

Salutem LD BidCo IV Limited

Warrington Road

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

The service accommodates twelve people in four adapted domestic style neighbouring bungalows within the local community. Three people live in each of the bungalows.

The size of service meets current best practice guidance. This promotes people living in a small domestic style property to enable them to have the opportunity of living a full life.

People's experience of using this service:

The principles and values of Registering the Right Support and other best practice guidance ensure people with a learning disability and or autism who use a service can live as full a life as possible and achieve the best outcomes that include control, choice and independence. At this inspection the provider ensured they were applied.

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways; promotion of choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were supported to have 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 were protected from the risk of abuse and harm. Staff had completed training in topics of safeguarding and health and safety and they understood their responsibilities for keeping people safe. People were supported to take positive risks as part as an independent lifestyle. Medicines were safely managed and administered to people at the right time. Parts of the environment were unclean with a build up of dust and spillages. The registered manager agreed to address this. There was a system in place for reporting and learning from accidents and incidents.

People's needs, and choices were assessed with their full involvement. Care plans detailed people's needs and choices and how they were to be met. People told us they received the right care and support which met their needs and choices. The premises were suitably adapted and designed to meet peoples' needs and choices and was in keeping with other properties in the neighbourhood. The décor of hallways and communal spaces was showing signs of wear and tear, action had been taken to improve this. Where people lacked capacity to make their own decisions appropriate authorisations were in place and followed in line with the Mental Capacity Act 2005.

People's independence, privacy and dignity was promoted. People feedback that staff were kind, caring and compassionate. Staff knew people well and had formed positive and trusting relationship with them. People's views about their care and support was regularly obtained and they were listened to.

Care plans reflected people's needs and choices in a personalised way and people received care and support which was responsive to their needs. People were provided with information in formats which they could easily access and understand. The use of assistive technology enhanced people's communication, independence and overall quality of life. People knew how to complain and were confident about speaking up.

Managers promoted a person-centred and inclusive culture and provided high-quality care and support to people. Managers of the service were supportive and approachable. There was good partnership working with other professionals. Effective systems were in place to check on the quality and safety of the service and improvements were made when required.

Rating at last inspection: This was the first inspection of the service since it was registered with CQC in May 2018.

Why we inspected:

This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Warrington Road

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one adult social care inspector.

Service and service type:

Warrington Road 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:

We gave the service 48 hours' notice of the inspection site visit because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did:

Our plan took into account information the provider sent us since the last inspection. We also considered information about incidents the provider must notify us about, such as abuse; and we looked at issues raised in complaints and how the service responded to them. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection:

We met with all 12 people using the service and asked six people about their experiences of care. We spoke

with the registered manager, team leader, regional manager and eight staff.

We looked at four people's care records and a selection of medication and medication administration records (MARs). We looked at other records including quality monitoring records, recruitment and training records and other records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to corroborate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The processes in place protected people from the risk of abuse. Staff had completed training in safeguarding adults and had access to information and guidance about safeguarding people.
- Staff were confident about recognising abuse and reporting such incidents they were told about, suspected or witnessed. Managers and staff knew to contact the local authority to raise any safeguarding concerns.
- People were provided with information about abuse and understood what abuse meant. They were confident about speaking up if they experienced abuse of any kind. One person told us, "I'd tell someone right away" and another person told us, "If I was hurt I'd report it."

Assessing risk, safety monitoring and management

- Risks to people were assessed and control measures were put in place to mitigate those identified.
- People took positive risks as part of an independent lifestyle.
- Staff had completed training in topics of health safety and they had access to a 24 hour on-call system for emergency advice.
- The service had contingency plans in place to manage unforeseen emergencies.
- Each person had a personal emergency evacuation plan (PEEP). PEEPs were regularly reviewed and updated as required. They were easily accessible to those who needed them in the event of an emergency.
- The environment, equipment and utilities underwent regularly safety checks.

