Leonard Cheshire Disability

Saltways - Care Home with Nursing Physical Disabilities

Inspection report

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Date of inspection visit:
19 January 2017
23 January 2017

Date of publication:
03 March 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection was unannounced and took place on 19 and 23 January 2017.

The home is registered to provide accommodation and nursing care for a maximum of 24 people. There were 20 people living at the home on the day of the inspection. At the last inspection on 24 June 2015 the service was rated as good.

Since the last inspection the registered manager left the service and a new manager had been appointed but had not yet registered with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe and staff were available to support them when they needed care. People were cared for by staff who were trained in recognising and understanding how to report potential abuse. Staff knew how to raise any concerns about people's safety and shared information so that people's safety needs were met. People were supported by staff to have their medicines when they needed them.

The principles of the MCA had not been consistently applied. Staff had limited knowledge of the MCA and how this impacted on the care provided to people. Systems for reviewing DoLS applications had not identified actions required. The failure to recognise and action the conditions of a DoLS authorisation meant that the person was deprived of their liberty when this was not lawful.

Staff understood people's individual care needs and had received training so they would be able to care for people living in the home. There were good links with health and social care professionals and staff sought and acted upon advice received, so people's needs were met. People told us they enjoyed meals times and were positive about the choice of food they received.

People were comfortable around staff providing care and relatives told us people had developed good relationships with staff. Relatives said people's privacy and dignity was maintained and we made observations that supported this.

People said staff knew them and the care they needed, however, people gave mixed responses about whether they were involved in planning their care. Care plans we viewed did not show us how people were involved in reviewing their care. People told us they could raise any issues should the need arise and action would be taken.

People told us they would like more activities. Staff and relatives told us that activities could be improved to support people's interests. The provider had taken steps to address this and had employed a new driver and activities coordinator.

Records of accidents and incidents were maintained but systems did not show how they were monitored to identify trends within the home to reduce the likelihood of events happening again and ensure required actions were taken.

The management team had systems in place to check the quality of the service provided, however these had not always been consistently completed to identify any improvements required.

People, relatives and staff said that the service had been through a period of change. They acknowledged recent improvements had been made but said further improvements were needed. People, relatives and staff spoke positively of the new management team and of the team work of the staff team.

Recent changes had been positive but more time will be needed to embed the changes and ensure improvements are sustained and that changes made result in consistent improvement in the care and support given to people.

You can see what actions 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.

People received support from staff to help them stay safe. Staff knew how to recognise risks and report any concerns.

People were supported by sufficient staff to meet their needs and provide support when they needed.

People were supported by staff to take their medicines when they needed them.

Is the service effective?

Requires Improvement

The service was not consistently effective.

The principles of the MCA had not been consistently applied. Staff had limited knowledge of the MCA and how this impacted on the care provided to people. The failure to recognise and action the condition of a DoLS authorisation meant that the person was deprived of their liberty when this was not lawful.

Staff were knowledgeable about people's support needs and sought consent before providing care.

People enjoyed the meals provided and input from other health professionals had been used when required to meet people's health needs.

Is the service caring?

Good

The service was caring.

People said they liked the staff who supported them. People and relatives said staff provided support and care to people with dignity and kindness.

People and relatives valued the positive relationships they had with staff. Relatives were free to visit whenever they wanted and felt welcomed by staff.

Is the service responsive?

Good

The service was responsive.

Staff were knowledgeable about people's care needs and preferences in order to provide a personalised service.

People said they would like more activities and people's views and involvement had not been recorded in their care plans. The provider was taking on-going action to address these issues.

People and their relatives were supported by staff to raise any comments or complaints about the service and were confident that action would be taken.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The management team had systems in place to check and improve the quality of the service provided but these had not been consistently completed or actions taken where areas for improvement were identified.

Relatives gave positive feedback about the service and people were cared for by staff that felt supported by the management team but felt further communication with the provider could improve.

Recent changes had been positive but more time will be needed to embed the changes and ensure improvements are sustained and that changes made result in consistent improvement in the care and support given to people.

