

Leonard Cheshire Disability

Saltways - Care Home with Nursing Physical Disabilities

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	

Overall summary

The inspection was unannounced and took place on 24 June and 2 July 2015.

Saltways Care Home with Nursing Physical Disabilities is registered to provide accommodation and nursing care for a maximum of 24 people. There were 16 people living at the home on the day of the inspection.

There was a registered manager in place at the time of our inspection. 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.

Summary of findings

People who lived at the home told us they had no concerns about their safety. People were protected against potential abuse as staff had received training and were knowledgeable about their responsibilities.

Staff were knowledgeable about how to manage risks to individuals and were able to respond to people's needs such as those associated with eating and drinking. We saw people had a choice of food and drink and were supported as needed to access these. Arrangements were in place to manage people's medicines safely.

People and their relatives were confident in the regular staff although some concerns were raised regarding agency staff. The registered manager had established a more stable staff team in order to provide continuity of care and reduce the use of agency staff.

Staff received regular training and were supported to make sure they had suitable knowledge to care and support people. People were treated with privacy and dignity. People's consent was usually obtained on a day

to day basis. The registered manager had followed the principals of the Mental Capacity Act 2005 and had made applications to the local authority when restrictions to people's liberty were in place.

The registered manager was aware of improvements needed in relation to the building including heating and doors which could potentially restrict people's access around the home.

People had access to health care professionals as needed to maintain their health and well-being. People were supported to pursue their interests and take part in events within the home and the community.

People who lived at the home and their relatives had confidence in the ability to raise complaints and concerns about the service provided. The registered manager promoted a positive approach and included people to seek their views. Staff were supported and encouraged to be involved in the home. Systems were in place to monitor and improve the quality of service provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People felt safe living at the home. People were supported by staff who were aware of how they could protect people from potential abuse. Staff were aware of risks to people's safety and measures were in place to reduce these. People were supported by sufficient staff and their medicines were safely administered.

Good



Is the service effective?

The service was effective.

People's care and support needs were met by staff who had received suitable training for them to carry out their role. Staff understood their responsibilities to make sure people were able to make decisions. People were able to have a choice of food and had contact with healthcare professionals as needed.

Good



Is the service caring?

The service was caring.

People were supported by staff who were kind and caring. Staff treated people with compassion and promoted their independence. People had their privacy and dignity maintained.

Good



Is the service responsive?

The service was responsive.

People received care and support which was individual to them to meet their needs. People were regularly supported to pursue their interests and hobbies. People who lived at the home and their relatives had confidence they could raise concerns and they would be listened to.

Good



Is the service well-led?

The service was well led.

People were complimentary about the registered manager and felt supported by them. People were able to attend meetings and state their views which were listened to. People's care was supported by management systems and checks to review the quality of care provided.

Good



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 24 June and 2 July 2015 and was unannounced. The inspection team consisted of one inspector and a specialist advisor.

As part of the inspection we looked at information we held about the service provided at the home. This included statutory notifications. Statutory notifications include important events and occurrences which the provider is required to send us by law.

We saw how staff cared and supported people who lived at the home throughout the inspection. Some people were unable to communicate with us verbally so we used different ways to communicate with people. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, the care supervisor, lead nurse, an agency nurse and eight members of staff as well as cooks and a domestic. We spoke with eight people who lived at the home, and five relatives.

We looked at three records about people's care and two staff files. We also looked at records and minutes for meetings with staff and people who lived at the home. We looked at quality assurance audits that were completed.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the home and protected from harm. One person told us, “You have care staff looking after you and the nurses. Can’t get any safer than that. It’s the best place to be.” Another person made a similar comment saying they felt safe because staff looked after them and their needs were met. A further person told us they felt well supported and safe. Some of the people we spoke with were not able to communicate easily with us however people were able to respond to closed questions by answering yes or no or using other forms of communication. Nobody indicated to us they felt unsafe living at the home.

We spoke with staff and asked them what they would do if they witnessed or suspected abuse in the home. One member of staff described how protecting people was an important part of their job. They told us they would tell the registered manager if anyone was at risk. Another member of staff told us it was their job to, “Make sure the interests of people here come first”. The same member of staff added, “I have not had any concerns which I have needed to report”. Staff were aware information regarding abuse would need to be passed on to the local authority as the lead organisation in the safeguarding of people. Staff confirmed they had received training in safeguarding. One member of staff told us the training had been beneficial as they knew what to do if something happened. We saw that safeguarding was a standard agenda item at each staff meeting to make sure the subject matter was given a high profile within the home. Information was available to people who lived at the home as well as staff and visitors which gave advice and guidance on what to do if concerned about someone’s safety.