Staffing and recruitment

- The recruitment of staff was safe. Before an offer of employment was made applicants underwent a series of pre-employment checks to assess their suitability for the job.
- People were invited to take part in the recruitment of staff. They were given the opportunity to meet with applicants and be part of the interview panel if they wished.
- People's needs were met by the right amount of suitably skilled and experienced staff.

Preventing and controlling infection

- Staff completed training in preventing and controlling the spread of infection and had access to relevant guidance and information to support their practice.
- Staff used personal protective equipment (PPE) and disposed of waste safely to minimise the spread of infection.
- Parts of the environment were unclean with dust and spillages. The registered manager assured us this would be addressed.

Learning lessons when things go wrong

- There was a system in place for recording, monitoring and learning from incidents.
- No incident or accidents involving people who used the service had occurred. However, the registered manager explained that they would undertake a root cause analysis of any near miss, incident or accident to identify any patterns or trends and that learning would be shared across the team.

Using medicines safely

- Medicines were stored and used safely. Regular safety checks were carried out on medicines and medication administration records (MARs).
- Staff received medication training and underwent regular checks to assess their competency in the management of medicines.
- People told us they were administered their medicines at the right times. One person told us, "Always on time [medicines]" and another person told us, "They [staff] give me my tablets when I need them."
- Guidance was available to staff on the application of creams and ointments and the administration of medicines prescribed to people to be given 'when required' (PRN).

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- An assessment of people's needs, and choices was completed. Care plans were developed based on assessments carried out and clearly identified people's needs, the outcome they desired and how this was to be achieved.
- Staff worked closely with other health and social care professionals to complete assessments and their professional guidance was used to help plan effective care and support for people.
- People told us they received the right care and support which they had agreed to.

Staff support: induction, training, skills and experience

- People received effective care and support from staff who were appropriately supported, trained, skilled and experienced.
- Induction training was provided to new staff and all staff were provided with ongoing training in topics specific to their role and people's needs.
- All staff underwent a check of their knowledge and competency following the completion of training to assess the effectiveness of their learning.
- Staff were given the opportunity to discuss their training and development needs through regular one to one meetings and an annual appraisal with their line manager. Staff told us they felt well supported by managers and colleagues.

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

- People received the support they needed to eat and drink and to maintain a healthy balanced diet.
- People's dietary needs and preferences were set out in their care plan. When supporting people to eat and drink staff followed guidance from speech and language therapists (SALT) and dieticians.
- Staff supported people to shop for food, plan and prepare their meals. Mealtimes were flexible and relaxed. People told us they chose their meals and that they had plenty of snacks and drinks.

Staff providing consistent, effective, timely care and supporting people to live healthier lives and access to healthcare services and support.

- Each person had a hospital passport that included important information about them that other professionals needed to know in an emergency.
- People accessed healthcare services to maintain their health and wellbeing.
- Staff encouraged and supported people to lead active lifestyles. People told us they regularly took part in physical activities in the community.

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

- The environment was suitably adapted and designed to meet people's needs and choice. However, the décor in hallways and communal rooms showed signs of wear and tear. The registered manager confirmed the arrangements made for the redecoration of these areas.
- The premises and gardens were of a domestic style with adaptations which enabled people to move around their home freely and independently.
- People chose the décor, floorings and furniture in their bedrooms and shared spaces.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- Systems were in place to ensure people who lacked the capacity to make specific decisions, were supported in the least restrictive way possible.
- Staff had received MCA training and understood it was unlawful to deprive a person of their liberty unless it was legally authorised. Staff knew the importance of seeking a person's consent prior to undertaking and care or support.
- Authorisations were in place for people who had restrictions placed on their liberty and staff were fully aware of these and supported people in line with them.

