

Bupa Care Homes (CFHCare) Limited

Saltshouse Haven

Residential and Nursing Home

Inspection report

71 Saltshouse Road
Hull
North Humberside
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Date of inspection visit:
22 February 2016
23 February 2016
25 February 2016

Date of publication:
25 April 2016

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Saltshouse Haven is registered with the Care Quality Commission to provide care and accommodation for a maximum of 150 people who have nursing needs or may be living with dementia. The location is separated into five independent lodges across the site. It is located on the outskirts of Hull and has good public transport access. It is close to local shops and other amenities.

This inspection took place on 22, 23 and 25 February 2016 and was unannounced. The service was last inspected September 2015 and was found to be none compliant with the regulations inspected at that time. This inspection was undertaken to assess whether the registered provider had complied with the actions we told them to take following the last inspection of September 2015.

At the time of the inspection 78 people were living at the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Following the last inspection the registered provider was told to take action in all domains. This included:-

- ☐ Improving the way staff cared for people and provide them with person centred care.
- ☐ How staff ensured people's dignity was respected at all times.
- ☐ How staff handled people's medicines and ensured they received their medicines as prescribed by their GP.
- ☐ How people were supported and protected by the use of the Mental Capacity Act 2008 if they needed support with any decisions or choices, and the use of Deprivation of Liberty Safeguards (DoLS) if people needed protecting from the risk of harm.
- ☐ How complaints were handled so these were resolved and effectively investigated.
- ☐ How the service was monitored to ensure people lived in well run service and were not at risk.
- ☐ Improving staffing levels to ensure people received the care and attention they needed to meet their needs and keep them safe.

The registered provider sent us an action plan within the required time scale which outlined how they were to address all of the above requirements.

During this inspection we saw improvements had been made and have changed the rating of the responsive and safe domains from inadequate to requires improvement and the service is no longer subject to 'special measures'. However, we could not change the overall rating of the service any higher than 'requires improvement' because to do so requires consistent and sustained improvement over time and allows us to

closely continue to monitor the service.

Improvements made included:

- ☐ More detail in people's care plans which described their likes, dislikes and preference for care.
- ☐ Increased monitoring of people's needs with regard to tissue and wound care, fluids and food.
- ☐ Dignity champions had been appointed whose role was to check staff were upholding people's dignity on all the lodges.
- ☐ Medicine audits and checks of staff practise.
- ☐ Proper use of the Mental Capacity Act including holding of best interest meetings to ensure decisions made on people's behalf were the right ones and least restrictive.
- ☐ Applications for DoLS where needed to ensure people's safety if any restriction where made on them to keep them safe.
- ☐ Better recording of complaints and improved communication with complainants.
- ☐ Increased monitoring of the service to ensure people live in a safe, effective, caring, responsive and well-led service.
- ☐ Increased recruitment of staff and an increase of staff numbers around the lodges to ensure people's needs were met.

Following the inspection of September 2015 the registered provider agreed a voluntary suspension of placements with the CQC and the local authority contracts department placed an embargo on all admissions. The local NHS Clinical Commissioning Group (CCG) agreed to support the service and provided daily supported through the nursing services. The provider put in place their recovery team to support the registered manager to improve the service. Following the last inspection of September 2015 the registered provider made the decision to close Sutton lodge, the high dementia unit. The people who lived on Sutton lodge were re-assessed by the local authority and the CCG and other accommodation has been found in other services or people have moved to the other lodges at the location.

Visitors whose relatives had moved from Sutton lodge to other lodges at the location thought this had been a positive move. They told us, "I have seen a great improvement especially since [relative's name] has moved from Sutton lodge, there seems to more staff around and they are coping better", "When [person's name] was on Sutton lodge he was not looked after at all, it was awful, but since he's moved he's been looked after really well, I can't praise the staff enough and what they have done for him", "Mum is so much happier now, she is well looked after now", "A doctor was called out to her recently, they notice more here [on this unit]" and "Things are so much better now."

Since the inspection information has been shared with us from the local authority and the CCG of some concerns which have been raised with them. This pertains to some of the staff practise on Coniston lodge the nursing unit. This will be investigated and we will look at the findings of the local authority and the CCG.

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.

We could not change the rating of this domain any higher than 'requires improvement' because to do so requires consistent and sustained improvement over time.

Staff were provided in enough numbers to meet people's needs.

People's medicines were handled safely.

Requires Improvement ●

Is the service effective?

The service was effective.

We could not change the rating of this domain any higher than 'requires improvement' because to do so requires consistent and sustained improvement over time.

People were supported to make informed choices and decisions by the use of legislation which protected their rights.

Restrictions were only made on people's liberty following assessments and consultation.

Requires Improvement ●

Is the service caring?

The service was caring.

