Dr Lata Bhatt and Tushar Bhatt

Salvete Care Home

Inspection report

15-17 Rothsay Place
Bedford
Bedfordshire
MK40 3PX

Tel: 01234261991

Date of inspection visit:
25 October 2018

Date of publication:
27 December 2018

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

Salvete is a residential care home for up to 40 elderly people some of who may be living with dementia. At the time of our inspection there were 34 people using the service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

People using the service felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and they felt confident in how to report these types of concerns.

People had risk assessments in place to enable them to be as independent as they could be in a safe manner. Staff knew how to manage risks to promote people's safety, and balanced these against people's rights to take risks and remain independent. Risk assessments for the environment were also carried out.

There were sufficient staff with the correct skill mix on duty to support people with their needs. Effective recruitment processes were in place and followed by the service. Staff were not offered employment until satisfactory checks had been completed.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service. Effective infection control measures were in place to protect people.

People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were knowledgeable of this guidance and correct processes were in place to protect people. Staff gained consent before supporting people. People were supported to have maximum 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.

Staff received an induction process and on-going training. They had attended a variety of training to ensure that they were able to provide care based on current best practice when supporting people. They were also supported with regular supervisions.

People were able to make choices about the food and drink they had, and staff gave support when required to enable people to access a balanced diet. There was access to drinks and snacks throughout the day.

People were supported to access a variety of health professionals when required, including community

nurses and doctors to make sure that people received additional healthcare to meet their needs.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well. People and relatives, where appropriate, were involved in the planning of their care and support.

People's privacy and dignity was maintained at all times. Care plans were written in a person-centred way and were responsive to people's needs. People were supported to follow their interests and join in activities.

People knew how to complain. There was a complaints procedure in place and accessible to all. Complaints had been responded to appropriately.

Quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

Further information is in the detailed findings below

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Salvete Care 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 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 comprehensive inspection took place on 25 October 2018 and was unannounced. It was carried out by two inspectors.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority, we checked the information we held about this service and the service provider. No concerns had been raised.

During our inspection we observed how staff interacted with people who used the service. We observed lunch, general observations and activities.

We spoke with six people who used the service and one relative of a person who used the service. We also spoke with the registered manager, a deputy manager, the provider, a provider representative, the office/care coordinator, one senior care, two care staff, the maintenance person, a housekeeper and the cook.

We reviewed five people's care records, eight medication records, four staff files and records relating to the management of the service, such as quality audits.

Good

Is the service safe?

Our findings

Staff we spoke with showed a good understanding of how to keep people safe. They knew what to report and how to do so. One staff member said, "'I would act on it myself if there was no manager around and would call the safeguarding team. I would let the manager know afterwards." All staff had received safeguarding training.

People had appropriate risk assessments in place which enabled them to stay safe whilst not restricting them. Staff used these to assist people with their care and support.

There were sufficient staff, with varying skills, on duty to support people with their assessed needs. The registered manager used a dependency rating tool which assessed the number of staff required for each shift. The registered manager said, "We use the dependency tool to get the level of staff but we always have more on the shift than it recommends. This means if there is an emergency or someone needs more support we are still well staffed." Staff had been recruited following a robust process. Staff files were seen to contain the expected checks to ensure they were suitable for the type of work. The registered manager said, "We look at values as well as skills when we recruit. We did a recruitment day in Bedfordshire and there was lots of interest. When we do use agency, we use the same people to ensure continuity and flexibility."

People received their medication following best practice guidance. One person said, "I had some antibiotics but the tablets were no good. I spoke to the staff team and they sorted it out so I could take liquid antibiotics no problem." People told us there were no concerns. People's medicines were stored in locked trollies in a locked medicines room. We observed medicines administration and this was carried out correctly following guidance. We looked at eight Medication Administration Records (MAR), these had all been completed correctly. Where required people had a PRN (when required medicines) protocol. This detailed the medicines, what they could be used for and when the person had taken them.

People were protected by the prevention and control of infection. The premises were visibly clean and there were no malodours. Specific housekeeping staff were employed who followed a cleaning schedule to keep the home clean. Staff understood their responsibilities regarding infection control. There were plentiful supplies of cleaning products and personal protective equipment.

