Bupa Care Homes (CFHCare) Limited

Saltshouse Haven Residential and Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Overall summary

This inspection took place 17 & 18 November 2014 and was unannounced.

Saltshouse Haven is registered to provide care for 150 people who may have nursing needs or are living with dementia; it is split into five different lodges. It is located on the outskirts of Hull and has good public transport access.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

Staff were able to describe to us how they would keep people safe and report any abuse they may witness or become aware of. The registered provider had policies and procedures in place for staff to follow and provided staff with regular training.

The registered provider had recruitment procedures in pace which made sure people were safe and the right staff with the right experience were employed. Enough experienced staff were provided to meet the needs of the people who used the service. Medication was handled safely.

People who had difficulty in making informed decisions were supported by the staff; systems were in place to make sure people were not at risk and any decisions made on their behalf were in their best interest. However, the application of this across the five lodges was inconsistent.

People who used the service were cared for by staff who had received the appropriate training to meet their needs. Staff were supported to gain further qualifications and further their experience through training and development.

People were provided with a wholesome and nutritious diet which was of their choosing. People's dietary and fluid intake was monitored and referrals were made to health care professionals when required.

People were cared for by staff who understood their needs and could support them. Documentation was in place to make sure people were safe and staff understood their needs. People had good relationships with the staff and felt they were safe at the service. However, we found there was a lack of activities for people who used the service.

The registered provider had a complaints procedure in place which enabled people to make complaints about the service provided. This was provided in writing to people who used the service and their relatives; it was also displayed around the service. Complaints were addressed to the complainant's satisfaction, wherever possible.

The registered provider sought the views of the people who used the service, their relative and other stakeholder about how the service was run. The registered provider had systems in place which the registered manager was expected to use to evaluate the quality of the service provided.

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?

Good

The service was safe

Staff were aware of their responsibility to protect people and to report any abuse they may witness or become aware of. Staff had also received training in this area.

The registered provider had effective recruitment procedures in place to ensure people who used the service were safe.

Enough qualified and experienced staff were provided to make sure people's needs were met.

People's care plans contained information about how staff should keep them safe.

People's medication was handled safely.

Is the service effective?

Requires Improvement

Not all areas of the service were effective.

People were supported to make informed choices where this was appropriate, however; the application of this across the five lodges was inconsistent.

Staff received training which equipped them to care for the people who used the service and this was updated as required.

People were provided with a wholesome and nutritious diet and their dietary needs were monitored.

Is the service caring?

Good

The service was caring

Staff knew and understood the needs of the people who used the service and they had good relationships.

Detailed information was available for the staff to use to help them understand the person's needs.

Staff ensured people's dignity, privacy and choices were respected.

Is the service responsive?

Requires Improvement

Not all areas of the service were responsive.

People's care plans contained information about their preferences and staff respected these. However, there was a lack of activities.

Health care professionals were involved in people's care and staff made appropriate referrals when needed.

Summary of findings

People who used the service could make complaints.

Is the service well-led?
The service was well led.

People could have say about how the service was run,

The registered provider consulted with people about the service, other stakeholders were also consulted.

Audits were undertaken to assess the quality of the service and to identify where any changes were needed.

Good

Saltshouse Haven Residential and Nursing 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 registered provider was 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 17 & 18 November 2014 and was unannounced.

Due to the size of the location and the differing needs of the people who used the service the inspection was undertaken by four adult social care inspectors, an expert by experience and a specialist professional advisor. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The specialist professional advisor had experience of the care needs and welfare of people living with dementia.

The service was last inspected 29 July 2014 and was found to be none compliant with Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010; this was with regard to staffing levels. As part of this inspection we checked whether the registered provider had complied with the regulation.

Prior to the inspection the registered provider completed a Provider Information Return (PIR). The PIR is a document completed by the registered provider about the performance of the service, what the service does well and improvements they plan to make. The local authority safeguarding and quality teams and the local NHS were contacted as part of the inspection, to ask them for their views on the service and whether they had investigated any concerns. We also looked at the information we hold about the registered provider.

During our inspection we observed how the staff interacted with people who used the service. We used the Short Observational Framework for Inspection (SOFI) in the lounges and dining rooms on each of the lodges. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We spoke with 35 people who used the service, ten relatives and 30 care staff. We also spoke with the registered manager.

We looked at 20 care files which belonged to people who used the service, six staff recruitment files and documentation pertaining to the management and running of the service.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe at the service and could trust the staff; comments included, "I do feel safe, I'd tell one of them if I had a problem but I don't have any", "I do feel safe there are staff around if you need them" and "There is night staff and they'll come if you're in trouble. I must have been nervous at night at home and didn't realise it as I sleep here alright."