We could not change the rating of this domain any higher than 'requires improvement' because to do so requires consistent and sustained improvement over time.

People were treated with dignity and compassion.

Requires Improvement ●

Is the service responsive?

The service was responsive.

We could not change the rating of this domain any higher than 'requires improvement' because to do so requires consistent and sustained improvement over time.

Requires Improvement ●

People were provided with person-centred care.

Those people who were living with dementia were provided with meaningful activities.

Complaints were investigated and resolved wherever possible to the complainants' satisfaction.

Is the service well-led?

The service was well-led

Systems were in place which ensured people received a safe, caring, responsive and well-led service.

Not all of the notification required to be provided to the CQC had been sent.

Requires Improvement 

Saltshouse Haven Residential and Nursing Home

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 registered 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 22, 23 and 25 February 2016 and was unannounced. The inspection was completed by four adult social care inspectors and one specialist professional advisor with experience of caring for those people who are living with high levels of dementia.

The local authority safeguarding and quality teams and the local NHS were contacted as part of the inspection, to ask them for their views on the service and whether they had any ongoing concerns. We also looked at the information we hold about the registered provider.

During the inspection, we used the Short Observational Framework Tool for Inspection (SOFI). SOFI allows us to spend time observing what is happening in the service and helps us to record how people spend their time and if they have positive experiences. We observed staff interacting with people who used the service and the level of support provided to people throughout the day, including meal times.

We spoke with 20 people who used the service and seven of their relatives who were visiting during the inspection. We spoke with 14 staff including care staff, catering staff, domestic staff, the registered manager and the area manager.

We looked at 18 care files which belonged to people who used the service. We also looked at other

important documentation relating to people who used the service such as incident and accident records and 16 medication administration records [MARs]. We looked at how the service used the Mental Capacity Act 2008 and Deprivation of Liberty code of practice to ensure that when people were deprived of their liberty or assessed as lacking capacity to make their own decisions, actions were taken in line with the legislation.

We looked at a selection of documentation relating to the management and running of the service. These included three staff recruitment files, training records, staff rotas, supervision records for staff, minutes of meetings with staff and people who used the service, safeguarding records, quality assurance audits, maintenance of equipment records, cleaning schedules and menus. We also undertook a tour of each of the lodges.

Is the service safe?

Our findings

We could not change the rating of this domain any higher than 'requires improvement' because to do so requires consistent and sustained improvement over time.

People who used the service and their relatives told us things had improved since the last inspection. One person said, "I don't have to wait as long to be seen", "There are more staff around now" and "If I press my bell the staff come and see what I want, they are good like that." Another person told us, "I feel so safe here because they care about me and look out for me."

A visiting relative told us, "I have seen a great improvement especially since [relative's name] has moved from Sutton lodge. There seems to more staff around and they are coping better." Another said, "I think she is safe; the staff check on her regularly, she gets turned and they monitor what she eats and drinks."

Following the last inspection, in September 2015, the registered provider was told to take action to improve the staffing levels as people were being put at risk of harm and were not receiving the care and attention they needed. We also received information in November 2015 that the staffing levels were having an impact on the people who used the service, particularly Sutton lodge, the nursing unit for people living with complex dementia. We undertook a visit with the local authority contracts team and found this to be the case. As a result of this inspection, we formally asked the registered provider to take further action by providing us with daily evidence of the staffing levels, particularly with regard to Sutton lodge. We also asked for information about the use of agency staff as this was a contributing factor in the poor running of the lodge. The registered provider complied with this request. The staffing levels were also monitored by visiting health care professionals on a daily basis as they had agreed to visit the service to support the staff.

The information sent to us by the registered manager following the inspection in November 2015 showed that staffing levels were maintained; however, there was an issue on Christmas Day whereby the agency staff who had been booked to work did not turn up. This was covered by the registered manager and others in the management team.

As part of the inspection process, we have had conversations with the registered provider and shared our concerns. BUPA's 'recovery team' have been supporting the registered manager to make changes and the decision had been taken to close Sutton lodge and move people to other placements where their needs could be better met. This has resulted in the staffing issues being resolved on that lodge as people have moved out.

We also looked at the staffing levels on the other lodges and found these to be acceptable. Rotas we saw showed there were enough staff on duty to meet people's needs. Rota meetings were held each Monday morning to assess the staffing levels on each lodge for the coming week and to ensure these did not fall below an acceptable level. The registered manager told us they used an assessment of people's needs to establish the staffing levels on each lodge. They also used their knowledge of staff ability and experience and ensured these were appropriate before staff moved to other lodges. The rotas were reassessed daily by each lodge manager to ensure the planned amount of staff were still on duty; if any staff rang in sick they

discussed this with the registered manager and appropriate cover was sourced. The registered manager told us since people had been relocated from Sutton lodge, the need for agency staff had diminished so their use had been reduced.