All relevant staff had completed food hygiene and food handling training.

Accidents and incidents were reported and recorded. These were reviewed by the registered manager and if required, action was taken as a result. Any information was passed on to staff at handover or staff meetings.

Good

Is the service effective?

Our findings

People's needs had been assessed prior to admission. This had been carried out by a senior staff member to ensure they could provide appropriate care and support for the person. This information had been used to start their care plans. Care plans we viewed shows this had taken place. They had been completed with the person or where appropriate with their family or representatives. Care records were personalised and contained good information for staff to allow them to support people as assessed. Appropriate plans were seen that covered topics such as; communication, continence, mobility and social activity.

The provider had recently introduced electronic care plans, staff used hand held devises which enabled them to access and update records at all times. The registered manager told us they were still keeping some paper records until they all felt confident with the electronic version.

Staff received training which was relevant to their job role. The registered manager told us that all care staff have at least a level two NVQ/QCF in Health and Social Care. One staff member said, "We have good training." The training matrix showed staff were up to date and when certificates were due to be renewed. Staff received specific training to assist them with people's care, for example; dementia and diabetes. The provider told us they worked with other care homes in the area to share best practice. The provider was the chairperson of the local care association which was a good source of information sharing.

The provider told us that they had recently started an initiative of inviting families into the home for learning experience days to highlight their awareness and understanding of subjects including; dementia, falls and continence. It was hoped this would aid relatives understanding and acceptance of people's changing needs.This was advertised in the monthly newsletter which was sent to relatives or representatives and was available in the home.

Staff told us they were supported with regular supervisions and appraisals. The registered manager told us that even though senior staff supervise more junior staff, they will do occasional supervision sessions with all staff so they get to have one to one time together.

The registered manager told us they had been chosen to trial a new system to try to prevent hospital admissions. This was a machine that staff used to obtain clinical readings for a person who was unwell which would then be automatically read and advice given, for example to call a GP, ambulance or observe. The information was sent via the internet to a clinician who would arrange any emergency treatment or was available to give advice. We saw the equipment used during our inspection. After the results had been analysed, it was arranged for the person to go into hospital for checks. This saved waiting for a GP visit and the person was treated quickly.

People were supported to eat and drink enough to maintain a balanced diet. We observed people finishing breakfast when we arrived and we also sat with people at lunchtime. The cook told us there was a four-week menu which was changed with the seasons. They were aware of people's different dietary requirements and likes and dislikes. Mealtimes were calm and relaxed with staff helping people with their meals when

required. We observed one person had only eaten a small amount of the main meal. A staff member tried to encourage them to eat more but they did not want it, alternatives were offered but refused. The person accepted a pudding and also had a second helping.

We saw documentation that the cook had met with people who used the service to gather their views on the meals provided and suggestions for menu changes. Pictures of actual meals were used to help people decide on their choice of meals. This was useful for people living with dementia who found it hard to understand what the meal was, as they could look at a picture and see what was the choice was. The cook told us there was a four week menu which changed with the seasons. They were aware of people's different dietary requirements and likes and dislikes.

When required people were supported to access additional healthcare. We saw a district nurse attend one person. We spoke with them and they were very happy with the care provided to people. They said, "The management is very good. They are very on the ball. I asked for a service user to be turned more frequently and they immediately went to the office and started updating the care plan. I have no concerns." Within documentation we reviewed we saw that people had accessed visiting opticians and chiropodist and people were supported to attend hospital appointments.

There were staff champions for a number of areas of care including; dignity, dementia, nutrition, health & safety and falls. These staff had received additional training and were available to give advice as well as audit their particular area. This ensured staff knew who to speak with to get up to date help if needed. Each champion knew who to contact outside of the home for additional support to help people receive specialised care in a timely way.

