

Solway House Limited

Solway House

Inspection report

Solway Terrace
Maryport
Cumbria
CA15 6EL

Tel: 01900817651

Date of inspection visit:
20 September 2019

Date of publication:
18 October 2019

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

Solway House is a residential care home for up to 18 older people. People have single bedrooms and most have ensuite facilities. There are suitable shared facilities and a pleasant garden. The home does not provide nursing care.

People's experience of using this service

People told us they felt safe. Staff had received suitable training about protecting vulnerable adults. Good arrangements were in place to ensure that new members of staff had been suitably vetted and were the right kind of people to work with vulnerable adults. Accidents and incidents were responded to appropriately.

Staff were appropriately inducted, trained and developed to give the best support possible. Team members understood people's needs and had suitable training and experience in their roles. Staffing rosters were reviewed if people's needs changed. The service employed enough staff by day and night to meet people's needs.

People saw their GP and health specialists when necessary. Medicines were suitably managed with people having reviews of their medicines on a regular basis. Staff took the advice of nurses and consultants. The staff team had good working relationships with local GP surgeries. Nutritional planning was in place and special diets catered for appropriately. People told us they really enjoyed the food provided.

Solway House is a period property that has been modernised and adapted to meet the needs of the 18 people living there. The house was warm, clean and comfortable on the day we visited. The home had equipment in place to support care delivery.

The staff team were aware of their responsibilities under the Mental Capacity Act 2005. 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.

People told us the staff were caring. We observed kind and patient support being provided. Staff supported people in a respectful way. They made sure confidentiality, privacy and dignity were maintained.

Risk assessments and care plans provided detailed guidance for staff in the home. People in the service or their relatives, as appropriate, had influenced the content. The registered manager ensured the plans reflected the person-centred care that was being delivered.

Staff could access specialists if people needed communication tools like sign language or braille.

People told us they enjoyed the activities, interests and hobbies on offer. The home was very much part of the local community with lots of visitors and involvement in local activities.

The service had a quality monitoring system and people were asked their views in a number of different ways. Quality assurance was used to support future planning.

The registered manager understood how to manage concerns or complaints appropriately. There had been no complaints in this service.

Records were well organised, easy to access and stored securely.

Rating at last inspection: Good (March 2017).

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up

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

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

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 effective 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.

Solway House

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

The inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Solway House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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

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 the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We walked around the building, spoke with 15 people who used the service and four relatives about their

experience of the care provided. We spoke with eight members of staff including the provider, registered manager, assistant manager, senior care workers, care workers and the cook.

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

After the inspection

We gathered enough evidence on the day and did not ask for further documentation.

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 good. At this inspection this key question has remained the same.

Systems and processes to safeguard people from the risk of abuse

- Good systems were in place to protect people from harm and abuse. Staff had received suitable training in the protection of vulnerable adults.
- People said, "I have a lock on my door and one on my drawer but don't lock either as I trust everyone completely. I rarely use my buzzer, I don't need to as there is always plenty of staff around." Another person said, "Safe? Of course, I feel like I'm at home".
- Health care professionals and relatives were asked about the risk of abuse. They told us, "No concerns whatsoever".

Assessing risk, safety monitoring and management

- Risk was lessened, and people were kept as safe as possible because good management systems were in place.
- Staff had completed detailed risk assessments related to the delivery of care, moving and handling, trips out, fire and food safety. These had been routinely updated.
- One person said, "They transfer me from my stand aid to my chair, they are great, I'm never in pain, they encourage me to stand but they know my limitations". This person had a suitable risk assessment for all moving and handling procedures.

Staffing and recruitment

- Staffing levels were monitored, and recruitment done as effectively as possible. All checks were completed before new staff worked with vulnerable adults.
- Staff confirmed they had been suitably vetted and there were enough staff on duty by day and night. The rosters showed good staffing levels. The provider and the management team covered any unplanned absences.
- One person said, "There are plenty of staff and even when people are on holiday or on sick no one suffers".

Using medicines safely

- Medicines were ordered, stored and administered safely. People had regular reviews of medicines to make sure they had the right medicines for their needs.
- Medicines were stored securely, closely monitored, ordered, administered and disposed of safely.
- One person said, "I get my medication on time" and another said, "The doctor checks that I am on the right tablets and staff explain what they are for".

Preventing and controlling infection

- Suitable arrangements were in place to prevent cross infection and to ensure the home was clean and hygienic.
- The home was clean and fresh on the day of our visit. Staff used personal protective equipment and chemicals to lessen the risk of cross infection. Bathrooms and toilets had washable surfaces that would ensure good hygiene. One member of staff monitored infection control and ensured staff followed the policies and procedures about this.
- People said, "The house is always spotless and nice and fresh".

