

Mrs K Dixon

# Saltmarsh House Residential Care Home

## Inspection report

12 Saltmarsh Lane  
Hayling Island  
Hampshire  
PO11 0JT

Tel: 023 9246 2183

Website: [www.saltmarshhouse.co.uk](http://www.saltmarshhouse.co.uk)

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### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

### Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This was an unannounced inspection. The provider and registered manager are the same person.

There was a registered manager in post that was responsible for the day to day running of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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

Saltmarsh House Residential Care Home provides care and accommodation for up to 12 older people. Four of these people were living with dementia. At the time of the inspection there were 12 people living at the home.

Staff knew people's needs and received training in subjects relevant to providing care including nationally recognised care qualifications. People told us their care needs were met and they were consulted about their care needs. Two people said the home was like a "family" to them. Staff were observed to treat people with dignity. The lunch time was convivial where staff and people ate together. People and their relatives told us the staff treated people well.

The registered manager had attended a training course on the Mental Capacity Act 2005. Individual's care records showed the guidance contained in the Mental Capacity Act 2005 Code of Practice was not being followed regarding the assessment of those who were unable to consent to their care, and, where decisions were made on behalf of those people. We found the service needed to make improvements in this area.

Staff were aware of the procedures for safeguarding people at risk from possible abuse and for reporting any

safeguarding concerns. People told us they felt safe at the home. The local authority safeguarding team told us the registered manager and staff worked with them regarding any safeguarding investigations.

Accidents and incidents in the home were monitored and reviewed. Amendments were made to care plans to reduce the likelihood of any reoccurrence of injuries or accidents to people.

The home had sufficient staff to meet people's needs although the registered manager was reviewing this in light of discussions with staff.

Checks were made on the suitability of newly appointed staff to work with vulnerable people. For one staff member adequate checks and references had not been made prior to the staff member starting work. We found the service needed to make improvements in this area.

The views of people and staff about the standard of the service were sought by survey questionnaires so that any improvements could be identified. People, and relatives of those who lived at the home, told us they felt able to raise any issues and were consulted about care issues. Staff told us they were included in discussions with the registered manager and deputy manager about policies and how the home ran.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

# 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 not safe. This was because we identified two breaches of our regulations. These included a failure to carry out adequate checks before a new staff member started work and a lack of understanding and implementation of the Mental Capacity Act 2005 and the Code of Practice guidance by the manager.

The service had policies and procedures regarding the safeguarding of vulnerable adults, which staff followed in practice.

Systems were in place to monitor and review incidents, such as falls, so that the likelihood of any reoccurrence was reduced.

Sufficient numbers of staff were provided to meet people's needs.

Requires Improvement



### Is the service effective?

The service was effective. People received care from staff who were skilled and well trained. Staff had completed relevant training courses as well as nationally recognised qualifications in care.

People were involved in planning the menus. The menu plans showed varied and nutritious meals. People's needs regarding diet and fluid were assessed. Arrangements were made for those who needed special diets or help with eating.

Records showed people's health needs were monitored and referrals made to community health services for assessment and treatment where appropriate.

Good



### Is the service caring?

The service was caring. People told us they were consulted about their care which was provided in the way they preferred. People, and their relatives, told us the staff treated people with kindness and respect. Staff told us the standard of care provided to people was good. A comment was made by one staff member that staff were caring, and knew people's needs well.

People and their relatives confirmed people were able to make choices in how they spent their time.

Good



### Is the service responsive?

The service was responsive. People received care and treatment when they needed it. People's changing needs were met and the registered manager and staff liaised with health care professionals so that people got the correct care.

People's friends and relatives were able to visit them. There were activities so people were able to socialise with others and pursue hobbies and interests.

Good



# Summary of findings

The registered manager listened to people's experiences to improve the quality of care. People and their relatives were asked to give their views on the service provided by the home and there was an effective complaints procedure.

## Is the service well-led?

The service was not always well led due to two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These included the registered manager not following staff recruitment procedures which would ensure only suitable staff were employed and a lack of working knowledge of the Mental Capacity Act 2005 and the Code of Practice.