The premises had been adapted and added to so all areas were accessible to people. Stairs had gates at the top and bottom which enabled people who walked around the home to keep safe. Appropriate paper work was in place. Including risk assessments and consent from people for the gates to be in place. The top and bottom steps of all stairs had fluorescent edges which highlighted them for people with poor eyesight to let them know when they had reached the last step. There was a passenger lift as well as a stair lift. The conservatory had recently had a new roof which enabled people to use it all year round in comfortable temperatures. There were three large areas of the home where people could spend their time. Activities moved between each one so all could be involved if they wished or people were able to move to a quieter area. The garden was accessible and secure. Pictorial signage was used throughout the premises giving people direction.

People were encouraged to have their own rooms decorated as they wished and their own furnishings and things made their room personalised. The home was decorated and furnished in a homely way.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff demonstrated an awareness of their responsibilities under the Mental Capacity Act and care records reflected the level of capacity people had. They knew who had DoLS in place and the reasons for these. One staff member said, "It doesn't matter if they have capacity or not, they still have the right to make choices- we just need to make sure it is in their best interests." Staff sought consent from people before they provided care and support.

Good

Is the service caring?

Our findings

People were treated with care, kindness and compassion and they told us this was without exception. During our inspection there was a calm and friendly atmosphere, with people and staff chatting about things of interest. We saw staff treating people with respect and using their preferred names. People were treated as individuals. Staff interactions with people were considerate and they gave people time to respond to questions. A relative we spoke with said, "When my relative was unwell staff contacted me. They were very professional so I made a note in the comments book. I hope the managers picked up on this." They were pleased that they were kept informed of their loved one's progress.

There was a strong, visible, person-centred culture in the service. Each person was treated as an individual with diverse needs and preferences. It was evident from our discussions with staff that they had an excellent understanding of people's needs and the way they wanted to be cared for. They talked with us about each person's background, likes and dislikes and interests.

We observed staff responding to people's needs in a timely manner and in a kind and caring way. For example, when a call bell was pressed, staff responded at once, calmly and established what the person required.

Staff we spoke with told us they all worked together as a team. The provider had devised slogans for each department to encourage staff to think 'outside the box' and appreciate the big picture of why they are were at Salvete.

It was obvious within people's care plans that they or their representatives had been involved in developing them. We observed people making decisions about their care during our inspection.

Staff had attended dignity training to help with their knowledge and understanding. Staff were seen to knock on people's doors before entering, and excellent dignity and respect was shown to people when supporting them to use the toilet or assist with personal care. A privacy curtain had been put up around the doorway to a toilet which was near the lounge to aid with privacy when staff assisted people to access this. If needed a portable privacy screen was used to protect people's dignity if being hoisted from a chair.

Staff responded quickly and calmly when a person stood up and lost their balance causing them to fall. The person was reassured and checked for injury. They wanted to get up and staff assisted with this. The deputy manager spoke with the person and asked if it was alright for them to do some basic checks. The person agreed but wanted to stay where they were. Other staff calmly asked one other person if they would mind moving to another chair to give the person privacy and room.

Staff were observed to use their training to de-escalate a situation between two people who were living with dementia. Both people were reassured and settled.

There was a dignity tree in place at the service which showed people's and staff thoughts and ideas around

this area, for example what dignity means, how to show it. This had been developed by staff and people who used the service.

We observed staff supporting people to be as independent as possible. For example, one person had got themselves dressed. Their jumper was on inside out and back to front but staff just chatted to the person saying what a nice colour the jumper was. This showed respect for the person and did not diminish their efforts to be independent by correcting them.

Good

Is the service responsive?

Our findings

Within people's care records we saw that they had been involved in planning their care and support as much as they had been able to be. Staff told us and records showed, people had review meetings with their family or representative involved. Care plans were electronic and staff carried small hand-held devises which enabled them to be updated in real time.

People were able to join in activities of their choice. There was a large board in the corridor showing what activities were available each day, these photos were of actual activities which were enjoyed by people. The provider employed a full-time activity coordinator who worked alternate weekends to provide activities over a seven-day period. On the day of our inspection we observed a reminiscence session and an outside provider who initiated a musical session using hand held instruments.