New staff had been recruited, completed their induction and put onto the rotas. Staff told us the staffing levels were much better now and they had time to sit and talk to people, and meet their needs more effectively. Our observations as part of this inspection showed staff were more relaxed, people were not calling out, and people summoning help in their room were quickly attended to. Some staff voiced concerns that staffing levels were of an acceptable standard at the current time but the lodges were low on occupancy numbers and this would be a problem again as new people were admitted. This was discussed with the registered manager and the area manager. They told us that any new admissions would be on a phased basis as they did not want the service to start failing again. This will be closely monitored by us and the local authority.

Following the last inspection, we told the registered provider to take action with regard to the administration of people's medicines. We found this had improved. People were getting their medicines on time and staff were undertaking medicine rounds in a timely manner. At the last inspection, we found a book which was used to record controlled medicines was not fit for purpose. At this inspection, we found this had been replaced with one that met the required standard.

Following the last inspection, the service was compliant with all other areas of this domain and at this inspection we found this was still the case.

Is the service effective?

Our findings

We could not change the rating of this domain any higher than 'requires improvement' because to do so requires consistent and sustained improvement over time.

Following the last inspection, September 2015, we told the registered provider to take action with regard to ensuring people were protected by the principles Mental Capacity Act 2008 (MCA) when they needed support with making informed decisions and choices. At this inspection we found this process had improved. We found care plans contained, where needed, assessments of people's capacity to make informed decisions and best interest meetings had been held if any decisions needed to be made on the person's behalf.

Any restrictions made on people's liberty had been assessed and applications had been made to the authorising body for a Deprivation of Liberty Safeguard (DoLS) to be put in place. We saw a number of applications had been made to the authorising body and the registered manager was awaiting decisions. The applications had been with regard to the use of key pads on main doors, which restricted people's freedom of movement, covert medicines, the use of wheelchair lap belts and bed rails.

At the last inspection, we found some people were receiving their medicines covertly and the principles of MCA had not been used to protect the person. At this inspection, we found this had been addressed with capacity assessment and consultation being carried out. All those who had an interest in the person's welfare had been consulted to ensure this was the least restrictive practise and in the person's best interest. There was a record in people's care plans of those who had been appointed to act on behalf of the person and make decisions on their behalf.

The service was compliant with all other areas of this domain following the last inspection, and at this inspection, we found this was still the case.

Is the service caring?

Our findings

We could not change the rating of this domain any higher than 'requires improvement' because to do so requires consistent and sustained improvement over time.

People we spoke with were complimentary about the levels of care they received. Comments included, "The staff are wonderful", "I'm really happy living here, I get on well with all of the staff" and "The girls are lovely."

The families of those people who had moved from Sutton lodge due its closure, told us they were more satisfied with the level of care their relatives now receive. One relative told us, "When [person's name] was on Sutton lodge he was not looked after at all. It was awful, but since he's moved he's been looked after really well, I can't praise the staff enough and what they have done for him." Another visitor told us, "They [the staff] are a very special team of people who actually do care about people." They went to say staff were, "Attentive to people and spend time getting to know people's likes and dislikes." They also said, "Staff have lovely, engaging relationships with people. Overall it's an excellent team who work hard to ensure a truly safe, friendly and happy home is achieved."

Following the last inspection, September 2015, we told the registered provider to take action with regard to ensuring people's dignity was respected. Observations made at this inspection showed staff ensured people's dignity was respected at all times. They ensured doors were closed if someone was nursed in bed and staff knocked on doors before entering. Staff could describe to us how they would maintain someone's dignity. They said, "I would talk to the person, ask for their permission and ensure doors, windows and curtains were closed." The registered manager had appointed 'dignity champions' whose job it was to ensure staff treated people with dignity at all time. They spent time on each lodge to observe practise and provided guidance where needed. They had also attended training and cascaded this to the staff.

The service was compliant with all other areas of this domain following the last inspection and at this inspection we found this was still the case.

Is the service responsive?

Our findings

We could not change the rating of this domain any higher than 'requires improvement' because to do so requires consistent and sustained improvement over time.

People who used the service told us they knew they had a right to raise concerns or complaints if they needed to. The registered provider's complaints procedure was clearly displayed. Comments included, "I know I can make complaints but I don't have any" and "I would definitely tell them if anything was wrong, I would not keep it to myself."

One relative told us, "I can truly say there is no part of dad's care I wish was better, there is nothing overlooked; wonderful care provided by wonderful people, just a wonderful home."

