Windsar Care Limited

Salt Hill Care Centre

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?	Requires Improvement

Summary of findings

Overall summary

Salt Hill Care Centre is a care home with nursing registered to provide the regulated activity of accommodation for persons who require nursing or personal care, diagnostic and screening procedures and treatment of disease, disorder or injury for older people. It provides care and support to people living with dementia and learning and physical disabilities. At the time of our visit there were 53 people living in the home.

The most recent comprehensive inspection of the service was on 1 May 2014 The service was meeting the requirements of the regulations at that time.

People and their relatives were happy with the quality of the care provided and felt staff were friendly, kind and took good care of them. We observed people were looked after in a caring environment and saw staff were attentive to people's needs, being gentle and compassionate when people became distressed.

People's safety was maintained and protected. Staff were knowledgeable about how to keep people safe and had undertaken the relevant training. Risks assessments were put in place and risk management plans clearly recorded what actions must be taken by staff to reduce those risks. A review of medicines records showed medicines were administered in line with the service's medicines policy. The service carried out safe recruitment practices which ensured people were cared for by staff that were of good character. We observed there was sufficient staff to provide care and support to people; this was supported by our review of staff rosters.

People and their relatives felt staff were efficient at their jobs and were adequately skilled to provide care, treatment and support. Staff were appropriately inducted, trained, supervised and appraised. They spoke positively about management ensuring they acquired the relevant skills to carry out their job roles.

Where people lacked the mental capacity to give consent the service ensured it acted in line with the Mental Capacity Act (2005). Staff demonstrated a good understanding of the act and knew the correct procedures to follow to ensure people who lacked capacity were still involved in the decision making process. During our visit we observed the service complied with the Deprivation of Liberty Safeguards (DoLS) by ensuring they applied for authorisation from the supervisory body before placing any restrictions on people who lived in the home.

People were effectively supported at meal times. They spoke positively about the meal choices available and expressed satisfaction with the food on offer. Where people were at risk of malnutrition appropriate professional assistance was sought. The service promoted the health and wellbeing of people by ensuring they had access to health professional. For instance regular GP visits. A health professional gave positive feedback about the clinical knowledge of a staff member and care that was given to people.

People felt the care delivered was specific to their individual needs. Staff demonstrated a good

understanding of not only people's care needs but what they liked and disliked. Care records evidenced what was important to people. People social needs were met. We observed an activity taking place during our visit and saw good interaction by staff and people were actively engaged. Relatives thought the service responded promptly to their requests. People and their relatives knew how to raise concerns and the complaints log evidenced all complaints received were responded to appropriately.

People, their relatives and staff felt the service was well managed. This was because management was effective, supportive and visible in the service. The provider sought feedback from staff, people who received care and their relatives. This covered all aspects of service delivery.
We found robust quality assurance systems in place to improve the quality and safety of people who used the service. The service ensured the quality systems in place were reviewed for their effectiveness.

We found a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of this report.

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.

Relatives felt confident the service ensured their family members were cared for in a safe manner.

Safe recruitment processes and checks were in place.

People were given their medicines safely by appropriately trained staff.

Is the service effective?

Good

The service was effective.

Staff were experienced and skilled to provide care and support to people.

The service acted in accordance with the MCA 2005 and DoLS legislation.

The service provided support to enable people to have access to healthcare services.

Is the service caring?

Good

The service was caring.

People and their relatives thought staff were friendly and took good care of them.

Where appropriate relatives said they were involved and supported in planning and making decisions about their family members' care.

People were treated with respect and their dignity was preserved.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their needs

A review of care plans and risk assessments showed they were regularly reviewed and kept up to date.

Relatives said they knew how to raise a complaint but had no concerns about the service.

Is the service well-led?

Requires Improvement

The service was well-led however; the service did not notify the Care Quality Commission (CQC) of certain incidents, within required time frames, which had occurred during or as result of provision of care and support to people.