People we spoke with thought there were generally enough staff on duty; comments included; "Yes, except on a night, not many on at night, they go to different lodges but this doesn't really affect me", "Sometimes a wait but it's generally a fairly quick call, they're probably busy at the other end of the place."

Staff were able to describe the registered provider's policies and procedures for the reporting of any abuse they may witness or become aware of. They told us they had received training about what signs to look out for and the different types of abuse they may come across. We saw records which confirmed staff received training in safeguarding adults from abuse and this was updated annually. Staff told us they were aware they could make direct referrals to the local authority safeguarding team if they thought this was necessary, however, they felt the registered manager was approachable and would deal with any concerns they raised.

Staff were aware of the provider's policies and procedures with regard to respecting people's wishes and choices. They also understood the importance of upholding people's rights. They told us they provided people with choices and respected their wishes; this could range from asking people what they would like to wear on a daily basis, to making bigger decisions about life changing events such as medical intervention.

People's care plans contained evidence of risk assessments being undertaken to instruct staff how to keep people safe. For example, how to assist people with their mobility, pressure area care and how to support people who may have behaviours which may sometimes put them and others at risk. These were updated regularly or as and when there were any changes to the person's health or wellbeing; for example, following a fall or admission to hospital. People's care plans contained emergency evacuation plans; these were individual to the person and took into account their needs, for example mobility.

The registered manager had systems in place to monitor the environment and to put right any potential hazards. This was done through observation and risk assessments. If anything did become a hazard, maintenance staff were on site to repair or replace things as required. This ensured people lived in well maintained and safe environment. The registered provider also had emergency plans in place for staff to follow if the service was affected by floods or if there was power failure of either the gas supply or the electricity supply.

Staff told us they were aware they could raise any issues with the registered manager and they would be protected by the registered provider's whistle blowing policy. We saw evidence the registered manager had acted on staff concerns and this had been dealt with effectively. The registered manager also co-operated with the local authority safeguarding team when they had undertaken investigations following safeguard referrals. During the inspection we spoke with a local authority member of staff who was present investigating a concern that had been raised. They told us they always found the registered manager approachable and they could undertake investigations thoroughly due to their co-operation.

We saw all accidents were recorded and evidence of on-going monitoring of these following accidents was recorded in people's care plans.

Following the last inspection we asked the registered provider to assess the staffing levels on one of the units and increase these accordingly; this was due to people's needs not being met effectively by the number of staff on duty at the time. The registered provider sent us an action plan outlining how they intended to meet the required action. During this inspection we found staffing levels had increased and people's needs were now being met. We saw rotas which confirmed how many staff were on duty on each unit and the amount of qualified nurses on duty. The registered manager told us they used agency staff to cover any shortfalls in staffing and maintained the staffing levels. They kept an on-going record of this for budgeting purposes. Care staff we spoke with told us they felt there

Good

Is the service safe?

were enough staff on duty, comments included; “There are enough staff, we get things done, obviously it would be nice to have an extra pair of hands say at meal times.” Another said “It gets a bit hectic sometimes but no real complaints.”

We looked at a selection of recently recruited staff files and found these contained evidence of references being sought from previous employers and checks with the disclosure and barring service (DBS). The files also contained application forms which asked the applicant about their experience and qualifications; the files also contained health checks. The files of qualified nurses showed checks had been done with the Nursing and Midwifery Council (NMC) to verify the nurses’ qualification and ability to practise.

We looked at the way mediation was handled and stored on each of the units and found these to be well managed and safe. Correct storage facilities were in place and medication was kept and records made as per good practise guidelines and pharmaceutical regulations, this included any controlled medication. There were procedures in place for staff to follow; these included the administration of medication, the disposal of medication and also referred to people administering their own medication. Training records showed staff received regular updated training with regard to the administration of medication. The service had recently undergone an inspection form the local City Health Care Partnership (CHCP) and had addressed any recommendation made by them. The temperature of the medication storage facilities was monitored, this included any refrigeration.

Requires Improvement

Is the service effective?

Our findings

People told us they were happy with the food; comments included, "You get a couple of choices but if you don't want that they'll say 'well what would you like?' and they'll do something extra for you, an omelette say and then say 'what would you like in it?'", "Food is lovely, suits me and I'm fussy." People we spoke with were happy with the way the service supported them to be healthy; comments included, "If you need a GP they call him, I needed one when my medication needed changing when they tested my blood."

