

Salford House Limited

Salford House

Inspection report

Salford House
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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 ●

Summary of findings

Overall summary

The inspection visit took place on 16 May 2017 which was unannounced and we returned announced on 17 May 2017.

Salford House is a residential home which provides care over two floors to older people including people who are living with dementia.

Salford House is registered to provide care for 25 people. At the time of our inspection visit there were 21 people living at the home which increased to 22 because of a new admission.

At the last inspection, the service was rated good overall, however effective was rated as requires improvement. We found improvements were made to the effectiveness of the service and at this inspection we found the service remained Good overall.

There was a registered manager at the home. 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 and relatives were complimentary and satisfied with the quality of care provided. People were supported to remain as independent as possible so they could live their lives as they wanted. People made choices about what they wanted to do for themselves and how they wanted to spend their time. People were supported to maintain important relationships with family and friendly relationships had been built between some people in the home.

People were encouraged to make their own decisions about the care they received and care was given in line with their expressed wishes.

Care plans contained detailed and supportive information for staff to help them provide the individual care people required. People and relatives were involved in making care decisions and reviewing the care provided to ensure it continued to meet their needs.

For people assessed as being at risk, care records included information for staff so risks to people were minimised. Staff understood people's individual needs and abilities which meant they provided care in a way that helped keep people safe. Staff received essential and regular training to meet people's needs, and effectively used their skills, knowledge and experience to support people.

People's care and support was provided by a caring and consistent staff team and there were enough trained and experienced staff to be responsive to meet their needs. People told us they enjoyed and felt safe living at Salford House. Relatives were complimentary of the support given to their family members and

relatives were kept informed about important changes.

Staff knew how to keep people safe from the risk of abuse. Staff and the registered manager understood what actions they needed to take if they had any concerns for people's wellbeing or safety.

The registered manager and care staff understood their responsibilities in relation to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity, staff's knowledge ensured people received consistent support when they were involved in making some decisions. Staff always gained people's consent before they provided care and support.

People were supported and encouraged to pursue hobbies and leisure activities and people said they enjoyed the variety.

People received meals and drinks that met their individual dietary requirements. Anyone identified at risk of malnutrition or dehydration, were monitored and if concerns were identified, advice was sought and followed.

People's feedback was sought by completing surveys and the visibility and access of staff and management made people feel they could voice any concerns or complaints. The registered manager had an 'open door' for people, relatives, staff and visitors to the home which reduced complaints escalating.

The registered manager's systems were effective to monitor and drive improvements because regular audits and checks led to improvements. The registered manager had submitted a Provider Information return (PIR) and they understood their legal responsibility to notify of us of important and serious incidents. During our inspection visit however, we found some statutory notifications had not been sent to us. The registered manager assured us all statutory notifications would be sent to us in a timely manner so we could continue to monitor this service effectively.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remained safe.

Is the service effective?

Good ●

The service was effective.

At the last inspection this home was rated as 'requires improvement' in this area, because staff's knowledge of people's capacity to make decisions was not always consistent. This time, staff worked within the principles of the Mental Capacity Act 2005 and decisions were made in people's best interests, although records did not always support this. People were supported by trained staff and received support from other healthcare professionals to maintain their health.

Is the service caring?

Good ●

The service remained caring.

Is the service responsive?

Good ●

The service remained responsive.

Is the service well-led?

Good ●

The service remained well led.

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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 visit took place on 16 May 2017 which was unannounced. We announced our return on 17 May 2017. This inspection visit was conducted by one inspector.

We reviewed the information we held about the service. This included information shared with us by the local authority commissioners. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. We looked at the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We reviewed the information in the provider's information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asked the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information when conducting our inspection, and found it reflected what we saw during our inspection visit.

To help us understand people's experiences of the service, we spent time during the inspection visit observing and talking with people in the communal areas of the home. This was to see how people spent their time, how staff involved them, how staff provided their care and what they personally thought about the service they received.

We spoke with five people who lived at Salford House and two visiting relatives. We spoke with the registered manager, a deputy manager, two senior care staff, two care staff, one activity co-ordinator and a cook. We also spoke with two visiting healthcare professionals.

