

Hampshire County Council

Solent Mead Care Home

Inspection report

Church Lane
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Date of inspection visit:
14 December 2022

Date of publication:
03 February 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Inspected but not rated

Is the service caring?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Solent Mead is a residential care home providing personal care to up to 35 people. The service provides support to older people, some of whom may be living with dementia. At the time of our inspection there were 20 people using the service.

People's experience of using this service and what we found

Feedback we received from people, their relatives, and health professionals was positive. People were well treated and supported to express their views and be involved in making decisions about their care. Staff respected and promoted people's privacy, dignity and independence. People's care plans focused on them as individuals and provided care staff with the information to support them in providing personalised care. Relatives told us, "The staff are incredibly friendly" and, "They're a very caring bunch." A health professional told us, "I have always found the staff at Solent Mead to be incredibly caring, and sensitive to the needs of the residents."

The provider and registered manager promoted a positive and inclusive culture that achieved good outcomes for people. Managers and staff were clear about their roles and responsibilities. The service sought and used feedback in order to learn and continuously improve care and worked well in partnership with others. A person told us, "Management couldn't be better" and a relative said, "There is a lovely atmosphere in the home." A health professional told us, "Overall, I would say that this service is very well-led, and the staff are very caring. This home is a pleasure to work with."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 14 May 2019).

Why we inspected

We received concerns in relation to how the service was managed and this having an impact on people's care. As a result, we undertook a focused inspection to review the key questions of caring and well-led only. We found no evidence during this inspection that people were at risk of harm from this concern.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Solent Mead Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question good. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Solent Mead Care Home

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Solent Mead is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Solent Mead is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people and a relative and spent time in communal areas observing people being supported. We spoke with the registered manager, wellbeing coordinator, a senior member of the care team, and two care staff. We reviewed a range of records, including support plans and care records for 3 people. We also reviewed a variety of records relating to the management of the service, including staff supervision, risk assessments, and quality assurance records. We received feedback from 3 relatives and 2 professionals.

Is the service safe?

Our findings

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

At our last inspection this key question was rated good. We have not changed the rating as we have not looked at all of the safe key question at this inspection.

The purpose of this inspection was to check a concern we had about the leadership and management of the service and whether it promoted a caring culture. We will assess the whole key question of safe at the next comprehensive inspection of the service.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Care plans contained capacity assessments and consent agreements in relation to a range of aspects of care, which showed people and their legal representatives were involved in decisions made about the support they received.

Staffing and recruitment

- We observed, and the staff rota confirmed, sufficient deployment of staff to meet people's needs.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or

managed.

- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Visiting arrangements for friends and relatives were in line with current guidance.

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.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant 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

- A person told us they were treated well by staff. Their relative said the staff "Love her and are so good to her" and "They're a very caring bunch." Another person's relative told us, "The girls are very pleasant, they make me feel comfortable." They said their family member had difficulty communicating now, but the staff at the home supported them to communicate and understood their needs.
- A health professional told us, "I have always found the staff at Solent Mead to be incredibly caring, and sensitive to the needs of the residents."
- People's care plans focused on them as individuals, with sections on their likes, dislikes, interests, hobbies and aspirations, and cultural and religious requirements. This provided care staff with the information to support them in providing personalised care.

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

- A person told us they had stated a preference to not have male care staff supporting them with their personal care, and that the service always made sure a female member of staff did this. They told us the service held meetings for residents and relatives, where they could express their views, and these were listened to.
- A relative told us they had been asked lots of questions about their family member when they first moved in to help the staff understand their needs and care for them appropriately. In addition, they told us staff had contacted them to ask for clarification with regard to their family member's care as they were occasionally unable to communicate their wishes or preferences.
- The wellbeing coordinator engaged people using a variety of activities, and people told us they could choose what activities they took part in.
- People's care plans contained evidence of them being asked to consent to their care and support. People and/or their relatives/representatives were involved in reviews of care plans.

Respecting and promoting people's privacy, dignity and independence

- A person told us they were supported to be as independent as they were able and wished to be.
- A relative told us their family member was happy at the home. They said their family member was very independent and staff respected this. Another relative told us their relative was feeling sad because of their sudden lack of independence as a result of illness, but the staff were supporting them to come to terms with it. The relative said staff kept them informed and were liaising both with them and healthcare professionals to support the person.
- Another health professional told us, "I have only ever witnessed staff at Solent Mead being caring,

empathetic and respectful, even when on occasion they are short staffed and managing time."