There was a culture of including people in decisions about the home. Staff said they were supported in their work and had opportunities to discuss their work as well as the running of the home with the management.

Accidents and incidents in the home were reviewed and changes made to help prevent any possible reoccurrences and that lessons were learnt from these.

Audits and checks were made on a regular basis. These included the environment, safety in the home and care of people. The registered manager and staff had good working links with health care professionals so that staff had the right information and training to meet people's needs.

**Requires Improvement**



# Saltmarsh House Residential Care Home

## Detailed findings

### Background to this inspection

We visited the home on 5 August 2014. The inspection was undertaken by one inspector.

We reviewed the Provider Information Return (PIR) and previous inspection reports before the inspection. The PIR was information given to us by the provider. This enabled us to ensure we were addressing any potential areas of concern. 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.

During the visit, we spoke with four people who lived at the home, three relatives, three care staff and the registered manager.

We looked at care records for four people, staff training and supervision records as well as staff duty rosters. We spoke with four staff about their work and how they were

supported in their job. We spent time looking at records relating to the management and running of the service. This included the checks made on staff before they started work as well as audit checks on the environment.

We also spoke with two health and social care professionals about the service. These were a member of the community nursing team and a representative from social services who commissioned services from the provider and dealt with recent safeguarding concerns. We spent time observing staff providing support to people in communal areas of the home including at lunch time. The home's facilities were seen including people's bedrooms (with their permission), communal lounges and the dining room.

The service did not meet one the regulations regarding the care and welfare of people when we inspected on 15 November 2013. We carried out a further inspection on 21 February 2014 and found this regulation was met.

# Is the service safe?

## Our findings

The registered manager informed us she had attended a training session on the Mental Capacity Act 2005. There were records to show people were consulted about their care and treatment and that people were assessed regarding their mental capacity to consent to care and treatment. Documentation in people's records regarding this was unclear and showed this was an area of practice that needed to be improved. For example, one person's care records included a document entitled, 'Service User's Representative's consent to administer medicines when the service user was unable to give consent.' This was signed by the registered manager but not the relative. In addition, the registered manager had not completed a mental capacity assessment for the person regarding the person's consent to take their medicines nor had they completed a 'best interests' care plan for this. Where someone does not have the capacity to consent to their care, the Mental Capacity Act 2005 advises that relatives are consulted, but this does not mean relatives can consent on behalf of people. For another person, there was a mental capacity assessment regarding the person's consent to take their medicines but this relied on the input of the person's relative rather than a mental capacity assessment completed by staff. The person's care records said it was in the person's best interests that they were observed taking their medicines. This needed to be expanded to include whether the assessment and 'best interest' decision was that the person must have their medicines as they could not agree to this, who was involved in this decision, and if a 'best interests' meeting had taken place to discuss this. Where people did not have capacity to consent to their care assessments and 'best interests' decisions were not being carried out as set out in the Mental Capacity Act 2005 and the Code of Practice. This meant the service was in breach of Regulation 18 of The Health and Social Care Act (Regulated Activities) Regulations 2010. You can see the action we have told the provider to take at the end of this report.

The registered manager was aware of the Deprivation of Liberty Safeguards (DoLS) procedures where people who lacked capacity had their freedom restricted in some way for their own safety. The registered manager had not checked with the local authority if a DoLS application was needed for one person where the registered manager had identified this may be needed.

We looked at staff recruitment procedures for three staff. Appropriate checks had been carried out on two of these staff, but for a third staff member the registered manager had not obtained adequate written references from previous employers both of whom were care providers. There was a note in the staff member's records regarding work at one of these care providers but it did not show who this was from. At the time the staff member started work the registered manager did not have a record of the current Disclosure and Barring Service (DBS) check for the staff member. This was also the case at the time of the inspection. The registered manager contacted the staff member who was not working who then came into the home with a current DBS check for us to see. The registered manager had not carried out checks on this staff member to ensure people received care from those suitable to work with people. This meant the service was in breach of Regulation 21 of The Health and Social Care Act (Regulated Activities) Regulations 2010. You can see the action we have told the provider to take at the end of this report.