Staff told us how they shared information about people’s safety during staff handovers. One member of staff told us people’s safety is our priority. Staff told us they knew about any changes in people’s care as a result of handovers, reading care plans and speaking with people who lived at the home. We saw risks to people were identified and actions put into place in order to reduce these risks. Staff we spoke with were aware of risks to people’s care, welfare and safety and were able to describe measures put in place. For example staff were able to tell us who was at risk of choking. They told us only trained members of staff were able to assist people who were at risk of choking with

eating and drinking. This was to ensure that staff had the necessary skills and knowledge in the event of someone starting to choke. We also saw risk assessments and detailed assessments about people’s mobility and posture as well as individual care plans designed to provide staff with guidance to reduce risks to people and keep them safe. One person who lived at the home confirmed two members of staff always assisted in the use of the hoist to make sure they were transferred safely.

People we spoke with felt there were sufficient staff on duty to be able to provide the care and support they required. The registered manager told us staffing levels depended upon the number of people living at the home as well as their identified care needs. We saw staff respond to people when they required assistance. A number of family members told us they were happy with the regular staff but had at times concerns regarding the practice of some agency staff members and their lack of knowledge. The registered manager informed us they had tried to reduce the number of agency staff needed. At the time of our inspection there were no vacancies for care staff although were having to use agency staff to cover the nurse rota. We heard the call bell sound during the inspection. Staff answered these bells promptly. One person told us staff were, “Fairly good at answering the buzzers”. Another person confirmed staff answered the call bell promptly. During our inspection an emergency call bell was activated. Although found to be a false alarm the staff on duty did nevertheless respond in a timely way to ensure people were safe.

A recently recruited member of staff told us they had shadowed experienced staff and undertaken induction training on commencing their employment. The newly recruited staff told us the appropriate pre-employment checks had been completed. These checks included references and a Disclosure Barring Scheme (DBS) check. Undertaking these checks helped the provider make sure that suitable people were employed and people who lived at the home were not placed at risk through their recruitment processes.

People we spoke with confirmed they received their medicines at the right time. One person told us, “Medication is well looked after”. The records checked showed people received their medicines as prescribed by a doctor and regular stock checks took place. We saw

Is the service safe?

protocols were in place regarding the administration of medicines prescribed on an as and when basis. We saw instructions were available regarding how people took their medicines to provide guidance for staff.

Is the service effective?

Our findings

Staff told us they received the training required for them to carry out their job and meet the needs of people who lived at the home. They recalled how they found the training provided to be useful and suitable to make sure they had the skills and knowledge to effectively support the people who lived at the home. For example staff had completed training in moving and handling. One member of staff told us they were due to complete the train the trainer course in moving and handling so they were able to provide on-going training to staff. Staff we spoke with confirmed that new staff complete induction training to provide them with initial training to be able to meet people's individual needs.

One member of staff told us that the training they had undertaken was, "Worthwhile" and described what staff members were able to do in relation to the use of PEG (Percutaneous Endoscopic Gastroscopy) feeds. A PEG is a tube from a machine to a person's stomach which enables them to have nourishment. Staff were aware of the tasks they could undertake and those to be carried out by a nurse when a person had this specialised equipment.

We spoke with staff who confirmed they had received training regarding the Mental Capacity Act 2005 (MCA). Staff we spoke with were aware of the principals of the act and of people's right to refuse care.

People we spoke with confirmed staff sought their consent before providing personal care. One person told us how staff encouraged them to assist in providing personal care to maintain their independence. Another person told us staff, "Always seek permission to do things". We asked staff how they sought consent from people. One member of staff gave us an example regarding people with limited communication consenting and choosing the clothing they wore. The staff member told us people are able to point or show approval or disapproval by different means of communication.

We looked at the Deprivation of Liberty Safeguards (DoLS) which aims to make sure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom. The registered manager showed us they had two applications approved

by the individual's local authority. We were told no restrictions were placed on to other people who lived at the home. Staff we spoke with were aware of DoLS and their responsibilities under these safeguards.

The registered manager had identified a need for assisted technology to be used in order that an increased number of doors could easily be opened by people in a wheelchair as some doors could potentially restrict people. We were told of plans to have a phased programme to fully implement this work.

People we spoke with were happy with the food and drink provided although one person told us that the tea time menu was, "Not great". One person told us, "Staff will do alternatives such as more fish". Another person told us, "We have wonderful food". We observed lunch time and saw staff supported people with their food where this was necessary. We saw staff provided assistance in a caring manner and that they were patient with people and did not rush them. We heard staff encourage people to have their meals although they did not always inform people what they were about to eat. Staff described to us the action they would take if people declined food such as offering different choices and passing the information on to the nurse and the cook in order that people's nutritional needs could be met.

