are very good. We recently had Chinese new year and children came in at Christmas. We have a piano player and a guitarist perform and it is lovely." Staff were in the process of putting up decorations for Valentines as they would be celebrating a few days after our inspection. Staff were involving people with this. There was an activities notice board in the hallway to inform people of future events. We were told that a vicar visited to conduct religious services for people who wanted to participate.

There was a complaints policy and procedure in place. One person said, "I have no complaints, but I am sure the staff would listen if I did." The policy was also available in the service user guide which each person had been given. We saw documentation which showed complaints had been dealt with in the correct way and had been concluded in a way which was satisfactory to both parties.

Is the service well-led?

Our findings

There was a new manager in post who had submitted their registration application. They had been on post for seven weeks on the day of the inspection. They showed us an action plan they had developed for the next six months to assist with making improvements and driving the home forward.

People told us they knew who the manager was. One person said, "I know the manager, nice man." Another said, "Yes we know the manager. He is very approachable. The owners are around a lot as well, nice people." Staff told us that they received support from the manager. One staff member told us, "He is very good and supportive." We were also told that they could speak to the deputy managers or the provider if they needed to. They said there was an open culture in the home and with the provider.

There was a manager in post. People we spoke with knew who he was and told us that they saw him on a daily basis. During our inspection we observed him interacting with people who used the service and staff; there was a good rapport between them all. The provider was also in the home on a daily basis and available for anyone to speak with.

A staff member told us that the provider had a whistleblowing procedure. Staff we spoke with were aware of this and were able to describe it and the actions they would take. This meant that anyone could raise a concern confidentially at any time.

Information held by CQC showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way. Copies of these records had been kept.

The service had a variety of quality monitoring processes in place. We saw documentation for some including, daily, weekly, monthly and quarterly checks on a variety of subjects including fire equipment and escape routes, medication and equipment checks. Action plans had been developed where required and had been signed off as complete.

Staff told us they had regular team meetings. One staff member said, "We have staff meetings. We are due one soon. Everybody speaks freely and we go over staffing, residents, activities and more." We saw records of minutes of these. Suggestions had been put forward and acted on.

The manager told us that an annual survey is sent out to people and their relative's. There was an easy read version with happy and sad faces to enable everyone to be involved. The results were available for the 2015 survey. The comments were positive, where there had been suggestions made, we saw some had been actioned.

The provider told us that they produced a monthly newsletter which was sent out to families to keep them up to date with upcoming events, activities and news and information about the home. This was available for everyone to access.