Staff found out about people's interests and passions. For example, one person had a passion for wine, so they held a cheese and wine afternoon, another had previously played badminton, the provider purchased rackets and they played badminton with balloons and another played golf indoors with plastic balls and an indoor putting green. People who stayed in their bedrooms had one to one activity sessions. The provider told us that they used a tablet for two people to play chess on.

The provider told us that they had a dream box which is how they found out about and tried to make a person's dream come true. One person had been on a glider fight and was able to take control. A staff member said, "It's about people taking risks and enjoying life. Enabling and empowering people to fulfil their dreams. Just because you can't mobilise doesn't mean you can't do what you want to do."

The provider had a complaints policy in place and people were aware of how to complain. One relative said, "I do raise any concerns I have with staff and they are sorted." There had been a small number of complaints since the last inspection, from both family and a resident. These had been dealt with following the providers policy, letters had been sent at each step and had been resolved to the satisfaction of the complainants. From one complaint, a care practice was changed to the benefit of the person concerned.

The registered manager told us that people were able to stay at the service at the end of their life if this was their wish. They would be supported by the local doctors, nurses and the Partnership for Excellence in Palliative Support (PEPS) team. Within peoples care plans were their end of life wishes. The registered manager told us some people were reluctant to discuss this, staff would speak with family or their representatives. They would rather decisions were made by people at an early stage rather than when it was needed.

When people had passed away we were told that when the funeral directors arrived the staff lined up to the front door to say a final farewell to the person.

Good

Is the service well-led?

Our findings

There was a registered manager in post who was aware of their regulatory requirements. 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.

The registered manager and provider were aware of the day to day culture of the service. The registered manager worked occasional shifts, including weekends and nights to enable them to oversee the service at all times. The provider had an office in the building and was available. Staff and people who used the service knew who they were and told us they were both approachable.

The registered manager told us that either he or one of his two deputy managers were on duty over the seven days, so staff, people who used the service or visitors could speak with a member of the management team on any day including weekends. The registered manager said, "All three of us have worked in homes where managers are not visible and this is detrimental to the residents. I have learnt from this so now management is available 365 days a year."

The provider and registered manager had a clear vision and values which was shared with the staff team. Staff received feedback from the management in a positive and constructive way. One staff member said, "The manager is good, very supportive, they chip in and do all of the care and everything."

Staff told us they were involved in developing the service. The provider had delivered a seminar to staff regarding creating an outstanding mindset through their actions and communication.

The registered manager told us they had set up a WhatsApp group for the managers of Salvete. This was being used to ensure consistent communication between management staff.

A number of meetings had taken place, including different staff groups, residents and relatives. Minutes of these had been kept and were seen. Staff told us they were involved in anything to do with the service. One said, "If I think we need something or a piece of equipment to make life better for someone or for the staff, there is never any argument, we just ask and we get it."

There were strong links with the local community. The provider and registered manager told us they had linked with other care homes in area in a group they had called 'Homes in Harmony'. This was to invite people from different Homes in the area to Salvete functions and activities but also for people who lived at Salvete to attend different home's events. We were told that management were members of an Outstanding Managers network social media site. This allowed them to acquire best practice knowledge and share and gain best practice ideas with other managers. The deputy also belonged to the association of care workers social media site.

The registered manager completed regular quality audits with the maintenance staff to ensure that the building and environment was up to standards. There were clear action plans as a result of these where required. Quality audits in all areas such as water temperatures, equipment and care plans were completed and action plans produced and adhered to because of this.

There were resources and support available to support and develop staff teams and drive improvement. The provider had introduced a 'shining star' award for staff. They explained that this was awarded to staff who had gone over and above for the service, this could be for covering additional shifts at short notice to working with someone to achieve a specific goal. We were told that staff received a card on their birthday and additional incentives such as Christmas bonuses, chocolates and meals out.

A number of information technology systems were used including; electronic care plans with tablets and CCTV in communal areas and corridors. These helped enhance the care for people. The CCTV had been used to view when a person had fallen. The registered manager was then able to understand what had caused the fall. It also allowed staff to see who was coming into the service or were outside the building which enabled them to keep people safe.

The registered manager and provider worked in partnership with other organisations, where appropriate, to provide the best support for people. These included local authority and multi-disciplinary teams.