We were informed that a qualified physiotherapist worked at the home and saw everybody who lived there. Some people were seen daily while others weekly depending upon the needs of the person concerned. Staff told us of improvements people had made as a result of the physiotherapy input and that they were trained by this person to assist and support people. For example one person was now able to sit out of bed in their wheelchair as a result of the input received.

One person who lived at the home told us they had access to their GP and if needed just asked the nurse. The same person told us they saw a dentist who had hoisting facilities and that they were accompanied and supported by staff from the home. Another person told us, "The doctor comes round every Wednesday." The same person told us, "If you are unwell the nurse checks you and it gets sorted." Another person told us, "I can ask one of the nurses if I want to see a doctor and one comes out or an appointment is made to go to the doctor's clinic." Staff we spoke with had a good knowledge of people's medical backgrounds. A relative told us that staff at a hospital had commented to

Is the service effective?

them their family member's skin was in good condition and well looked after. Another relative told us they had regular contact with the GP who visited the home weekly. The relative felt the management team were responsive on acting to their family member's health concerns and confirmed their relative received regular health checks.

Staff we spoke with confirmed that support was in place from healthcare professionals such as GP's and chiropodists. Staff told us of a care plan which included photographs of correct positioning for a person to maintain their well-being.

Is the service caring?

Our findings

People who lived at the home spoke highly of the staff. One person described the care staff as, “Brilliant” and, “We have a laugh and a joke”. Another person made similar comments saying, “I find them to be helpful” and “They can take a laugh”. A further person who spoke highly of the staff told us, “I can call them anytime”.

One relative described the staff as, “Very caring” and, “As good as gold”. The same relative told us their family member had been in hospital and staff had visited. Another relative told us, “Most staff caring” and that they had had positive experiences of the staff. They went on to say how homely it was. We spoke with staff about the level of care provided. One member of staff told us, “I think it’s fantastic” and added, “It’s a friendly atmosphere.” The same member of staff told us they were made to feel welcome when they started work at the home and “I am proud to work here” due to the care provided to people.

We observed staff throughout the inspection and found them to be courteous and friendly. Staff knew people well and had a good awareness of people’s needs. Staff were able to describe different methods of communicating with people. For example some people who lived at the home were unable to verbally speak however they were able to communicate by blinking their eyes or shaking and nodding their head. One member of staff told us, “I would hope I’ve got a good rapport with people”. The same member of staff told us they believed people who lived at the home would go to them with anything which concerned them. We saw people who lived at the home respond positively to staff either verbally or non-verbally such as with gestures.

We saw staff support people in a caring and kind way. For example we saw one member of staff support a person to have a drink. We heard the member of staff talk and reassure the person throughout. Once the person had finished their drink the member of staff helped this person to maintain their dignity and reposition their wheelchair. Throughout the member of staff communicated with the person to make sure they were aware of what was happening. We saw staff check people were alright and wait for a response from them before they carried on with their work. We also saw staff reassured people and provided guidance so they could hold a beaker and drink independently.

In order to provide continuity of care we were told that people were supported at meal times by the person who had provided personal care to them in the morning. People confirmed they were able to make choices such as when they wished to go to bed. People told us they felt involved in decision making and planning their care.

Staff were seen to take care when they talked with people in order to maintain confidentiality. When we spoke with staff they were able to describe methods they used to maintain people’s privacy and dignity such as when providing personal care. Staff told us they knocked on bedroom doors before entering. We saw examples of this taking place throughout the inspection. We spoke with male care workers who told us they worked solely with males who lived at the home as a method of respecting people’s privacy and dignity.

Is the service responsive?

Our findings

People we spoke with felt staff knew their needs and were well supported by them. One person told us they felt staff were both skilled and experienced to support their care needs. Another person told us they were aware of their care plan and that staff had discussed it with them. A further person told us, "I have seen my care plan" and were, "Frequently involved" in it. Another relative told us their family member was, "Supported well" and they had had involvement in the care plan.

Care plans were in place which were personalised to the person concerned. Care plans were regularly updated and reviewed and contained information on people's changing needs or assessments as to progress in areas such as wound care.

We asked people if they were involved and enjoyed the activities which took place. One person told us they liked playing games. Other people responded positively using different forms of communication.

We spoke with the activities organiser who told us about recent events which had taken place and had involved people who lived at the home. We were informed the activities available to people differed each week and staff aimed to tailor activities to suit individuals as well as their abilities, likes and choices. Recent events within the home had included taking part in the National Care Home's Open Day which had involved people such as one person who read a poem they had written. We were also told about events such as pet therapy where people bring in animals such as a dog to meet people. One member of staff told us that some people had responded well to having animals visit them.