We looked at three people's care records and other records including quality assurance checks, training records, observation records for people, medicines, nutritional charts and incident and accident records.

Is the service safe?

Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection and safe staffing levels continued to support people. The rating continues to be Good.

People were safe living at Salford House and comments people gave us explained why they felt safe. One person said, "The door is locked so we don't get any strangers in here." People said they felt safe and comfortable with staff and were not afraid to ask for help for themselves or other people who needed it.

Staff received safeguarding training, which made sure they understood the signs that might indicate a person was at risk of abuse. Staff said they had confidence to challenge poor practice and to share any concerns with the registered manager. One staff member explained, "If I saw anything, I would tell the manager, police and you (CQC)." Where a safeguarding concern or incident had been identified, the registered manager had taken action to report this to the relevant organisations who have responsibility for investigating safeguarding issues.

Care plans contained risk assessments which were updated on a regular basis or when the person's needs changed. For example, one person had been assessed for the risk of dehydration and had been found to be at high risk. Staff encouraged this person to increase their fluid intake and recorded what the person had consumed. One staff member said, "[Person] has always been like this but we encourage more fluids by giving more porridge and jellies which contain fluid." They said senior staff checked fluid records and if concerns were found, other healthcare professional's advice was sought.

There were sufficient staff to meet people's needs. People told us that there were enough staff to care for them. One person told us, "Always staff to help, oh yes." The registered manager completed an overall dependency chart that showed each person's dependency needs. They checked this regularly and if dependencies increased, this informed their staff allocation. The registered manager said following our last inspection they had increased staffing levels which had made a positive difference, such as, reducing times people waited for assistance. This was supported by what people and staff told us.

Maintenance and safety checks had been completed for all areas of the service. These included safety checks of electricity and gas, portable appliance tests and water safety. Records confirmed these checks were up to date. In addition, there was a fire risk assessment and regular testing of fire safety and fire alarms so people and staff knew what to do in the event of a fire. People who used the service had Personal Emergency Evacuation Plans (PEEPs). These are for people requiring special provision to ensure their safety in the event of an emergency. Coloured dots on people's bedroom door frames indicated their level of mobility so emergency services knew in advance if additional equipment was required to evacuate them safely.

Systems ensured medicines were ordered, stored and administered safely. People who lived at the home told us they received their medicines as prescribed. Medicines Administration Records (MARs) were used to record when people had taken their medicines and daily counts by trained staff made sure medicines were

given as prescribed. MARs were completed correctly. Some time critical medicines did not always record when they were to be given. The registered manager immediately contacted the pharmacist to seek advice to ensure they continued to be given safely.

Is the service effective?

Our findings

At our last inspection visit, we rated this as requires improvement. This was because staff's knowledge of people who lacked capacity to make certain decisions was not consistent. People's care records did not always inform staff what decisions people needed help and encouragement with. This time, we found improvements had been made and the rating was now Good.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that applications had been made to the supervisory body by the registered manager and five people had an approved DoLS.

Staff worked within the principles of the MCA. Staff knew which people lacked capacity and said they helped people with making those decisions they needed support with. One staff member said, "We make decisions for people in their best interests." Care records indicated whether people could or could not express their choices and records included a mental capacity assessment. However, records of best interest meetings in respect of any complex decisions and the decisions reached were not recorded. The registered manager assured us this would be completed to show why and who was present when these decisions were made in people's best interests.

Staff gained people's consent before care and support was provided and we saw people constantly being asked what they wanted to do, where to sit, what to eat and drink and any support they needed when completing activities. Staff said an important part of their role was to seek consent before providing any support or assistance. One staff member said this was vital because, "You wouldn't want anyone taking your choice away...It's their human right"

People told us they felt staff were well trained and had the right knowledge and skills to support them. One person said, "Staff know what to do to help me and let me do what I can for myself."

Training for staff was relevant to their role which equipped them to meet the needs of the people. Staff confirmed they received training on a regular basis in subjects including MCA/DoLS, safeguarding, moving and handling and medicines. The registered manager told us they monitored staff training, to ensure staff received refresher training to keep their skills updated.

