

Dr Sunita Nagpal and Partners

Salisbury Residential 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 ●

Summary of findings

Overall summary

About the service

Salisbury residential home is a residential care home, providing accommodation and personal care. The service accommodates up to 30 people in one adapted building. At the time of this inspection, there were 28 people living in the service, some of whom were living with dementia.

The service has four communal lounges, a dining area, and a garden which people can access.

People's experience of using this service and what we found

People were cared for safely. Personal risks were assessed, and measures put in place to mitigate identified risks. Staff were recruited safely, and safeguarding processes helped to protect people from abuse. There were systems to ensure information about any changes in people's needs was shared promptly across the staff team.

People received their medicines safely, and in the way prescribed for them.

People were supported by staff who had completed relevant training to give them the skills and knowledge they needed to meet people's needs. People were supported to have sufficient amounts to eat and drink and were protected against the risk of poor nutrition. Staff supported people to maintain their health and well-being. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff treated people in a kind and caring way. People and relatives valued the service and the support the staff provided. Staff treated people with respect and helped them to maintain their independence and dignity.

Care plans were detailed, person centred and reviewed regularly with people and their relatives, where appropriate. People, their representatives and staff were confident if they had a complaint they would be listened to and action taken to address the issue. People were able to take part in activities such as musical entertainment, head massage, and pamper sessions.

There was an open culture and ideas to develop and improve the service were welcomed. The provider had systems in place to monitor the quality of the service to ensure people received good care. People, relatives and staff were given the opportunity to feedback on their experience of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update:

The last rating for this service was Requires Improvement (published 18 January 2019) and there was one

breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Salisbury Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

Two inspectors carried out this inspection.

Service and service type

Salisbury residential home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was in the process of completing the provider information return when we inspected. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and three relatives about their experience of the care provided. We spoke with seven members of staff including the provider, registered manager, care co-ordinator, activity co-ordinator, senior care worker, care worker, and the cook.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our previous inspection we made a recommendation that the service routinely asked people using the service for their views and experiences of staffing levels and the availability of staff during the day time and at night.

- At this inspection we found regular discussion about staffing levels had occurred in resident and relative meetings, and with staff.
- There were enough staff to meet people's needs and the service was sufficiently planned to ensure staffing levels remained appropriate. One person told us, "They have regular staff here, you get to know them really well. This is important to me."
- Staff supported each other and covered as necessary. Shifts ran smoothly and a staff member told us, "It's because the manager delegates to people's strengths."
- When people required immediate one to one support for safety reasons, arrangements were made to allocate staff without delay.
- Recruitment procedures were in place and appropriate checks were carried out to ensure staff were suitable for the role. However, we did find a gap in the employment record for one staff member. The registered manager was aware of the reason for this, however, there was no record of this on the staff member's file.
- Auditing of staff recruitment files had taken place, and discrepancies had been identified. The registered manager told us recruitment procedures were now much more robust.

Systems and processes to safeguard people from the risk of abuse

- Staff were familiar with policies which set out what to do if they suspected a person to be at risk of actual harm or abuse. Staff said they were comfortable in challenging poor practice and felt able to raise any issues, and confident they would be addressed.
- Staff had regular safeguarding training to help them feel confident in this area of practice.
- The service had systems and processes in place to safeguard people from abuse.
- People and relatives told us they felt safe using the service and were confident to contact the registered manager if they had any concerns. One person said, "They are very nice staff here, I feel very safe with them all."

Assessing risk, safety monitoring and management

- Risk assessments contained detailed information for staff guidance in how to mitigate risks to people. This

included behaviours which might challenge staff, risk of self harm, moving and handling and choking. Risks were regularly reviewed.

- Risk assessments considered all the factors which posed a risk, and what had been put in place to reduce or eliminate risk. They also considered how the service would measure if the controls in place were effective.
- People were kept under regular observation to ensure their safety. One person was observed as having some behaviours which could put themselves and others at risk. As a result, the registered manager had asked for specialist mental health input and additional staffing.

Using medicines safely

- There were robust systems in place to ensure people received their medicines safely and as intended.
- Medicines were well organised and there were staff leads who carried out weekly audits to ensure medicines were available, prescribed in line with instruction and disposed of correctly.
- People had individual medicine protocols which stated what medicines they were prescribed, when they should be administered and any potential side effects or special instructions such as whether they were time critical.
- Covert administration (medicines hidden in food or drinks) was only undertaken if it was in the persons best interest and had been agreed as a best interest decision. This meant there were safeguards to ensure people received care and treatment necessary for their wellbeing.

Preventing and controlling infection

- Staff had completed training in infection control. Personal protective equipment was available such as disposable aprons and gloves.
- There were systems which staff followed to ensure food in refrigerators and cupboards were labelled and stored correctly.
- Enough staff were employed to help ensure the cleanliness of the service. There were no odours and relatives spoken with confirmed this was always the case and they found the service to be clean. There was guidance in place for staff on cleaning regimes.