Relatives were also complementary about the food; they told us, "They've been to ask what she wants for dinner and showed her pictures, I think that's a good idea", "The food is good; I eat dinner and tea here", "Food is pretty good, I do feed him (their relative) I have no qualms with that." Relatives were also satisfied with the level of support their members of family received from the staff, one person said, "I had a real concern last week when she didn't seem to rouse herself so I approached the staff and they said they knew and were thinking of getting a doctor and they did." She also commented, "On another occasion they got a doctor and arranged an x-ray when I was concerned about her chest" adding "I'm happy with that side of it, they don't mess about." A man visiting his wife said "She is on a lot of medication, they give it mornings and teatimes", They also told us, "She has had the doctor for various things and the nurses come too if they have concerns, mainly about pressure sores." He said, "They keep me up to date with her meds and everything." Someone visiting her friend said, "Staff were very conscientious at letting us know what is happening, good communications. They were on the phone straight away when she went into the HRI." Someone visiting their father told us, "Staff were brilliant with medication; they meet his health needs very well. The nurses are very good at informing us quickly" and went on to say that whilst in the home their father's health had improved and he was no longer insulin dependent. A lady visiting her father said "I can't fault them, he's PEG fed and it's always kept clean, the nurses are always popping in" and "Staff responded quickly when he was trying to be sick the other day."

We saw staff received regular training which updated their knowledge and practise. This included training which the registered provider had identified as being essential, for example, health and safety, moving and handling, safeguarding adults from abuse, fire training and basic food hygiene. Staff also had the opportunity to undertake more specific training in, amongst other topics, dementia, wound care and tissue viability. Staff told us they received regular supervision and an annual appraisal where they set developmental goals for the coming 12 months. We saw systems were in place to monitor staff's training and flag up when this needed renewing or updating. Staff told us they found the training relevant to their role and it equipped them to care for the people who used the service. Newly recruited staff told us "The training has been fantastic, I felt really confident after it. It was five days, nine to five, the training officer was really good." They went on to say "The management are really good, supportive, even when on phone when I was arranging to start." Qualified staff received training which enabled them to continue their registration with the NMC.

The majority of the staff were aware of the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS); however, the application of these were inconsistent across the location. For example, on one of the dementia units a DoLS had been authorised for one of the people who used the service because they received 24 hour 1:1 care; on another dementia unit it had been agreed that the least restrictive practise which could be used to ensure someone received their medication was to administer it covertly. Their care plan contained evidence of meetings being held where it had been discussed with health care professionals and a decision reached on the person behalf which was in their best interest. However, on the other three units the staff's knowledge was patchy and they were uncertain about MCA and DoLS. This was discussed with the registered manager, they showed us the registered provider had just issued guidelines and procedures for staff to follow. The registered manger also showed us that some staff had received training in MCA and DoLS and others were yet to be trained and this was on-going.

People were provided with a wholesome and nutritious diet. The menu contained pictures of the food on offer and staff presented people who lived with dementia a visual choice of the food; for example, presenting them with two plates which contained the choices on offer. There was also a detailed 'alternative menu' for people to make a choice. We saw staff assisting people sensitively and discreetly, sitting beside them and offering gentle persuasion. We observed the dining experience on all the units and this

Requires Improvement

Is the service effective?

was found to be a relaxed unhurried occasion with people being afforded time to eat their meals and enjoy the social interaction. People's care plans showed us the service monitored people's dietary needs closely, for example, people's weight was recorded as was their food and fluid consumption. We saw referrals were made to dieticians if someone's eating habits changed or their appetite fluctuated.

Staff made referrals to health care professionals where required and followed their instructions and advice. People could see their GPs when they wished and the service supported them to attend hospital appointments and outpatient's clinics. Nurses were on site to undertake tasks required for people admitted as needing nursing care.

Good

Is the service caring?

Our findings

People who used the service told us, “Staff are so friendly, it’s like a home from home”, “They know me, we have some good times”, “Staff are usually polite, some of them are friendlier than others, some of them like to chat”, “Staff are very good, I don’t expect too much but they are good, anything you ask for, they’ll help you with anything you want doing, like dressing”, “Staff are really good lasses, do all sorts for you”, “The home is very good, good staff, helpful, polite and they have a laugh, as they’ve said to me it’s my home now”, “I feel staff know me, they’re good, they talk to me”, “Staff know me, we talk about different things from home and I joke with them”, “My son is totally involved with planning care” and “Social workers and my son, daughter and me discussed the care plan with the Lodge manager, I haven’t seen the care plan I could if I wanted but I don’t need to.” People told us the staff respected their wishes and choices, comments included, “I can get up when I want.” Another person who was having their breakfast in the dining area at 10.15am told us “This is my choice and I could have it at any time.” A relative told us, “I’ve heard people shouting and refusing to do things etc. but staff deal with it fine, they have the patience of Job.”