Saltways - Care Home with Nursing Physical Disabilities

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the 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 inspection took place on the 19 and 23 January 2017 and was unannounced. The inspection team consisted of one inspector, a specialist nurse advisor and an expert by experience. An expert by experience is a person who has had personal experience of using or caring for someone who uses this type of care service.

As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We also spoke with the local authority and the clinical commissioning group (CCG) about information they held about the provider.

During our inspection we spoke to seven people who lived at the home and used different methods to gather experiences of what it was like to live at the home. We observed care and 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 with us. We also spoke with five relatives of people living at the home during the inspection.

We spoke to the manager, the care supervisor, three nurses, four care staff, the cook, the activities co-ordinator and a member of the housekeeping staff. We also spoke to the provider's head of operations by telephone. We looked at records relating to the management of the service such as, care plans for seven people, the incident and accident records, medicine management, complaints and compliments, three staff recruitment files and staff and residents meeting minutes.

Good

Is the service safe?

Our findings

People told us they enjoyed living at the home and they felt safe. One person said, "Staff keep me safe – they look out for me." Another person told us, "Safe? Yes that's all taken care of." One relative told us staff knew the support their family member needed, they said, "They keep [family member] safe, I've no worries."

Staff told us they had received training in safeguarding and knew the different types of abuse. All the staff members we spoke with knew what action to take if they had any concerns about people's safety. This included telling the manager or nurse, so plans would be put in place to keep people safe.

We looked at records and identified two incidents that should have been reported to the local authority safeguarding team. Both of these incidents occurred before the new manager was in post. We discussed this with the manager; they agreed that reports should have been made and that they planned to introduce a summary sheet for incidents to show actions taken so this would not happen again.

People told us that following a recent increase in staffing levels, staff were available when they needed them. One person told us, It is better now, there's enough staff." Another person said, "Staff are attentive." People and relatives told us that agency staff were used at times but they had usually worked at the home before and were known to them.

All staff we spoke with were assured that people were safe. They told us they felt there was enough staff to support people living in the home following the recent increase. One member of staff told us, "It's much better, more staff means better support to people." Another member of staff told us staffing levels meant they were able to give the right care and they had time, "To do it nicely," and they were, "Not rushed." The manager told us the increased in staffing had been put which reflected people's needs and would be reviewed monthly to reflect any changes.

The manager stated the provider had appointed several new staff and was continuing to advertise and recruit to staff vacancies. In the meantime, agency staff would continue to be used to cover the vacancies. They advised that where possible the same agency staff were requested to ensure consistency. This was confirmed by one person who told us about one member of agency staff. They told us, "[Agency staff member] is here most the time; they know what I'm like. We have a laugh; I really like them."

We checked three staff files and saw records of employment checks completed, which showed the steps the provider had taken to ensure staff were suitable to deliver care and support before they started work. The provider had made reference checks with previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions.

Nursing and care staff we spoke knew the type and level of assistance each person required. For example, where people required the aid of hoists or assistance with food and drinks. One person told us, "Two staff help me when I need help". Staff told us they worked in pairs to ensure the right level of support was given to people in supporting their mobility. We looked at three care plans and saw that information on people's

risks and been updated and reviewed. The manager told us that all care plans were in the process of being reviewed to ensure information was up-to-date for all people living at the home.

People we spoke with told us they were satisfied their medicines were provided when they needed them. One relative also told us they felt assured that their family member was supported with, "All their medicines, I've got no concerns." We observed a medicines round with a member of the nursing staff and looked the medicines records for people. People were offered their medicines with the nurse showing each person their medicines and speaking to them about their medicine and giving them time and support to take their medicine.

We saw that medicines were managed safely. There were appropriate facilities for the storage of medicines includes examples of safe storage of controlled drugs and how they stored medicines that required refrigeration.

Requires Improvement

Is the service effective?

Our findings

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. The application for this in care homes and hospitals are called Deprivation of Liberty Safeguards DoLS. We looked to see if the provider was working within the principles of MCA.