Learning lessons when things go wrong

- There were effective systems in place to monitor and review accidents and incidents.
- There was an open culture at the service which encouraged staff to report any concerns.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

At our last inspection the provider had failed to ensure that people's food was served at an appropriate temperature. This was a breach of regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 14.

- Systems had been put in place to ensure food was served at an appropriate temperature. The cook showed us records of temperatures taken prior to food being served. Additionally, 'Dine with dignity' audits were regularly carried out which also monitored food temperatures.
- Catering staff had relevant information about people's specific dietary needs, including specialist diets such as gluten free, and fortified meals to increase people's weight.
- Food and fluid charts were completed where required, to monitor people's intake.
- We observed the mealtime and staff were on hand to serve people their meals and support them discretely if they needed it. People were offered appropriate choice and encouraged to eat. Where people were reluctant to eat staff used constant praise and provided alternatives.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Recognised assessment tools were used to assess people's needs. This ensured staff delivered evidence based-practice and followed recognised and approved national guidance.
- Recommendations advised by health professionals were followed. Care plans were comprehensive and person-centred.
- People's needs were assessed and reviewed regularly. Likes and dislikes were documented.
- Management and staff knew people well and we observed care being delivered to meet the individual needs of people; for example, moving and handling procedures and mealtime assistance.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to care for them effectively. Staff completed an induction supported by a training programme.
- The provider had an ongoing training plan and staff were required to attend, so that they were up to date with current practice.

- Staff were encouraged and supported to undertake care qualifications to improve their knowledge and progress within the service. Staff felt supported by the management team and received regular supervision meetings to develop their practice.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to a variety of medical and health related services, such as podiatrists, speech and language therapists and dietitians. Feedback and guidance following any appointments or assessments had been documented in people's care files.
- Reference was made to people's oral health, including if they wore dentures, what support was needed to maintain good oral hygiene, and how staff should check for gum disease. The registered manager told us they could access a community dentist but there was a waiting list for this. Alternatively, family could source their own dentist.

Adapting service, design, decoration to meet people's needs

- The registered manager told us there was a robust refurbishment programme in place and they had taken steps to add homely touches to the service. This included stencils on the walls in the communal lounge, and pictures and flowers added to hallways.
- The registered manager had considered best practice guidance for people living with dementia, or with a visual impairment. For example, they had begun painting doorways in a contrasting colour, so people could more easily navigate into rooms and around the service independently.
- People's rooms were personalised with objects and photographs that were important to them.
- The service had handrails for people to hold on to when mobilising and call bells were in reach. A gate across the stairs was in place and we saw staff supervise people as far as possible when choosing to access the stairs.
- There were plans to replace the main passenger lift as the current lift was more appropriate to a domestic style property.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental 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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Where people did not have capacity to make specific decisions, mental capacity assessments were completed, and best interest decisions were in place where required.
- The service demonstrated good practice when assessing if a person could make a decision by asking them at different times of the day when they may be more alert.
- The registered manager understood their responsibilities in terms of making applications for DoLS to the authorising authority. They advised us there were four DoLS which had been authorised, none of which had

conditions attached.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Our previous inspection identified that the staff approach could vary. At this inspection, feedback from people about staff was positive.
- People told us they had made friends and were encouraged to be part of the service. We observed staff being patient and inclusive in their approach to people.
- There was a person centred culture and the atmosphere was relaxed. There was laughter between people and staff, and we observed that staff interacted in a gentle and kind way.
- A relative commented their family member had put on weight and their appearance was much improved; staff had taken the time to support the person to put make up on and jewellery. The relative told us, "I have got my [family member] back."

Supporting people to express their views and be involved in making decisions about their care

- People received care in line with their wishes from staff who knew people well and what they wanted. Care plans reflected people's personal preferences, and things which were important to them. People were involved in creating their care plans where able.
- People told us that they were offered choices. Relatives confirmed this and complimented the care staff on their caring approach. Relatives confirmed they were made welcome at the service and found usually there was something going on, such as music or games.
- People's views and opinions were captured through resident and relative meetings. There were also surveys issued periodically to ask specific questions about people's views of their care.
- We asked what had changed as a result of feedback from staff and people using the service. A staff member told us the menu had been subject to change to reflect people's preferences and included a gluten free option. Staff said the role of the keyworker had been developed and they were the ones to keep in touch with family to let them know of any changes.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to maintain their independence. We observed staff asking people how they could help them and providing guidance and support with mobility, meals and activities.
- We observed that bedroom doors were closed which respected people's privacy. When staff attended to those in bed, they knocked before entering the bedroom.
- Staff spoke very quietly when asking people if they needed to use the bathroom to ensure their privacy and dignity was maintained.

- Staff spoke with genuine interest and compassion when talking with us about people who used the service. Staff appreciated the changes made by the registered manager and told us people were well looked after and they would recommend using the service.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our previous inspection we recommended the provider seeks best practice guidance about appropriate activities and stimulation to meet people's individual and specialist needs. We found improvements had been made, and feedback from people and relatives was positive.