People, relatives and staff gave positive feedback when discussing how well the service was managed.

The service ensured the quality systems in place were reviewed for their effectiveness.

Salt Hill Care Centre

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection which took place on 4 & 5 February 2016 and was carried out by an inspector and a specialist advisor who specialised in dementia care.

Before the inspection we reviewed all the information we held about the service. We looked at notifications the provider was legally required to send us. Notifications are information about certain incidents, events and changes that affect a service or the people using it.

We looked at the provider information return (PIR) which the provider sent to us. 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. We also looked at all the information we have collected about the service.

Following our visit we received feedback from a staff member from Wokingham's Tissue Viability Nursing team and an officer from Slough Borough Council's contracts team.

We were unable to speak at length to any of the people who used the service, due to their capacity to understand. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

We spoke with two people, three relatives of people who used the service; one cleaner; a registered nurse; six care staff; deputy manager and the registered manager. We looked at 10 care records, four staff records and records relating to the management of the service.

Good

Is the service safe?

Our findings

Relatives felt their family members were treated well and kept safe. We heard comments such as "We ask mum if there are any problems, she always says she is happy. If we have any concerns we would speak to the manager." This was also supported by the people we spoke with. Comments included, "No staff has been unkind towards me" and "I do feel safe."

People were protected from abuse because staff were well-trained and fully understood their responsibilities in regards to safeguarding. Staff were knowledgeable and explained safeguarding procedures and what they would do if they felt issues were not being dealt with. We found this to be in line with the service's and Local Authority's safeguarding adults policy and the service's whistle blowing policy (this refers to procedures staff should follow if they wanted to report unsafe practices) which was easily accessible to all staff members.

There were sufficient numbers of staff to keep people safe and meet their care needs. This was observed during our visit and supported by a review of staff rosters.

We looked at the most recent staff recruitment files and found people were protected from unsuitable staff as Disclosure and Barring Service (DBS) checks which helps employers make safe recruitment decisions and prevent unsuitable people from working with vulnerable groups, were undertaken. One staff member when referring to being recruited by the home commented, "I had background checks and had to provide references." This evidenced the staff member's file.

People's behaviour care plans were in place and recorded how incidents or unusual behaviour that challenged was being managed. These were reviewed and actions required or taken by staff were documented.

People's individual risk assessments were incorporated into their care plans. Risk assessments showed identifiable risks and what action staff should take to minimise these. For example one person was identified at risk of falls. The person had a the tendency to rush when walking with the assistance of a walking aid. Staff were instructed to encourage the person to walk slowly and take their time when walking with a walking aid.

Where specific concerns were identified in regards people's nutritional needs care records evidenced appropriate assessments had been undertaken. We observed staff working in line with people's individual risk assessments. For instance, a speech and language therapist who assessed people who were at risk of chocking had devised a plan for a person whose care records we had reviewed. The speech and language therapist advised staff to use thickener in the person's drinks. We observed a staff member using the thickener appropriately and as directed by the speech and language therapist.

People were given their medicines safely by appropriately trained staff. Staff records showed 'medication staff competency records' and medicines training was up to date. People and their relatives said medicines

were administered promptly. We observed medicines were administered and recorded in line with the service's medicines policy.

Following our visit we received feedback an officer from Slough Borough Council's contracts team. They informed us the local authority's safeguarding had no concerns in regards to Salt Hill Care Centre.

People were safe from infection because staff ensured they used the appropriate personal protection equipment (PPE) and followed correct infection control procedures. This was observed during our visit and supported by the people and relatives we spoke with. Comments included, "They (staff) wear gloves and aprons. The home is very clean" and "It's tidy."

Good

Is the service effective?

Our findings

People and relatives felt staff were experienced and skilled to provide care and support. They told us staff carried out their jobs well and provided good care. Comments included, "Staff are good and efficient" and "They (staff) look after me well" and "Yes, staff look after X very well."