Staff completed an induction when they started working at the service and told us they thought the training they received equipped them to fulfil their role. Staff said they found the training useful and staff said the mix of on line and face to face training helped them learn.

People told us they enjoyed the meals provided and were given two choices at lunch time and at supper. Some people said they did not enjoy certain vegetables but could choose not to have them. One person said, "The food is really good - no complaints." People who required it received assistance whilst the independence of others was maintained by using special adapted equipment, such as a plate guard.

Staff completed food and fluid charts to identify people at risk of dehydration or malnutrition. Staff used their knowledge of the person to identify when there were any issues. People's weights were monitored regularly and any concerns were followed up, such as seeking advice from a GP or dietician. People received support from the GP, district nurses and physiotherapists. We spoke with two visiting healthcare professionals. They told us that staff followed their advice, and in the case of the person they were visiting that day, encouraged them to complete the exercises they had recommended.

Is the service caring?

Our findings

At this inspection, we found people were as happy living at the home as they had been during our previous inspection, because they felt staff cared about them. The rating continues to be Good.

People and their relatives said staff and management continued to be considerate, kind and caring when they provided their care and support. People were complimentary of the staff and the quality of the care provided, and this was supported by relatives. One relative said, "I wish I lived here."

Everyone we spoke with said staff could not do more for them. A common statement was, "It's so homely, everyone is friendly." One person said, "This is my home. We all get on, we are all good mates." They said they had made good friendships with others living in the home which was clear to see. People told us how they enjoyed jokes with staff. During our visit we saw some people laughed and joked with the maintenance person who was painting a communal area as a beach scene. One person said, "He (maintenance man) has done a great job. We love watching him, we have a good laugh...he keeps us entertained."

During both days of our visit there was a calm and relaxed atmosphere in the home. Staff spoke to and about people in a caring and respectful manner, and people responded positively when staff interacted with them. We asked care staff what delivering a 'caring' service meant to them. One staff member responded, "Patience, a good listener and letting people do things at their pace...there is no rush." Staff had worked at Salford House for a long time and people said it was nice to be cared for by familiar staff who knew them well. Staff said they all worked well together and the management of the home was relaxed. One staff member said it was important because, "If we are relaxed then so are the people here."

We saw staff were patient when supporting people and ensured they worked at the person's pace. We saw a staff member remind someone to use their walking frame, then they walked alongside the person as they left the communal lounge, without being hurried. Staff told us some people could become confused which could cause them to become agitated. They explained how they gave people space and provided reassurance if they were upset.

Relatives said staff kept them informed when changes in people's emotions, behaviours or health condition occurred. Relatives said they could visit without restriction. Staff knew how important it was to involve family and friends. One staff member told us how some people became anxious before or after family and friends had visited. They said they knew those people who could become anxious or distressed and spent time with them after visits to help keep them calm and relaxed.

People and families were encouraged and supported to bring in pictures, furniture and ornaments to make their bedrooms their own personal living space. People told us they were pleased with their room. One person said, "I love my room. I like a quiet afternoon which suits me." They told us to them, they had the best room in the home. They said, "It's my home."

As well as care staff, we saw domestic staff, the cook and the maintenance person chatting to people during

the day. The conversations they had with people showed they knew people well and cared about their wellbeing.

Is the service responsive?

Our findings

At this inspection, we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating continues to be Good.

Staff were responsive to people's needs. One person told us, "If we ring our bell staff come straight away. It's no trouble to them." A relative told us, "The staff are marvellous, they have all been here a long time...they know [person].really well."

Care plans were detailed and included information about people's needs. People told us they were asked how they wanted to be cared for which ensured they had support, as well as promoting their independence. Care plans were up to date and these were reviewed regularly in response to changing needs. People's needs were assessed by the registered manager before they moved into Salford House to ensure those needs could be responded to and met. Each person had an allocated senior and keyworker who updated their records and completed monthly reviews with people and or relatives to discuss their care plan and care needs.