Staff told us that they had received MCA and DoLS training, however, staff we spoke with were not clear about their role and responsibilities with regards to DoL and the principles of the MCA had not been consistently applied. For example, we spoke to the one of the management team who was responsible for making assessments and applications. They told us that although a DoLS application had been considered for one person for whom a restriction was in place, an assessment of capacity to consent to the restriction and a DoLS application had not been made. This showed there was a risk that people would potentially be deprived of their liberty when this was not lawful.

We saw three DoLS applications had been made to the local authority and one person had a DoLS authorisation in place. We noted one of the conditions of the authorisation had not been actioned. We discussed this with one of the manager team, they agreed that the condition had not been actioned and the system for reviewing DoLS applications had not identified this. The failure to recognise and action the conditions of the authorisation meant that the person was deprived of their liberty when this was not lawful.

The provider did not ensure people were treated were not deprived of their liberty when this was not lawful. This was a breach of Regulation 13 (5) HSCA 2008 (Regulated Activities) Regulations 2014.

We spoke to the provider's head of operations; they advised that the need for staff training in MCA and DoLS had been identified by the Quality Team in November 2016. We saw that further training formed part of the action plan for improvements at the home and training was due to be arranged.

People we spoke with told us staff had the right skills to care for them. One person told us, "They look after me. They know what to do." Staff told us they had undertaken a range of training so they could provide the support and care people living at the home needed. All staff were able to give an example of how training had impacted on the care they provided. For example, three staff told us how manual handling training had given them the confidence to support people correctly.

Staff understood the importance of obtaining people's consent when supporting them. One relative also

told us, "Yes I've witnessed it myself, they always ask." We saw staff asking for peoples consent before providing support and when one person refused support the staff member respected this and said they would come back later to check again. Staff members we spoke with told us where people were unable to give verbal consent they looked for facial expressions and hand gestures to gain consent and enable people to communicate their choices.

People told us they chose how to spend their day and where they like to be. One person told us, "I come and go around the home as I please." Another person told us they chose to spend time in their individual bedroom. They told us, "They [staff] try and encourage me to go down to the lounge but do listen when I say no, it's my choice."

People told us they enjoyed their meals. We observed a lunchtime meal and saw staff chatting with people as they supported them. People we spoke with told us food was good and that a choice was always offered. One person said, "You won't get better [food]; it's scrummy and you always get a choice." They commented on how they had been encouraged to make healthy food choices. They said, "It's healthy, home baked food." People were offered a choice of drink when meals were served and throughout the day. We saw that people who were not able to eat independently, they were supported to do in a way that met their needs with staff assisting them.

We spoke to the cook and they told us they looked to meet with people when they first came into the home to discuss their likes and dislikes. The cook told us as they served the meals they were able to see first-hand what people enjoyed and also get their immediate feedback. The cook was knowledgeable about people preferences and dietary needs. For example, where people required softened meals.

The cook told us with the support of the new manager they would like to expand the menus and further develop an existing picture menu which had previously been used to help one person in choosing their meals. They advised that the picture menu would benefit from expanding to include more meals to help people with making their meal choices.

People were supported to access healthcare professionals and attend a range of medical appointments including GP and hospital appointments. We also saw where people had been referred for specialist advice, for example, speech and language therapist. One person told us, "There's a GP visit every Tuesday……and [GP appointments are] available as needed too." Another person commented, "A chiropodist came recently." People told us they were happy with the actions taken by the staff in monitoring their healthcare needs. One person told us, "Staff are attentive and know when I am not well."

Good

Is the service caring?

Our findings

People spoke positively of the staff and said they were caring and respectful. One person told us, "Staff are very caring, they are great." Another person said of staff, "If I need a hug I can get one." Relatives we spoke with also told us they felt staff were caring. One relative said, "[Family member] is happy with the carers [staff].You'll not find any fault here, all smiles – staff and residents."

People told us they had developed good relationships with the staff. One person told us staff used a name they liked. They told us, "They [staff] talk to me and say hi [person's preferred name]." One relative said, "They [staff] care….they seem to have built up a relationship [with family member]."