Staff received appropriate induction, training and supervision. A review of staff member's 'training and development plans' showed they had received a comprehensive induction and had undertaken their essential training. Staff spoke positively about their training experience and stated they were supported by management. A staff member spoke about how flexible management were as they were undertaking an academic course and management re-arranged their shift patterns to accommodate their learning. They commented, "While working I have been able to apply what I have learnt." A review of the service's training matrix showed all staff's training was up to date.

Slough Borough Council's local authority contracts officer stated the registered manager had meticulous records in regards to staff training records and was preparing for the introduction of the care certificate last year. The care certificate is a recognised set of standards that health and social care workers adhere to in their daily work. It applies to all health and social care staff. This was supported by our observations, we saw all staff had under taken or were in the process of completing their care certificate training.

Staff were supervised regularly and in line with the service's supervision policy. Staff told us they felt supported and found these meetings beneficial. For instance, one staff commented, "I am fully supported." A registered nurse described how management supported them Staff records evidenced yearly appraisals had been undertaken to review staff's performance throughout the year.

We checked the provider's compliance with the Mental Capacity Act (2005), (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. This included decisions about depriving people of their liberty so that they get the care and treatment they need, where there was no less restrictive way to achieve this.

People's rights were protected because staff understood the issues of consent, mental capacity and DoLS. The registered manager had submitted DoLS applications appropriately to the local authority. Staff had received MCA and DoLS training and demonstrated a good understanding of the act. They knew whether people had the capacity to make informed decisions and if not, what practices and procedures they should follow. This was also recorded in people's care records to ensure staff acted in accordance with the requirements of the MCA.

During the medicines round we observed some people lacked capacity and required covert medicines. Covert medicines relate to the administration of any medical treatment in a disguised form. Staff were faced with difficulties however this was managed well. For instance, one person who was very mobile and rarely stayed in one place. The staff team appeared to devise an approach which enabled them to administer

medicines to the person. We observed staff carrying out this task. This was all documented in the person's care plan and the whole team played a part in assisting the person in the most least restrictive way when medicines were being administered.

People said staff sought their consent and involved them in decisions. For instance, one person commented, "They (staff) always ask permission before helping but I am independent and can do most things for myself." Care records evidence people or those who represented them gave consent for various aspects of care.

We observed two staff members transferring a person with the use of a hoist from the lounge chair to a wheelchair. They engaged with the person verbally and adjusted their height to ensure they were able to maintain eye contact with the person. Throughout the whole process staff provided a detailed step by step easy account of what they were doing in order for the person to feel involved in the process. Saying to the person, "Lift your arms and we will place the belt around you, let us know it feels ok" at the same time they provided reassurance to the person when at one time the person became a little apprehensive. The staff members immediately stopped the lifting and placed one hand on the person's back and one hand on their hand and said "It's ok the hoist will lift you up, you are safe." This showed staff was effective in delivering care and support.

People were effectively supported at mealtimes. We observed the lunchtime period and saw people were offered a choice of meals which were well balanced and hot. People ate their meals in a relaxed environment and were happily engaged in conversations with other people or staff members. Adequate amounts of drinks were available and where applicable fortified milk shakes were given to people who required it. One person commented, "We have a choice of food and I like the food." Another person told us, "Meal times are good. We have a good chef who cooks well balanced meals. We get enough to drink throughout the day." This was supported by our observations.

The service provided support to enable people to have access to healthcare services. A poster on display showed the GP visited the home every Wednesday between 1.30pm to 2.30pm. Care records evidenced physical health checks was done regularly and clear instructions given to staff to follow. For instance, during our visit a physiotherapist arrived and had come to assess a person's ability to walk and to devise a plan of action by assessing the person's risk of falling.