People told us they felt safe at the home and that there were enough staff on duty to safely care for them. Relatives also told us they considered the home was a safe place for people to live. A relative said how staff provided care in a safe way and were vigilant in monitoring and checking that people were safe.

There were policies and procedures regarding the safeguarding of adults and how staff should report any concerns of this nature. Staff considered the home to be a safe place for people to live as people were monitored by staff and received a good standard of care. Staff had a good awareness of the policies and procedures for protecting people. This included the home's policy that they must not accept gifts or money from people and the procedures for reporting any safeguarding concerns. Health and social care professionals said they considered the home a safe place. A social worker from the local authority told us the registered manager raised any concerns and worked with the local authority regarding any safeguarding enquiries. Records also confirmed the registered manager and staff had worked with the local authority safeguarding team regarding any investigations of this nature.

There were sufficient staff on duty to meet people's needs. People said there were enough staff to meet their needs. One person told us how staff were prompt to respond when they asked for assistance when they used the call point in

## Is the service safe?

their room. At the time of our inspection there were two care staff plus the registered manager on duty plus a cook and domestic staff. Relatives of people said they considered the home had sufficient staff to meet people's needs. The staff and registered manager told us they regularly discussed whether or not there were sufficient staff on duty. The registered manager told us the staffing levels were always under review and could be increased if people's needs changed. Health and social care professionals said the home provided sufficient staff to meet people's needs.

Care records included details about areas of people's lives where risk of possible injury was identified, such as

mobility and possible falls. These contained guidance for staff to keep people safe. Where accidents and incidents had occurred these had been reviewed on an individual basis with an amended care plan to help prevent any possible reoccurrence. A record of falls for each person was also maintained so that any themes could be identified such as a time or place where falls took place so preventative action could be taken. Care plans addressed risks regarding people's behaviour such as where violence and aggression were identified to help ensure people were consistently and safely cared.

# Is the service effective?

## Our findings

People told us they received the care and support they needed. People received care from staff who were well trained and had a good knowledge about people's needs. A relative told us, "The attitude of the carers is excellent and they work well as a team." Relatives said the registered manager and staff were prompt to follow up any health concerns with the appropriate services. Staff were observed supporting people effectively.

Staff received training and support so they provided effective care to people and to those living with dementia. We looked at the training records for each staff member. These showed newly appointed staff received an induction to prepare them for the job of care worker. A staff member told us they received an induction, which adequately prepared them for their role. Staff described the training as "very good" and "of a good standard." The training was provided by a trainer with practical sessions which staff said aided their learning. Staff were able to tell us about the training courses they attended and showed a motivation to future learning and development. Staff were aware of the symptoms of dementia and how to provide care to those living with this condition. Training records included fire safety, dementia care, moving and handling, personal care and first aid. In addition to this, the majority of care staff had completed a National Vocational Qualification (NVQ) or Diploma in Health and Social Care at levels 2 and 3. These are nationally accredited care qualifications.

Health and social care professionals told us they considered the staff were skilled and trained to provide effective care. A health care professional described good working relationships with the registered manager and staff at the home. The care staff were said to be aware of the boundaries of their role as care staff and that appropriate guidance and support was sought from the community nursing team which was followed. The health care professional said the home's management liaised with health care professionals so that community health services provided training workshops for staff in subjects such as skin pressure care and urinary tract infections. This supported staff to provide effective care.

Staff told us they were supported in their work and they had immediate access to either the deputy manager or

registered manager for advice. Staff said they received regular supervision and appraisals of their work and were "continuously observed" in their work as they worked alongside the home's management team. This meant staff had ready access to the management team for advice and guidance so they provided a good standard of care.