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

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 were treated well and their equality and diversity was respected. Staff recognised people as individuals and respected and supported their lifestyle choices. People told us, "They [staff] do respect me a lot. They know me very well" and "They [staff] treat me very well indeed."
- Interactions showed staff knew people very well and had formed trusting and positive relationships with them. One person told us, "[Staff members name] is my friend, knows what I like and don't like."
- People were treated with kindness and compassion. Staff understood and supported people people's emotional needs. One person told us, "They [staff] know when I'm upset and make me feel better."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected and promoted.
- Staff greeted people when they entered their homes and enquired about their wellbeing.
- Staff consistently supported people to learn new skills and maintain their independence.
- People told us how important it was for them to maintain their independence and how staff supported them with this. Their comments included, "They [staff] know I like to get out and about and they make sure I do" and "I do whatever I can for myself."
- Relationships people had with others were respected.
- Staff knocked on doors before entering people's homes and bedrooms and they assisted people with personal care in private.
- Personal records about people were kept secure and only shared with others on a need to know basis. Discussions of a personal nature were held with and about people in private.

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

- People were empowered to voice their views and opinions and make decisions about their care and support.
- Staff worked in partnership with people to obtain their views and opinions through daily discussions, care reviews, regular house meetings and surveys. People confirmed their involvement these.
- Staff supported people to access advocacy services and other support networks where this was needed.
- People told us they felt confident about sharing their views and opinions and that they were listened to. Their comments included, "I have no worries about saying what I think" and "They [staff] always listen to me."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care and support needs were planned for in a personalised way. People were fully involved in planning and reviewing their care and support.
- Care plans reflected people's needs and preferences including those related to protected equality characteristics.
- People told us staff knew them well and provided them with care and support in a way they preferred. Their comments included, "They [staff] understand me very well" and "They do everything just right."
- People were supported to achieve their goals and aspirations.
- People had the use of assistive technology to enhance their independence and communication.
- People were supported to maintain links with the community and to pursue their hobbies and interests.

Meeting people's communication needs

From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were detailed in their care plan and they were met.
- Information was provided to people in formats which they could easily access and understand.

Improving care quality in response to complaints or concerns

- People had information about how to make a complaint and they were confident about complaining.
- No complaints had been received about the service. However, the providers procedure for dealing with complaints aimed to ensure complaints were dealt with in an open and transparent way and used as an opportunity to improve the service.

End of life care and support

- People were given the opportunity to plan their end of life care and their wishes after death. Family members and friends were involved as appropriate.
- Staff had completed training in end of life care and knew the importance of involving other professionals to ensure people experienced a comfortable and pain free death.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager planned and promoted person-centred, high-quality care for people. Feedback from people and staff supported this. Comments we received about the registered manager included, "I like her [registered manager] she checks we are ok and are happy with things," "Has a lot of time for us" and "She manages the service well"
- The culture of the service was caring and inclusive. People were empowered and involved in planning their care and support and in the running and development of the service.
- Managers and staff treated people as equals and valued people as individuals. People told us they felt involved, valued, respected and listened to.

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

- There was a clear management structure across the service which everyone was familiar with. The registered manager had overall responsibility for the day-to-day running of the service and team leaders had clear responsibilities for line managing areas of the service.
- Managers motivated staff and acknowledged their achievements. Staff told us they were proud to work for the service and felt valued and respected by managers.
- People and staff commented that managers were visible, approachable and supportive.
- People were fully involved in how their care and support was planned and delivered and they received care and support which was safe, effective and responsive to their needs.
- No notifications had been received by the Care Quality Commission (CQC), however the registered manager understood when this was required.

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

- There was a positive culture of engaging people, staff and others. The culture was open and transparent and supported equality and inclusion.
- People were empowered to voice their views, opinions and experiences about the service and their voices were heard.
- Managers operated an 'open door' policy whereby people and staff could speak with them in confidence.
- Communication with health and social care professionals was consistent. One health professional commented, "Staff follow our guidance and are good at communicating with us."

- People and others were given opportunities to comment on the service and put forward any ideas for improvement.

Continuous learning and improving care

- Quality assurance systems were in place and used effectively to monitor the quality and safety of the service and make improvements.
- Regular checks and reviews were in place to assess staff performance and their learning and development needs.
- Meetings with staff were used as an opportunity to share learning and ways of improving the service.

Working in partnership with others

- The service worked in partnership with other professionals such as commissioners of the service, local authority safeguarding teams and the Clinical Commissioning Group (CCG).