We saw that when one person showed signs of becoming anxious, staff recognised this and responded by offering reassurance and gently touching the persons arm to help settle them. We saw the person become less anxious in response. We heard staff chatting with people as they moved around the home, offering people support and reassurance where necessary.

The provider had received positive written feedback from people and their relatives. For example, one person had written to compliment the staff team on their support when they were short staffed. They had written to say, "You are brilliant. "A relative had also written in to thank staff for their support in arranging a celebratory meal for their family member. They said, "You all went the extra mile." All compliments were kept in a file in the reception area so people, staff and visitors could see them.

Relatives we spoke to said they felt welcomed at all times. One person said, "My [relative's name] comes all the time and all the staff make a fuss of them. They are happy visiting me here and that's important to me." One relative commented, "They [staff] make me welcome….I'm here all times of the day."

People said they felt respected by the staff who treated them with dignity. One person told us how staff respected them and their belongings. They said, "It's not a care home, it's my home." Another person said before staff went in their room, "They always knock and call out. " Relatives also confirmed that people's privacy was respected. One relative said, "Staff are very good in that way."

Staff spoke warmly about the people they supported and provided care for and said they enjoyed working at the home. One member of staff said, "I love the people, their smiles make me feel valued in what I do." Staff told us they felt the team worked well together through the recent changes at the home. One member of staff told us, "Through all the changes I'm proud to say the team pulled together and always provided good care to people." Another member of staff told us, "I like working here because all the staff here care; we all want what's best for people."

Good

Is the service responsive?

Our findings

People said the staff met their needs, one person told us, "They [member of staff] chat to me when I am feeling down. They help me." Another person told us, "The staff know what I like." Relatives told us staff were knowledgeable about people's care. One relative said, "Staff know [family member] well." People told us they had felt staff listened to them. One person explained how staff supported them they said, "I get the support I need. They [staff] do listen."

Staff knew each person well including their family members. Within people's care records we saw an assessment of people's needs and care plans. The care plans provided guidance for staff to support the person in their daily routine. Care plans were currently being reviewed and one new care plan we viewed included sections on the person's life history and aspirations. Staff told the activities co-ordinator was going to work with people to collect this information and it would inform future activities for people.

People told us they would like more activities to keep them busy. One person said, "Staff are good but I would like more to do." Relatives we spoke with also told us activities could be improved. One relative told us, "There is little stimulation for [family member]." Four members of staff told us that activities had been affected by the previous staffing levels. One member of staff said, "I would like more things for people to do. Things like getting them involved in making their own meals." Staff acknowledged that things were improving with the appointment of a new activities co-ordinator. One member of staff said, "There's a new co-ordinator so things should improve now. They worked here before as a carer so they know people and what needs doing."

We saw the provider's Quality Team had visited the home in November 2016 and a report had been produced. The report showed that people living at the home had given feedback that they wanted more activities. In response the report stated that the provider would look to recruit more drivers and more volunteers to support people. The manager advised a new driver had been appointed and the recruitment of volunteers was on going. They also advised that there were plans to convert one of the communal rooms back into a kitchen area to involve people in cooking activities and making meals. We saw that the new manager had also held a residents meeting with people living at the home asking for feedback on what activities they would like to do.

People gave us mixed responses about whether they were involved in planning their care. One person told us they had not been involved in reviewing and planning their care. They said, "No, no reviews." Another person told us, "There's been no changes; so no decisions necessary." We saw the provider had identified the need to improve the review process and this formed part of their on-going action plan of improvements at the home.

Relatives we spoke to told us communication about day to day care was good and staff let them know when things changed in their family member's health. One relative told us, "Communication about [family member] is good they let me know about any changes."

We saw staff shared information as people's needs changed, so that people would continue to receive the right care. A new form had been introduced to share information at staff handover. The new form recorded included notes for each individual person in the home. For example, we saw notes recorded where one person had been unwell and had medical tests completed. Staff told us the new handover had improved communication. One member of staff said, "It ensures each person is discussed."

People told us they had been able to decorate their room the way they liked. One person proudly showed us their room which they said they had chosen the decoration for. They said, "I choose all the fittings myself, I love shopping for things."