Learning lessons when things go wrong

- The provider and the registered manager ensured they had a focus on improving systems if things went wrong.
- The team kept care delivery, menu planning and other systems under constant review and were keen to listen to suggestions if things went wrong.

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 good. At this inspection this key question has remained the same.

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

- People's needs were suitably assessed, and their choices respected. This was done in line with standards, guidance and the law.
- Detailed assessments were completed prior to admission, and this was ongoing ensuring people's changing needs were understood.
- One person said, "The staff would sort out any problems, not that we have any as everyone looks after you and takes care of you and as the old saying goes 'If it's not broken, don't mend it'".

Staff support: induction, training, skills and experience

- Staff were supported through good induction, support and ongoing training.
- Staff said, "We get plenty of training ...all interesting and related to the work we do". Staff files recorded thorough induction was done and face-to-face training was completed along with e-learning.
- One person said, "The staff are always on courses learning different things" and a relative said, "They are very well trained...and they monitor everything".

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

- People were given a varied and nutritious diet and encouraged to maintain their hydration. Food was locally sourced where possible. Close attention was paid to any person who had problems swallowing or maintaining their weight.
- Good nutritional plans were in place and the cook and the care staff had detailed knowledge of needs and preferences. Soft diets, vegetarian diets and individual preferences were catered for.
- People said, "The food is excellent, home-made with a good variety. If you don't like anything they change it. For example, I can't eat at 5pm, it's too early for me so I get my tea in my room at 7pm." Another person said, "The cook makes her own lasagne and the food comes from local stores so everything is fresh".

Staff working with other agencies to provide consistent, effective, timely care

- People were supported because the staff team worked well with health and social care agencies.
- We met a community nurse who said, "The staff are great, they work with us...I love coming here because we all work together and the residents are happy and well cared for".

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

- Solway House is a period property that has been adapted and updated to meet people's needs. The home was well decorated with subtle and appropriate signage to assist anyone who was disorientated.

- Nearly all of the bedrooms had been redecorated and new furniture and flooring provided. Bathrooms had been upgraded. Shared areas were well decorated, and people told us they "Love sitting in the big conservatory" and "The view from the conservatory overlooking the harbour is quite stunning."
- The garden was easy to access with sheltered seating areas and colourful borders. People told us they enjoyed sitting out when the weather was pleasant.

Supporting people to live healthier lives, access healthcare services and support

- People had good access to health care support and encouraged to follow a healthy lifestyle.
- One person told us, "My leg gave way last week as sometimes I try to be too independent and the doctor came straight away" and another person said, "There are no problems. Even when I have a hospital appointment someone comes with me."
- Records showed regular visits from chiropodists, opticians, GPs, community nurses and other specialists.

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.

- People were asked for consent, where appropriate and if necessary their capacity had been assessed. Detailed records relating to 'best interest' meetings and DoLS authorisations were in place. Deprivations of liberty were managed in the least restrictive way possible.
- People told us, "I am asked all the time" and we heard staff asking people for consent before they carried out care. Options and explanations were given when people were unsure.
- The team asked mental health professionals for advice when they were unsure of how to manage when people were reluctant to accept care and support. Their advice was recorded, followed and regularly reviewed to ensure the team were treating people appropriately.
- Some people had granted lasting power of attorney to relatives who were involved in the decision-making process, when appropriate.

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

- People in the service were treated well and were given full psychological and emotional support as part of their holistic care.
- People told us, "The staff go over and above. [The provider] is here seven days a week doing all sorts of work. The [registered manager] and [the assistant manager] come back at the drop of a hat to make sure we are OK." One member of the team said, "We never leave people to go to appointments alone...we would take them in our own time."
- People also told us the staff team were, "Like a second family". One person said, "I`m a local person; nearly all of us are, and the staff are local people, they know us and our families and we know theirs. It is one big happy family."

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

- People in the service were assertive and confident in expressing their views and ready to make their own decisions about their lives.
- The registered manager had systems in place to regularly consult with people. Each person had the opportunity, at least once a month, to comment on their satisfaction with their care and with the way the home functioned. Staff respected people's rights to structure their own daily lives.
- The registered manager also held regular meetings with everyone in the service and also consulted visiting relatives, where people found it difficult to participate.
- People had influenced the recruitment of staff, menus, outings and entertainments.

Respecting and promoting people's privacy, dignity and independence

- The staff team treated people with dignity and ensured they had privacy. Independence was strongly promoted.
- Care plans outlined people's strengths and their right to independent decision making was followed through and staff were not averse to people taking risks, after assessment, to maintain their need for independence. One person said, "We get help if we need it, but can do what we want". Another person said, "The staff have a calming effect on everyone. They are happy so we are happy. They respect you and they are very caring and worried about your safety".
- People were supported to have dignified and person-centred personal care. One person said, "They keep my dignity and lock the door when I`m having a bath, but keep me independent by encouraging me to do what I can".