- The service had an activities coordinator who was passionate about the impact of activity and was researching further relaxation activities, such as alternative therapies. They told us massage had a therapeutic effect for some people, for example one person said after their head massage, their headache had gone.
- People told us what was on offer which included some regular activities. Musical entertainers visited the service four days a week, as people responded positively to music. Relatives told us there were events to celebrate Christmas, Easter, and Valentine's day.
- People told us staff respected how they wanted to spend their day but did encourage people to join in and not to isolate themselves. This was evident at lunch time where people could choose which room to sit in and staff encouraged people to socialise.
- People had access to a weekly hairdresser, pamper sessions and nail care.
- A family member told us the service had a projector and put on old films and clips for people which supported them to stay connected to their past. We observed staff talking at ease with people about what they used to do and about the local area.
- Staff confirmed where people stayed in their bedroom through choice or because of their health, staff provided one to one activity for them. One person told us, "Some don't join in, but they are always encouraged."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were detailed, up to date, and aligned with risk assessments in place. Staff were proactive in their approach to risk and monitored people regularly. They knew about people's histories which helped them understand people's behaviour and react appropriately.
- Staff told us care plans were really in depth and all staff were told about the importance of good record keeping. Staff were observed constantly recording how people's care needs were being met. There were also daily records and observation charts being completed in addition to care plans.
- The service had a key worker system where a named staff member had oversight of a person's care and

ensured the records were up to date. There was a 'resident of the day' system, and on that day their care was completely reviewed, and care plan updated.

- The home provided personalised care which met people's needs and wishes. People's care files contained a range of person-centred information, including their background history and likes and dislikes, which helped staff understand them as people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans made reference to their communication needs and any sensory loss that might affect this, for example, if people used a hearing aid or wore glasses.
- Care plans included prompts to aid communication, such as speaking slowly and how staff should communicate with people.
- The registered manager told us they could produce information in different formats for people if required, for example, in large print.
- Picture cards were available of meal choices if required.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure in place. The complaints policy was displayed at the entrance of the service, along with a complaints form.
- The registered manager told us that they had not received any complaints. They welcomed feedback from people and relatives about the service, so if any minor issues were raised, they could address this promptly.
- People and relatives told us they knew how to complain and would feel confident to do so, and would feel listened to.

End of life care and support

- Care plans contained a section on end of life needs and wishes. This included whether people would want further treatment in the event that they became unwell, and their preference on where they would want to die, for example, in hospital or to remain at the service.
- The service liaised with health and social care professionals and specialised services to provide people with appropriate care and support when needed.
- Staff received training in end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was well led. The registered manager had oversight of the whole service and ensured staff had clear areas of responsibility and were accountable for their actions.
- Records were robust and showed how people's care needs were being met.
- A range of audits and monitoring systems had been used to assess the quality and performance of the service and care provided.
- A number of staff told us they liked the way the registered manager worked. They said they were open and transparent, readily available to support staff, and led by example.
- Improvements had been made across the whole service and staff practice regularly monitored. For example, there were robust medicine practices and any error was dealt with by supporting staff to improve their practice.
- All staff carried out their role with due diligence. We noted some records were left unattended, but this was immediately picked up and staff reminded about confidentiality. Throughout the day we observed staff checking each person had received the care they required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had developed a positive culture which placed people who used the service at the centre of their care. People were comfortable with staff and positive relationships had been built.
- People knew who the registered manager was. One person said, "They [registered manager] are lovely, they keep the staff in check." Another said, "Oh yes, [registered manager] is lovely, always around the place."
- A relative told us that the provider had helped to settle their family member in and went out for a walk with them at their request. The provider continued to have close oversight of the service.
- Staff were more accountable in their work and enjoyed working in the service. One staff member said, "I love coming in here, because people get proper care, I would have my own relatives in here." Another said, "There is a lot of paperwork, but we now know why it's so important. We want to do a good job for [registered manager]."
- Legislation sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager and provider understood their responsibilities and demonstrated an open and transparent approach.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had an inclusive environment, with people and staff's views sought and acted upon. The provider had systems to gather people's views to identify how the service could be improved.
- Surveys were issued every six months; the registered manager and provider were in discussion about issuing these every three months.
- Relative and resident meetings showed that people and others were asked and encouraged to give their views on a range of topics related to people's care.
- Staff meetings were held so staff could share their views and receive updates about the services' progress. Daily handover meetings were held so information was filtered through to staff on the following shift.

Continuous learning and improving care

- Both the registered manager and staff had ideas to further improve people's care by introducing alternative therapies and activity that may prove beneficial in reducing people's anxiety or distress.
- To promote good practice and continuous improvement, the registered manager had introduced a policy of the month procedure, which involved staff having to read key policies each month and confirm they understood what was required of them.

Working in partnership with others

- The service worked with other appropriate services to ensure people consistently received care that met their needs. They knew the support people required to access health and social care services and liaised with relevant professionals.