People told us they liked the food and said there was a choice of meals. One person commented that the food was "lovely," and, "very good indeed," but also said a choice was not always available. We saw the day's menus were displayed on a notice in the hall. The cook told us how people were consulted about menus and people's preferences were included. We observed the lunch which was a selection of home-made quiches and salads. Staff ate with people which made the meal time a social event and allowed staff to informally monitor that people ate enough. Some people chose to eat in their rooms. Relatives told us the food was good and that people were provided with sufficient fluids such as regular cups of tea. We saw that people had access to drinks in their rooms. A health care professional told us people were monitored regarding their food and fluid intake. Assessments of people's nutrition and fluid needs were recorded along with care plans which set out how people needed any additional support, including any specialist diets.

Care records showed people's health care needs were monitored and action taken to ensure these were assessed by the appropriate health care professionals. This included dependency assessments and regular checks on blood pressure and pulse. There were also assessments regarding the risk of people damaging their skin from prolonged immobility. Action had been taken to provide people with suitable equipment such as air flow mattresses as a preventative measure. A relative commented that staff took immediate action when their relative had minor skin damage. This involved a referral to the community nursing services who provided treatment for the person. Records included details about people receiving chiropody services for foot care and referrals to specialist health services including people's GP. A health care professional commented that the registered manager and staff made appropriate referrals to the community nursing services and this included requests for advice and guidance which the staff followed.



# Is the service caring?

## Our findings

People and their relatives told us the staff were kind and caring. One person said of the staff, “They’re lovely and so kind. The home is like a family to me.” Another person also described the home and their relationship with the staff as being like a family. A relative commented, “It’s fantastic. The right care is provided. The staff are lovely, cheerful and helpful.” Relatives said the staff took time to talk to people and showed they cared about people. Another relative said the staff “can’t do enough for people.”

Health and social care professionals as well as relatives said people were treated by staff as individuals by providing personalised care. People told us they were aware they had a care plan and that staff knew their care needs. People and their relatives told us they were consulted about care needs. One relative said of the staff, “They always ask when providing care.” Staff were motivated and said they approached their work so it made a difference to people’s lives. Staff described their work with people as “rewarding.”

We saw staff interacted well with people asking them what they would like to eat and how they wanted to be helped. Staff ate lunch with people which made the meal a social

event. Other people preferred to eat in their rooms depending on their choice. One person said how the staff supported them to maintain an active life in activities and in using occupational skills which they said made them feel valued.

Care records included details about people’s ‘likes’ and ‘dislikes.’ People and their relatives told us people were able to make choices in how they spent their time such as times of getting up and in the meals they ate.

People were able to exercise privacy. For example, some people preferred to spend time in their room. Relatives told us the home’s staff respected people’s privacy. People were able to have a key to their bedroom door for privacy and security if they wished. This was assessed at the time people moved into the home and a record made of the person’s decision. There were policies and procedures regarding confidentiality and staff were of the importance of this.

Relatives told us they were made to feel welcome when they visited the home. One relative said they visited the home three or four times a week and said there were no restrictions on the times they visited. Relatives of two people described the home as a “family home,” which they said they were made to feel part of.

# Is the service responsive?

## Our findings

People told us they got the support they needed. They said their views were taken account of. People received care which was personalised and responsive to their needs including the care for those living with dementia. One person said the staff knew their care needs and they were aware they had a care plan. Another person said they were consulted about their care.

Bedrooms were installed with call points so people could request assistance. People, and their relatives, said staff responded quickly when the call points were used by people.

There were records to show people were consulted about their care. The cook told us how people were involved in choosing the menu plans and staff demonstrated to us they took account of people's requests.

Records showed people's needs were reassessed and care plans updated so staff had up to date guidance on how to support people. A member of the community nursing team said they worked with the staff to meet people's changing needs.

There was space in the home for people to spend time together and to take part in activities. This included a garden which people said they used and a workshop which one person used on a regular basis. We observed people spending time in their rooms or in the communal areas. One person pursued a craft hobby and showed us the wooden models they had made. They told us this helped them occupy their time in a useful way which they enjoyed.

There was an activities programme which was displayed in the hallway. People and their relatives confirmed activities included visiting musical entertainers and outings to events in the community. There were photograph displays of a summer party attended by the residents, which showed there were opportunities for people to socialise. People said their requests for any activities were responded to.