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 good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- Assessment and care planning were detailed and ensured that people had their needs met in the way they preferred.
- All of the care plans were very detailed and care planning had developed since the last inspection. They covered all aspects of individual's needs. This included social and psychological needs as well as their personal care and health care needs. Staff knew the contents and said they monitored them and they were changed when necessary.
- One person told us, "My care plan is due to be reviewed next month". A relative said, "I`m involved in the care planning and get regular updates every time I visit...it is checked and discussed regularly."

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.

- No one needed specialist communication tools but the registered manager could access training in things like British Sign Language if necessary. The home had signage that helped people living with dementia.
- Staff told us they watched people's responses so that any distress or reluctance would be noted and responded to. Staff were quick to ensure people's needs were met. One person had a new hearing aid battery put into their aid because staff noted that they were not following a conversation.
- A new policy had been written following the AIS. Staff were exploring new technology to ensure they could support people in the future.

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

- The home was very much a part of the local community and people were involved in local activities. Visitors, entertainers and members of the public came into the home.
- People told us they kept up with their friends and relatives because, "They know they are welcome and are part of the home". People went out to local theatres, restaurants and shops and to things like the Maryport carnival.
- There were regular activities like reminiscence, music and movement and crafts in the home. One person told us, "They organised someone to come in with spiders and snakes. Not to everyone`s taste, but I enjoyed it. We have Bingo where our families can all come in and play as nearly everyone is local and we have supper. We do sing songs, quizzes and recently had a picture show about the history of Maryport which

was brilliant."

Improving care quality in response to complaints or concerns

- The provider had an easily understood and accessible complaints policy and procedure. No complaints had been received.
- People told us, "Complaints? It's the opposite in fact, no one has anything to complain about. It's one big happy family here" and "You will not find one person in here with a complaint. Not one person!"
- People told us that any issues were dealt with very quickly by the provider or the registered manager. A relative said, "I can't speak highly enough of the care here and believe me if I did have a problem everyone would know about it".

End of life care and support

- The home had a policy of helping people to have a pain free, comfortable death in their own home.
- We saw a number of cards and letters thanking the staff for their end of life care. "Thank you. Your professionalism and dedication was exemplary" and "The attention you gave to Mum is so appreciated". Several cards also thanked staff for caring for relatives in an empathic way.
- We read a care plan that outlined the steps to be taken in the run up to end of life care. Medication was held for this person in case their condition deteriorated and the GP and community nurses were closely involved. The planned care also included the spiritual needs of this person.

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 good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- This home was run on the principle of the house being people's home and inclusivity and empowerment were evident in all aspects of the service.
- The home is owned by one person who is in the service daily and who ensures people are treated as individuals and person-centred care is the norm. A person living in the home said, "I always say that it comes from the top. I've worked in homes most of my life and if it's good at the top, it's good all the way down."
- People felt the home and the staff were their "second family". A relative said, "I have full confidence in everyone. Both the manager and the owner are approachable and would sort out any problems. I would recommend here as they go that little bit extra as far as your family is concerned and treat them as their own family."

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 duty of candour was followed in this service with the provider and the management team fully aware of their responsibilities.
- People told us that the provider and her team were "Always open and truthful...I trust them all" and "I know [the provider] very well and she is very open with all of us...as are the staff".

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

- The staff team were fully aware of their responsibilities and were committed to running a high-quality service that met with regulatory requirements.
- The registered manager continued to develop the home's own bespoke quality monitoring systems. Staff were involved in the auditing and staff had roles as champions in things like medicines management and infection control. The registered manager and the assistant manager also checked on these audits to make sure things were running smoothly. They had completed annual quality reports and made appropriate changes.
- Staff said they were aware of their role and how it fitted into the whole team. Two long standing staff members said, "Our [registered] manager has been in post for a couple of years and she knows where we need to take the home. She really cares and respects the people and she also cares about and respects the staff."

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

- Good systems were in place to engage in an equitable way with people, the public and staff, both formally and informally.
- People and their families received regular surveys and these were analysed and changes made. Meetings were arranged and informal discussions held with people, their visitors and visiting professionals.
- People confirmed they were treated equally and told us, "The staff don't make a difference no matter who you are or where you come from. We are all treated well".

Continuous learning and improving care; Working in partnership with others

- The home had a focus on improving care through quality monitoring, listening to people, training staff and developing the team.
- The registered manager had reviewed all the policies and procedures in line with Health and Social Care Act 2008, had taken advice from other professionals and had kept up to date with current good practice.
- We met a health care professional who said, "I love coming here. The care is excellent and the staff work with us so that together we can give people the care and support they need and deserve."