At the time of our inspection one member of staff was able to describe to us the plans for a forthcoming holiday which they were going to be supporting a person who lived at the home on. The member of staff told us the location of the holiday had been the person's choice and had had involvement with the family. The member of staff informed us the registered manager encouraged contact with

people's family which the staff member enjoyed doing. Another person had requested to visit a local attraction and we were told that arrangements were made for this to happen. We saw a mini bus was available for people to use and staff confirmed that this was used for the benefit of people who lived at the home. Some people mentioned to us they would like the opportunity to go swimming. We brought these comments to the attention of the registered manager.

We saw some people had made use of computer technology and had available their own equipment and use of the internet in their bedrooms.

One person told us, "Arrangements are made for people to attend religious services." We saw people consulted on whether they would like to participate in a religious activity. People's choice was respected and people were afforded privacy in order for them to take up this activity.

We saw people take part in throwing and catching exercises designed to develop people's hand eye coordination. From people's gestures and body language it was evident that people enjoyed what they were doing. Volunteers came into the home to assist in some activities. We were told these activities included board games and going out into the garden to tend the vegetable patch.

The registered manager had arranged for an outside organisation to visit and speak with people to find out their thoughts and feelings about the service provided. The number of people who had participated was low however their comments were primarily positive.

One person who lived at the home told us they raised an issue with the registered manager and that the matter was resolved quickly and it had not happened again since. Relatives told us that when they had raised concerns in the past the registered manager listened to them and acted quickly. A relative was able to give us an example of a change in practice at the home due to a concern they had raised. Other relatives told us that improvements had taken place and were confident any concerns would be taken seriously.

Is the service well-led?

Our findings

The registered manager knew the people who lived at the home well and was aware of many of their needs in relation to the care and support required. They felt that morale at the home amongst the staff team had improved and believed the care to be excellent although aware of where further improvements could be made. We spoke with nursing staff who would take charge of the home in the registered manager's absence and found they were knowledgeable about people's care needs. They were able to consistently describe people's needs and the risks involved in their care provision.

People who lived at the home were complimentary about the registered manager. One person told us the registered manager was a, "Good organiser". Another person described them as, "Very supportive". Two people told us things had got better at the home since the registered manager was appointed.

Relatives told us they knew the registered manager and that they found them to be approachable. One relative told us the registered manager, "Listened" to them. Another relative told us that the management team were responsive to their family member's needs. Relatives told us the registered manager had addressed issues they had raised with them or they were confident they would address issues in the future.

Staff we spoke with told us they found the management team to be supportive. One member of staff described the registered manager as, "Lovely" and, "Approachable" the same member of staff told us they, "Listen and are out on the floor". Another member of staff told us they found the registered manager to be, "On top of things" and "I haven't got a word against him". Another member of staff told us, "We have good team work. The home is well led. The management will listen to you". The registered manager told us they operated an open door policy and this was confirmed by staff we spoke with. Throughout the inspection we saw people who lived at the home as well as staff members approach the registered manager to discuss things.

Staff we spoke with told us staff meetings took place and they felt confident to raise matters as part of these meetings. We saw that minutes were taken and these were available for staff to refer to. Staff told us the frequency of one to one meetings had reduced recently although one member of staff told us they had regular one to one meetings every few months to bring up problems, training or concerns about care. The recent reduction in these meetings was however confirmed by the registered manager. Despite the lack of 'formal' meetings staff told us they could seek guidance and advice from the management at any time. Staff told us they felt valued by the registered manager and enjoyed coming to work. One member of staff told us it was, "Really good to work here. It's a nice place." The same member of staff told us they liked, "Making a difference to people's lives."

People who lived at the home told us meetings took place where they were able to share ideas and make suggestions. One person told us, "Able to bring up suggestions and these are acted upon". Another person told us, "We have meetings and able to put forward ideas. We each give our suggestions and we discuss them". People told us they had recently discussed the plans for their participation in the National Care Homes Open Day. People also told us they were consulted about décor around the home. The registered manager shared with us ideas for the future development of the home to make better use of the building and to improve it. The registered manager was aware of some problems in relation to the heating and confirmed these were being addressed. People we spoke with were aware of proposed changes and were in support of them.

We saw the registered manager had systems in place to carry out audits on areas such as medicines and accidents and incidents. The registered manager had identified where further improvements were needed within people's care plans such as evidence that people had been involved in reviews and updates.

We also saw evidence of the registered manager making out of hours visits to the home to monitor the care taking place at the time. No concerns were identified following the most recent visit undertaken by the registered manager as part of these visits.