People were enabled to maintain relationships with friends and relatives. We observed people receiving visits from friends and family members who said they were able to visit at any reasonable time.

The registered manager and staff told us how staffing levels were flexible and could be adjusted to meet the changing needs of people.

People's concerns and experiences were taken account of to improve the service. We saw there was a 'Welcome Pack' which contained information about the service including the complaints procedure. People told us they received written information about the home and this included the complaints procedure. Relatives and people told us they felt able to raise any issues or concerns about the home and said they were regularly asked about the care provided by the home. Relatives said the communication from the registered manager and staff was good. A relative told us how quickly the staff and registered manager responded when they raised a concern about their relative's care needs. Records showed the home received one complaint in the last 12 months and that this was investigated and a written response made to the complainant within the timescales of the complaints procedures.

# Is the service well-led?

## Our findings

The service was not always well led as there were two breaches of Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 where the registered manager had not carried out appropriate checks when recruiting one staff member. Procedures for assessing people's capacity to consent to care and in the use of the Mental Capacity Act 2005 had not been followed.

People told us they were asked to give their views on the service provided by the home. There was a culture of including people in decisions about the home. Relatives also said they were asked to give their views about the home and said that the 'family' nature of the home made communication with the staff and registered manager easier.

The registered manager provided people and their relatives with satisfaction survey questionnaires. The results of these were available for us to see and were dated January 2014. There was also a separate survey regarding the provision of food and the cook told us people were involved in devising the menu plans. The surveys showed people were satisfied with the care and the service provided by the home. There was also a 'comments box' which people could use to raise any suggestions or criticisms. Satisfaction survey questionnaires were also provided to health and social care professionals to complete such as GPs, community psychiatric nurses and district nurses. These showed a satisfaction with the services provided by the registered manager and staff.

The home produced a newsletter every three months so that people and their relatives were informed of any events or changes in the home.

We found examples of an 'open' culture where staff were able to raise and discuss issues about the home. For example, staff had the opportunity to discuss staffing levels at the staff meetings and as a result of this the registered manager was reviewing the staffing levels. Staff considered the home was well led and said the registered manager was approachable and felt able to discuss any issues they

had about their work or people's care needs. There were records of staff meetings and staff told us these allowed them to discuss their work as well as the operation of the home. Survey questionnaires were also provided so staff could make comments about their work and the service provided by the home. We found staff were motivated and caring in their work.

The registered manager used systems to monitor and check incidents such as falls and safeguarding of vulnerable adults concerns. These were investigated and reviewed with action plans where needed to reduce the likelihood of any possible reoccurrence.

Staff were supported by the home's management so that improvements could be made. Training opportunities for staff were good and included staff attaining national qualifications in care as well as in management. One staff member was trained as a 'Falls Champion' so they had knowledge and expertise in this area which could be communicated to staff in providing care.

The staff and manager worked in partnership with other key organisations. This included the provision of training workshops for staff from the community nursing team regarding care and support procedures. Health and social care professionals told us they considered the home to be well led and that the registered manager and staff worked with them to meet people's needs. The home's staff were said by these professionals to seek advice and guidance which they acted on. A social worker told us the registered manager worked with them regarding any safeguarding concerns, adding, "I have found the registered manager to be co-operative in terms of undertaking investigations and working with the Adult Services as necessary to resolve any concerns arising."

There were systems for checking and auditing care practices in the home as well as the suitability of the equipment and premises. We saw audits of the environment which included assessments of the condition of people's rooms. Where areas were identified as being in need of repair or attention there was an action plan of how and when this was to be completed.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment

Suitable arrangements were not in place for obtaining and acting in accordance with the consent of service users in relation to their care and treatment and having regard to guidance issued by the Department of Health. Regulation 18 (a) (b).

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers

Recruitment procedures did not include adequate checks on newly appointed staff, namely, reference checks on the conduct of a staff member previously employed to provide health and social care to people. Regulation 21 (a) (b) Schedule 3.