Relatives told us, “Staff are caring and do seem quite patient”, “Staff are friendly and always helpful, they’ll sit and feed her, they check her drinks, they are very conscientious in turning her in the night and silly things like walking with her when it would be easier for them to put her in a wheelchair”, “It’s a marvellous place, care she gets is second to none, staff never stop”, “I didn’t feel right that I couldn’t look after my wife any more, I didn’t think anyone else could but in a few weeks I saw she couldn’t get better care”, “I was really worried when she first came as you hear horror stories don’t you, but I was really pleased to see how content and settled everyone seemed and her whole attitude to things has changed since she came here”, “Staff are fantastic, all so friendly and caring. We looked at a lot of places, this place is so clean”, “Putting my father in a home was a big thing to me and I couldn’t want it any better, it’s perfect, we see all the care as there are so many of us visiting at different times” and “Staff in the office are nice, always pleasant, always deal with you straight away.”

A relative visiting their father told us on one occasion staff had accompanied their father to a wedding. Another visitor told us “We had a full care meeting when they first came but we’re not involved now but we could be.” Another said, “All the family was here in the main office and they (the staff) got all the medical records from hospital.”

We saw staff were kind and caring in their approach, they were aware of people’s needs and how these should be met. While under taking care tasks the staff explained what they were doing and how the person could help. For example, staff were helping someone walk with a walking aid and we heard them given the person gentle encouragement and instructing them in a sensitive way to take small steps. The interaction with people who used the service was good and we heard lots of laughter and joking. People seemed to enjoy this and responded well, for example joining in with impromptu singing and dancing. Staff were also seen to be sensitive when dealing with people’s behaviours which might put them or others at risk; for example, we saw staff gently diverting people away from potentially risky situation and engaging them in other activities or conversations.

Staff understood the needs of the people who used the service and could describe to us how to meet these. They understood everyone was different and respected this; they told us they treated everyone differently and respected their choices and wishes. Staff told us they would ask people what they would like to wear, what they would like to eat and what activities they would like to undertake. They told us they would refer to the care plans of those people who were living with dementia and would ensure their choices and rights were upheld using this information.

The location operated a ‘Resident of the day’ scheme whereby one person on each unit was identified to have enhanced interaction with the staff; this would include activities, choices about their day and, on some occasions, outings to their preferred location. The staff also took the opportunity to make sure the person’s care plan was up to date and to discuss any problems or issue the person may have. This was above what they would normally receive on daily basis.

People’s care plans had been signed by either the person or their representative, this was usually a family member. There was evidence of people and their representatives, where applicable, being involved in reviews, their comments had been recorded.

Good

Is the service caring?

Staff understood the importance of respecting people's privacy, dignity and independence. We saw staff gently encouraging people to remain independent by supporting them to walk and undertake care tasks such as washing and dressing. We saw staff knocking on people's doors and waiting to be invited in and discreetly checking on people while in the toilet to ensure their safety or whether they needed any help. Staff could describe to us how they would uphold someone's dignity; for example they described to us how they would ensure doors were closed and people were covered over while they were undertaking personal care to ensure their dignity and modesty were upheld.

Requires Improvement

Is the service responsive?

Our findings

People we spoke with told us, "I've never had any reason to make a complaint", "There are no negative points, but you can go with anything and they'll answer you." People had mixed views about the level of activities available; comments included, "I don't do much in day", "There's not much going on" and "The activity co-ordinator is so good she plans things for me to do, she'll say 'Shall we go for a walk out of the home to a café down the road?', pub sometimes and I've been to the market with her."

Visitors we spoke with told us, "Never had the need to raise anything but feel I could and know who to go to", "At one point the home was considering staff changes and this might have meant my father's key worker might change. I asked that this didn't happen and the home agreed it would not." Another told us, "When my wife first arrived she had mood swings, four or five weeks up and then down and they didn't understand it at first. I told them, explained and now they are aware and deal with it." Visitors didn't think there was much activities provided for their relatives; they told us, "I don't think there's enough activities I have seen them play bingo and I think they have started to do more" and "If you look around there's not much going on, just sitting around."