People said they felt able to complain or raise issues should the situation arise. One person told us, "If I'm not happy with anything, I'll speak to them [staff] and it will be sorted. They have no choice but to listen." Another person commented, "If I have a problem I just go to the office." We saw the provider had an electronic system to record any complaints received and also log responses made.

Requires Improvement

Is the service well-led?

Our findings

People told us they liked living at the home, one person said to us, "It's the best place I've lived." However, they told us the service could be improved with more activities and more involvement. For example, one person said, "Its good here but it could be better." Relatives also told us that the service could be improved. One relative said, "It needs a shake-up. It's OK but it could be so much more." Relatives also told us although they felt communication within the home and with staff was good, they felt communication with the provider could improve. For example, they had been unaware of the planned changes in the management team. One relative said, "I didn't know it was happening until I saw the new manager here one day. You think they would tell us these things; they are important."

The manager could not show us was how accidents and incidents were monitored to look for any trends which may indicate a change or deterioration in people's abilities or actions needed to be taken to reduce the likelihood of events happening again. For example, we saw that following one accident six months ago, the recommended action had not been taken to ensure the environment was made safe and to reduce the likelihood of an accident occurring. We highlighted this to the manager who contacted us following the inspection to advise action had now been taken.

We looked at the governance systems within the home because we wanted to see how regular checks and audits led to improvements in the home. However, we found these had not always been consistently completed and actions taken where areas for improvement were identified. For example, we saw that regular checks of the MAR (medicine records) were completed but could not see the action taken where areas for improvement were identified. We spoke to the operations manager and they advised that due to staff changes previously a regular check of audits at the home had not been consistently completed. However, the provider was introducing a new quality assurance programme across all services. They advised this would provide a more robust and consistent way of assessing audits and checks completed in each home.

We saw that the provider's Quality Team visited the home in November 2016 and carried out a full quality check of the home. A report had been produced and identified areas for improvement. In response the manager had an action plan in place to record actions needed to address the areas identified. We saw some of the areas had already been actioned, for example, weekly heads of department meeting and residents meetings. Other actions were longer term and included the review of paperwork and audits.

Prior to the inspection the manager for Saltways was also responsible for the management of another home. Staff told us the lack of consistent management had impacted running of the home and the care provided. One member of staff said, "We lacked management to drive the service forward." Staff told us that they had not had supervisions for some time. One member of staff said they would have welcomed supervision as a time to discuss their practice and any concerns. We saw that the new manager had put a programme of supervisions in place for all staff.

A new full time manager had been appointed two weeks prior to our inspection. The new manager had a

clear plan of action of areas that needed improving. People, relatives and staff all told us the in the time the new manager had been at the home some changes had already been made. One person told us, "I like the new manager, everyone seems happy again." One relative told us, "The atmosphere seemed flat, but now it's picking up." Another relative told us, "They [the new manager] gets stuck in, you see them out with people doing things and I respect that."

Staff also told us the new manager had made improvements. One member of staff said, "Things are improving. The new manager gets involved, rather than tell us, they show us." Staff also told us morale was better with the improved staffing levels and changes. One member of staff said, "All staff members are happier now." Staff acknowledged some improvements still needed to be made but were confident the new manager would get these done. One member of staff said, "There's still more to be done but we are definitely heading in the right direction."

The manager advised they could approach the provider for advice. They advised that the head of operations was making weekly visits to help their transition into the role and they had also received help and guidance from the previous manager.

The provider had sent a survey to all people living at the home in April 2016 asking for their feedback and opinions on the care provided. A response was made by two people and the overall results were published in a report. The results showed that people were happy living at the home and with the care provided. The new manager acknowledged the response rate for the questionnaire needed to improve. They told us they planned to discuss this at a future residents meeting.

We saw that recent changes had been positive but more time will be needed to embed the changes and ensure improvements are sustained and that changes made result in consistent improvement in the care and support given to people.

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 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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The principles of the MCA had not been consistently applied and failure to recognise and action the conditions of a DoLS authorisation meant that the person was deprived of their liberty when this was not lawful.