Following our visit we received positive feed from a staff member from Wokingham's Tissue Viability Nursing team. They commented, "On my last visits to this care home I have visited the top floor and have, on each occasion, liaised with X (registered nurse). I was impressed with their preparation prior to my visit, clinical knowledge and care they gave to their patients. Assessment tools relating to tissue viability were all completed to a very high standard. I also noted that other patients were being repositioned during my visits and given regular fluids (some with assistance) to maintain hydration."

Good

Is the service caring?

Our findings

People and their relative felt staff were caring. We heard comments such as, "Staff look after X she is always happy and her clothes are always clean", "Staff do things for us. If my TV is not working they will fix it. "They are friendly and kind to me" and "I am well treated by staff, they take good care of me." We observed staff being caring and compassionate, the environment was caring and relaxed during our visit.

Staff had established good working relationships with the people they supported and demonstrated a good understanding of their care needs. This was evident in our discussions with staff which was supported by what was recorded in people's care records. The registered manager and deputy manager had knowledge of the people who lived in the home and described various situations that had occurred with a sense of compassion.

Throughout our visit we saw many examples of good care. For instance, we observed a person had become distressed. A staff member was delicate in the way they approached the person and spoke to the person gently and with comforting words.

Where appropriate relatives said they were involved and supported in planning and making decisions about their family members' care. They told us staff always kept them up to date with the care that was provided. We saw evidence of regular communications with people's family members recorded in care records."

People said staff promoted their independence and supported them to exercise choice. For instance one person commented, "I choose what I want to wear and they (staff) dress me." We observed staff members giving a person choice. They initiated a detailed discussion about the person's choice and gave them time to decide; once the person had made their choice the staff members respected the person by carrying out their wishes..

People were treated with respect and their dignity was preserved. Relatives told us this was observed during their visit. For instance, one relative commented, "Staff will always provide personal care to mum in private." We observed staffing knocking on people's doors and only entering in once permission was given.

People were cared for by staff who knew how to meet their diverse needs. The service had an equality and diversity policy in place and staff training records showed staff had undertaken the relevant training. We reviewed the care certificate workbooks completed by staff in regards to equality and diversity. These evidenced staffs's understanding of what diversity, equality, inclusion and discrimination meant. We saw staff were competently able to describe when discrimination had occurred and whether it was intentional or not.

People could be confident they would be cared for and supported when they reached the end stages of life. This was because staff had undertaken the training, a review of staff training records confirmed this and care plans recorded people's wishes. For instance, 'Arrangements for death and care of dying' plans recorded people's preferences for burial and whether or not they wanted to be resuscitated (this is the action or

process or reviving some from unconsciousness or apparent death) and which family members should be contacted in the event of their death. Where people did not want to discuss their wished in regards to end of life, this was clearly recorded. The service had end of life and resuscitation policies and procedures in place for staff to follow.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People this said care staff met their individual needs. Care records were detailed and provided staff with people's individual care needs and preferences. There were no standardised statements made in the records but each care plan was written to reflect each person's individual needs.

We observed staff interacting appropriately, providing individually tailored activities. This was supported by care records which documented people's preferences.

People's care needs were assessed prior to them receiving care. This information was captured on 'Admission assessments' and gave a comprehensive picture that recorded people's past medical history and current care and support needs. These covered areas such as health, physical and social needs. This is me' documents captured people's family background; who and what was important to them and their preferences. This helped the service to assess whether it could effectively meet those needs.

A relative told us the service responded promptly to their request for equipment to be installed in their family member's room. When referring to how quick this request was responded to they commented, "The following day, they were very quick." This was supported by staff who told us the management team were also responsive. For instance, a registered nurse told us, "We had a person whose behaviour challenged us, I asked management for extra staff and this was arranged."

Care records captured people's cultural, religious needs and gender preferences. The service employed staff from various cultural backgrounds and this helped in to ensure a sense of familiarity for some people. This was because staff shared the same ethnicity as people who used the service.

Care plans, risk assessments and important documentation were all kept in their individual folders and were all up to date and regularly reviewed. Reviews of care gave people and their family members the opportunity be involved and they were able to give input into how care was being delivered.