Care plans we looked contained information about the person and how their needs should be met by the staff. The care plans were person centred, describing the person and their likes and dislikes. They also contained information about the person's past life, for example what they did for a living and their families and friends. They care plans contained information about the person's interests and how these should be maintained by the staff. For example, one person liked dogs and the staff were to talk to her and look at pictures of dogs she had owned. Their relatives also brought a dog in to see them on a regular basis.

People's care plans contained assessments which had been undertaken by the placing authority and the service which identified what aspects of daily care they needed support with. These detailed what support the staff were expected to provide and what the person could do for themselves. Care plans also contained risk assessments about people's mobility, nutritional and fluid intake and tissue viably; these were reviewed on a regular basis or as and when the person's needs changed.

People's preferred activities were recorded in the care plans, however, during the course of the inspection we saw little activities being undertaken. We spoke with the activities co-ordinator, who told us there should be a co-ordinator for each lodge but currently one co-ordinator was on long-term sick leave, and there was a vacancy in another lodge; the coordinator we spoke with worked part time. She told us activities arranged included quizzes, cake decoration, pub visits, crafts and they were soon to make Christmas decorations. The activity co-ordinator also carried out manicures and pedicures and told us she hoped to run a cinema showing Christmas DVDs starting next month. The activity co-ordinator visited those people who preferred to stay in their rooms to chat or read books and newspapers to them. They told us they were waiting to discuss with the management the possibility of securing more resources, for example a parachute and a karaoke machine as they had gone missing; they were hopeful they would get these. The use and accessibility of activities provided for people who used the service was varied and inconsistent across the five lodges. This meant that not everyone had the same opportunity to participate in activities of their choosing or appropriate to their needs.

The registered provider had a complaints procedure in place which was displayed around the location. They also provided a written copy to all the people who used the service and their relatives. The registered manager told us they could provide it in different formats or languages if required according to people's needs. The registered provider informed people about their right to complain and who to initially make the complaint to; this would then be looked at and they would be responded to. Complainants were given the names and addressed of other bodies they may want to complain to this included the CQC or the local authority. The registered manager kept a record of all complaints received, the outcome of the investigation and whether the complainant was satisfied with this, they also evaluated the complaints to see if there was any learning to be gained. This also constituted part of the registered provider's audit of the service and its overall performance.

Good

Is the service well-led?

Our findings

People who used the service told us "Yes we see her (the registered manager) walking around and she always talks to us", "I'm more familiar with the lodge manager but yes we do see the manager when she comes on the lodge", "We have had meetings and they always ask me if I'm happy here", "I remember filling out a questionnaire but that was a long time ago."

Visitors told us, "I know who the manager is and I would see her if I had comments to make", "We get invited to meetings but it's hard to come all the time", "They ask me how my wife is doing and if there is anything I would like to change, I never do but it's nice that they ask me."

The registered manager had regular meetings with the lodge managers to discuss any issues or new policies and procedures sent through by the registered provider. This information was then cascaded to other staff around the location. They also checked for any issues on the lodge and staffing levels on a daily basis. The lodge managers told us they found the registered manager very approachable and could go to her at any time for advice or guidance, they also told us they could approach the clinical manager who supported the registered manager. The lodge managers found the management style supportive and this meant they could discuss issues openly, however, they knew the right lines of communication to follow and felt this was there for their protection, for example the timely reporting any instances of abuse or incidents to the registered manager they may become aware of. They felt both the clinical and registered manager were fair and firm.

Staff told us they had regular meetings and could air their views, we saw minutes of staff meetings for all teams of staff, this included qualified nursing staff, lodge managers, senior care staff, care staff and ancillary staff, for example chefs, laundry and domestic staff. People who used the service and their relatives were invited to meetings about how the service was run, during these they were given information about any changes to the lodges where they lived and the overall running of the service. The chef asked people their views about the food provided and had made changes a result of these.

The registered provider sent questionnaires to a sample of relatives and people who used the service on an annual basis. The results were analysed and a report was produced of the findings and how this compared to other services in the group. Targets were then set for the addressing of any shortfalls and these were time limited.

The registered manager was expected to undertake monthly audits of the service. This was part of the registered providers overall audits of the service provided. The results and finding were analysed independently and targets set for addressing any shortfalls in the service or the performance of the registered manager. These audits included the cleanliness of the building, staffing levels, staff turnover, recruitment, care plans, staff training, accidents and incidents and notifiable incidents to the CQC; any learning from these were shared with staff and procedures and protocols changed when required.