- People's care plans were written in a way that promoted people's privacy, dignity and independence. For example, taking into account people's preferred daily routines, communication styles, and abilities as well as support needs.
- People's care records and other confidential information was held securely.

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.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- A person told us, "Management couldn't be better." They knew the registered manager by name and said, "I can talk to her, one to another. She is a very nice person and has made a big difference." The registered manager's office had been moved to a more open and accessible location within the home and we observed people sitting and talking with members of the management team there.
- Relatives spoke positively about the culture and ethos of the service. For example, a relative said, "There is a lovely atmosphere in the home." They told us the home was very good at looking after their family member and was always quick to resolve any issues. They also commented, "I am able to speak with the registered manager whenever I need. Either by email or phone and they will always respond."
- Staff also spoke positively about the management and leadership of the service. They told us they felt listened to and the management team were approachable and supportive. They told us there was good teamwork and, "We're all here for the residents."
- A health professional said they had been to several care homes over the years and in their opinion, Solent Mead offered high quality care. They told us, "They obviously manage well because the staff really care about their residents, from what I've seen, and it runs smoothly."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager told us the staff had been through a challenging and unsettling period of change recently, but the team were resilient and, "I feel the service is moving forward, progressing." This was also confirmed by staff we spoke with during our visit.
- Staff were clear about their roles and responsibilities and had an understanding of the provider's goals and values. Staff were supported through regular supervision and team meetings. The registered manager told us, "All roles are involved in promoting a caring culture" and, "When we talk, we look for a vision, what do we want to see, what to expect."
- Records showed a comprehensive range of audits were carried out regularly to monitor and ensure the quality and safety of the service people received. The provider and registered manager maintained an ongoing quality improvement plan for the service that included a record of updates and completed actions.
- The registered manager was aware of when to notify CQC of specific incidents affecting the health, safety and welfare of people using the service, and of their responsibility under the duty of candour.

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

- Staff spoke with kindness and understanding about the people they provided care and support for. A member of staff said, "I feel there is an ethos of promoting dignity and respect." They told us about their role of keyworker for a person, which included liaising with the person's family, and promoting the person's independence while understanding how a sensory impairment impacted on the person's abilities in undertaking personal care and other activities.
- The registered manager demonstrated feedback was sought and acted upon. For example, following a suggestion by relatives, information about the service was provided using TV screens in the home. Food menus were based on the results of a resident's survey. A relative told us the food was good. They told us they used to stay for meals and were always made to feel welcome at mealtimes.
- Another relative told us, "The home was very welcoming on arrival, they gave us coffee and cakes and said we could stay as long as we wanted." They said, "I am always asked to join in with events and they ask my opinion." Another relative told us they were able to speak with the registered manager and that she was very approachable and responsive.
- The wellbeing coordinator demonstrated how the service had increased the levels of people's participation and staff interaction with people. For example, work had been done to assess individual preferences in relation to food and activities and these were being provided. A survey had been carried out to find out what individual staff thought their talents and skills were, and these were matched to activities in the home. People's likes and dislikes were regularly reviewed with their keyworkers.
- The service encouraged the involvement of the local community in events that took place in the home. For example, a recent fundraising event had been attended by the mayor and people with learning disabilities. A local school and church had also been involved in recent events, and donations had been received from local companies.
- A staff survey had taken place to give staff the opportunity to give their thoughts and opinions on various elements around the workplace. Staff were given the option to remain anonymous if they wished.

Continuous learning and improving care; Working in partnership with others

- Staff told us about the provider's plans to transform services, which included the creation of the wellbeing coordinator role to replace and expand on the previous activities coordinator role. This initiative was intended to promote activities and engagement with people as a key part of the role of care staff, and to provide the support to make this happen. Staff we spoke with were positive about the change and confirmed they were able to spend time engaging with and interacting with people.
- A health professional told us, "I have worked with the assistant unit managers...facilitating discussion on best treatment plans for residents with them. This has been welcomed by the staff with good interactions, and I find the staff listen to medical management plans very well."
- Another health professional told us, "There has been a change in management in the last year, and I find (registered manager) to be a very approachable manager. I also appreciate that she seeks help, guidance and support when needed. Overall, I would say that this service is very well-led and the staff are very caring. This home is a pleasure to work with."