Staff were knowledgeable about the people they supported and knew in detail, the individual ways people wanted to be supported. One staff member told us how one person liked to be dressed and described what items they liked tucked in and those they did not. Staff said they knew about people because, "We read care plans but we also have a good handover." A senior staff member said they provided a handover to staff at each shift change. This meant essential information was given to staff so for each shift, they could respond to people's needs in a consistent way.

The deputy manager was new to the service and wanted to use their knowledge of dementia care to make the care, 'person centred'. They were in the process of gathering personal information from people and relatives to create a 'This is me booklet'. They said this information would help staff to know more about people so as people's memory faded, staff could use this information to trigger important memories that may be forgotten.

A range of activities were organised by the activities co-ordinator. On the days we inspected we saw people doing arts and crafts, jigsaws, watching a film, listening to music and reading newspapers. External singers and other entertainers visited the home. The registered manager had organised mini bus trips out and was in the process of organising a second mini bus which could take people in wheelchairs. People said they enjoyed trips out and looked forward to more in the summer.

The activities co-ordinator linked in with Warwickshire Reminiscence Action Project (WRAP). Each month, WRAP sent a resource box to the home. Resource boxes were themed with a series of objects that through stimulation of the five senses, triggered memory. Each box was intended to take people on an enjoyable journey through 'memory lane'. Some themed boxes included housekeeping, new baby, home décor, school days, going shopping, car maintenance, Royal family, Swinging 60`s and many more. The activities co-ordinator said these were enjoyed by people and evoked discussion and enjoyment.

People knew how to make a complaint if they were not happy, although no one we spoke with had cause to complain. One person said, "I can say now, I would go straight to (registered manager's name)." People and relatives said the registered manager was visible so would raise concerns if they needed. We saw complaints had been dealt with, responses provided and any learning put into practice, such as improvements to the laundry system.

Is the service well-led?

Our findings

At this inspection, we found the staff were as well-led as we had found during the previous inspection. The rating continues to be Good.

People and relatives were happy with the quality of the service. People told us, "It's like home from home."

Since the last inspection the registered manager had increased staffing levels. They said this had made a positive difference, in that staff were more responsive to people's requests for assistance. A deputy manager had taken up post the week of our inspection visit. The registered manager explained their role was to focus on improving care plans, the quality of dementia care (given their experience of dementia care) and to provide more person centred care. The registered manager said this appointment would help them to focus more time on the management and governance of the home and provide opportunities for them to consider and plan further improvements.

The registered manager told us they wanted to 'reintroduce resident meetings' and 'staff meetings' so feedback could be shared although they had an 'open door' and could be seen at any time. There was a suggestions box on the desk in the entrance to the home for people and relatives to share feedback or ideas. They told us they were proud of their staff team and the commitment shown by staff to helping care for people. Most of the staff had worked at the service for a long time which people respected. Staff understood each other's roles and what was required of them. Every staff member we spoke with was complimentary of the management of the home. Staff said the registered manager was always approachable and acted when concerns were raised. Staff had confidence in sharing concerns or feedback with the registered manager.

The registered manager increased their visibility by doing a 'daily walk around' which provided opportunities to observe staff practice and for people, relatives and staff to speak with them if they needed to. During our discussions with the registered manager it was clear they had a good understanding of the health and medical needs of people living in the home and the demands on staff time.

The registered manager completed monthly audits to assess the quality of the service. They checked people's care plans were completed, regularly reviewed and checked that medicines were administered safely by staff who continued to be competent to administer them. They monitored and analysed accidents, incidents and falls. However, their analysis did not always show what actions had been taken. Following our inspection visit, the registered manager provided us with information that showed possible reasons for the increase in falls. They agreed to include this in their future analysis so they could be confident falls were being monitored and actions taken to limit or understand why they happened.

The registered manager had been in post at our previous inspection visit and had been registered with us since 2014. They understood their legal responsibilities to submit statutory notifications and had done so when important events had occurred. However, we found some serious injury notifications had not been sent to us. The registered manager said this was an oversight and assured us they would send them to us in future. The provider had displayed the ratings poster from the last inspection visit which they have a legal

duty to do.