People social needs were met. We observed bingo activity on the first day of our visit. We saw staff positively engaging with people throughout the activity who appeared to be enjoying the game. The activity co-ordinator demonstrated a good knowledge of the people involved in the activity and was able to correctly recall people's preference of drink during a short break. Where people were unable to join in group activities we noted daily records documented staff providing one to one social visits.

People told us they enjoyed the activities in the home. For instance one person commented, "I enjoy playing skittles but what I like best is going to the park and going shopping. One of the staff members takes me. I have a good social life."

People and relatives said they knew how to raise a complaint but had no concerns about the service. A review of the complaints log showed complaints received were responded appropriately by the service. The

complaints policy and procedure was visibly displayed outlining what people should to and who they should contact if they wanted to make a complaint.

Requires Improvement

Is the service well-led?

Our findings

Providers and managers are legally required to notify certain incidents to the Care Quality Commission (CQC) within required time frames, which have occurred during or as result of provision of care and support to people. Prior to our inspection, we checked our database for records of any incidents notified to us. During our inspection we observed the service had DoLS applications authorised from the supervisory body. However, no notifications in regards to these were submitted to the CQC since our last inspection.

This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (Part 4).

People and relatives felt the service was managed well. We heard comments such as, "We are satisfied and happy with the registered manager", "I think it's managed well and they meet my needs" and "It's a good place to live."

Staff spoke positively about being supported by management who they stated were approachable. Comments included, "The home is managed well. Managers are always around to support staff" and "It's the best place I have ever worked."

Staff told us team meetings occurred on a regular basis. For instance, a staff member said the meetings gave them an opportunity to "Suggest and discuss views and plans." This was evidenced in the minutes of meetings reviewed which also recorded how the staff meeting should work to provide high, effective quality care.

The home encouraged a culture of learning for staff to ensure people who lived there received high quality person centred care. For instance, 'Common core principles' in various aspects of care were visibly displayed on notice boards throughout the homes. These covered how staff should support people to have good health; promote dignity and respect; maintain safety and safeguarding and delivering flexible and personalised care. This was observed during our visit.

In order to support the activity co-ordinator the registered manager organised for them to attend a day care centre to get further insight into activities and how they were organised. This meant staff were enabled to take part in learning and development that was relevant and appropriate so that they can carry out their role effectively.

The aim of management was to promote an open, transparent culture and to lead by example. Staff supported this and said that management was always visible and easily accessible.

Quality assurance systems in place were robust and regularly monitored. Completed accident audits analysed the number of falls that had occurred in the service and actions taken by staff in response. We noted this information was shared on a regular basis with the local authority. The service had a matrix in place to capture expiry dates for staff DBS certificates; staff who were subject to work visas; registered nurses' personal indentification numbers. These were issued to nurses when they registered with the

Nursing Midwifery Council (NMC) and had to be annually renewed.

Staff training and supervision matrixes were in place and were regularly updated to ensured staff were up to date on essential training and received appropriate formal support on a regular basis. The service had formal communication systems to ensure individual staff accountability and performance could be tracked, monitored and supervised.

The service sought the views of people; relatives and staff. A review of the 'Residents satisfaction survey' dated December 2015 showed people gave positive feedback. People said they were provided with information that enabled them to make a choice about the home; the home met their health needs and their individual preferences. 'Family satisfaction survey' dated December 2015 showed relatives gave positive feedback on various aspect of care provided by the service. For example, relatives felt people's privacy and dignity were respected. 'Employee satisfaction survey' dated December 2015 showed staff were positive about the service. This covered induction; involvement in the running of the home and how they could approach management about concerns. Comments included, 'Staff management is excellent', "Best home so far" and "I'm very happy working here."

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	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 Registration Regulations 2009 Notifications of other incidents The service did not notify the Commission without delay of DoLS application that had been approved by the supervisory body Regulation 18(4) (B).