Following the last inspection, September 2015, we told the registered provider to take action with regard to the way complaints were dealt with and recorded. At this inspection, we found this had improved. The registered manager had recorded all complaints received and responded appropriately to the complainant providing them with an outcome of any investigations undertaken. People who used the service told us they felt more confident making complaints and received responses to any they had raised. Relatives told us their complaints and concerns were responded to and they were happy with the way the registered manager now handled them. We saw examples of responses to complaints received and these outlined the actions taken as the result of investigations undertaken, and offered the opportunity for the complainant to respond if they were not happy with the findings.

Following the last inspection, September 2015, we told the registered provider to take action with regard to way people received care which was person-centred and effectively met their needs. We saw staff had improved the way they recorded information if people needed to be monitored to ensure they received enough fluid and food intake. They had also improved the way they recorded actions taken to relieve any risk of tissue damage and records reflected the times people were turned as advised, for example, every two hours.

During this inspection we saw new care planning documentation had been introduced which better described the person and their preference for care and support. The care plans also showed people who used the service, or their representatives where appropriate, had been involved with its formulation. The information in the documentation was easily followed. Staff told us they found the new care plans more accessible than the documentation which was in place at the last inspection. The staff had kept the new documentation up to date and any assessments had been revisited on a regular basis to ensure people were still receiving the right care and attention. This followed any visits from GPs or stays in hospital whereby the person needs might have changed. Nursing care plans showed that any interventions, for example dressings, wound care, pressure relieving care and catheter care had been undertaken and recorded.

More activity co-ordinators had been employed and they had attended training in how to engage people who were living with dementia in a more meaningful way. They had regular meetings to discuss what activities they were intending to provide and what resources were needed. A list of daily activities was

displayed in each lodge. We observed the activity co-ordinators engaging people and making sure they were occupied. They also made sure people who were nursed in bed, or spent time in their rooms, were equally occupied spending time sitting with them reading or talking.

The service was compliant with all other areas of this domain following the last inspection and at this inspection we found this was still the case.

Is the service well-led?

Our findings

We could not change the rating of this domain any higher than 'requires improvement' because to do so requires consistent and sustained improvement over time.

We found that not all of the notifications, which were required to be sent to the CQC describing events which affected the wellbeing of people who used the service, had been sent. This included any safeguarding incidents. For example, we found that since the inspection in September 2015 23 safeguarding incident had occurred at the service. Our records showed the CQC had been informed of 14. We spoke with the registered manager and they explained that advice had been sought from the local authority safeguarding team and no investigations had been undertaken, so they were under the impression they didn't need to send the CQC a notification. The registered manager was reminded of the need to send through to the CQC the required notification for any safeguarding concerns, even if the local authority safeguarding team do not undertake an investigation. A failure to send notices to the appropriate authorities means people were not protected and is a breach of Regulation 18 of the Health and Social Care Act 2008 (Registration regulations 2009). We are seeking further guidance as to what if any further enforcement action we may be taking as a result of this breach and will report on this in due course.

Following the last inspection in September 2015, we told the registered provider to take action in this area. This was due to non-identification of areas which had been found to be non-compliant with the regulations. For example, audits of care plans, monitoring charts and medicines which meant people were at risk of receiving inappropriate care which did not meet their needs. The quality monitoring and audit systems in place had not identified the lack of staffing levels and how this had impacted on the welfare of the people who used the service. We also found at the last inspection that issues identified at previous inspections had not been resolved. These included the use of the Mental Capacity Act 2008 (MCA) and Deprivation of Liberty Safeguards (DoLS), and meaningful activities for those people living with dementia.

We found at this inspection, action had been taken to comply with the requirements set at the last inspections. People were protected by the use of the MCA if they needed any support with making informed decisions. The registered manager had also made applications for those people who required a DoLS in place due to risk. We found the registered manager had put in place a system of audits for all care plans and this was recorded at the front of the file. Any issues with the care plans were recorded and care staff responsible were given the task of updating the care plans. The registered manager told us the process of re-auditing the care plans was now under way and if there were still areas which had not been addressed, this would be discussed with the staff responsible and further action would be considered.

Staffing levels had been increased and this was having a positive impact on outcomes for the people who used the service. For example, they were receiving better person-centred care which met their needs and their welfare was being better monitored. Medicines had been audited and any discrepancies found had been discussed with the member of staff. Staff practice had been reassessed and further training provided where needed. This meant people received their medicines on time and as prescribed by their GP. The registered manager had set a regular audit regime and this ensured any mistakes were quickly identified

and rectified.

The service was compliant with all other areas of this domain following the last inspection and at this inspection we found this was still the case.

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	Regulation 18 Registration Regulations 2009 Notifications of other incidents
Diagnostic and screening procedures	A failure to send the appropriate notices to the appropriate authorities means people were not protected and is a breach of Regulation 18 of the Health and Social Care Act 2008 (Registration regulations 2009).
Treatment of disease, disorder or injury	