

Salford House Limited







Salford House

Inspection report

Salford House
Station Road
Salford Priors
WR11 8UX
Tel: 01789 778115
Website: www.salfordhouse.co.uk

Date of inspection visit: 17 & 18 March 2015
Date of publication: 28/04/2015

Ratings

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

Overall summary

This inspection took place on 17 and 18 March 2015 and was unannounced.

Salford House is a two storey residential home which provides care to older people including people who are living with dementia. Salford House is registered to provide care for 25 people. At the time of our inspection there were 20 people living at Salford House.

There was a registered manager in post 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 and associated Regulations about how the service is run.

All of the people we spoke with told us they felt well cared for and felt safe living at Salford House. People told us staff were respectful and kind towards them and we saw staff were caring to people throughout our visit. Staff protected people's privacy and dignity when they provided care to people and staff asked people for their consent, before any care was given.

Summary of findings

Care plans contained accurate and relevant information for staff to help them provide the individual care and treatment people required. We saw examples of care records that reflected people's wishes. We found people received care and support from staff who had the knowledge and expertise to care for people.

People told us they received their medicines when required. Staff who administered medicines were trained and experienced, so that people received these safely.

There was a thorough system to recruit staff suitable to work at the home and staff demonstrated a good awareness of the importance of keeping people safe. Staff understood their responsibilities for reporting any concerns regarding potential abuse.

Staff understood about consent and respected decisions people made about their daily lives.

Assessments had not been completed to determine people's varying capacity to make certain decisions so we

could not always be confident people understood what they were consenting to. The registered manager assured us that capacity assessments would be completed where people's capacity varied to ensure any decisions were taken in 'their best interest'. This would make sure the provider's responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) was met. The registered manager was not aware of a Supreme Court judgement made in 2014 for DoLS and how this could result in people being restricted in how they lived their lives.

Regular checks were completed by the registered manager and provider to identify and improve the quality of service people received. These checks and audits helped ensure actions had been taken that led to improvements. People told us they were pleased with the service they received. If anyone had concerns, these were listened to and the registered manager and staff responded in a timely way to people's satisfaction.

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 received care from suitably qualified staff and staffing levels were determined according to people's needs. Where people's needs had been assessed and where risks had been identified, staff knew how to support people safely and minimise risks to people. Staff were aware of safeguarding procedures and knew what action to take if they suspected abuse. Medicines were managed safely and we found people received their medicines from staff at the required times.

Good



Is the service effective?

The service was not consistently effective.

People and relatives were involved in making decisions about their care and people received support from staff who were trained to meet their needs. Where people lacked capacity to make some decisions, staff did not always have the information to support people with those decisions. The registered manager and staff's knowledge of Deprivation of Liberty Safeguards (DoLS) required improving to ensure there were no unauthorised restrictions on people living in the home. People were offered choices of meals and drinks that met their dietary needs and systems made sure people received timely support from appropriate health care professionals.

Requires Improvement



Is the service caring?

The service was caring.

People were treated as individuals and were supported with kindness, respect and dignity. Staff were patient, understanding and attentive to people's individual needs. Staff had a good understanding of people's preferences and how they wanted to spend their time.

Good



Is the service responsive?

The service was responsive.

People's and relatives were involved in care planning reviews which helped make sure the support people received met their needs. Staff had up to date information which helped them to respond to people's individual needs and abilities. There was an effective system in place that responded to people's concerns and complaints.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

People and staff were very complimentary and supportive of the management team. There were thorough and effective processes to identify improvements required at the home, with opportunities for people to share their views and opinions. Where improvements had been identified we saw evidence that actions had been taken.

Salford House

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 17 and 18 March 2015 and was unannounced. The inspection team consisted of one inspector.

We reviewed the information we held about the service. We looked at information received from relatives and other agencies involved in people's care. We also looked at the

statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also spoke with the local authority but they had no additional information to share with us. The provider was not sent a Provider Information Return (PIR) so we were unable to review any information they would have sent to us prior to this inspection.

We spoke with six people who lived at Salford House to get their views and experiences of what it was like living at the home. We spoke with three visiting relatives, four care staff, a visiting district nurse and the registered manager. We looked at four people's care records and other records including quality assurance checks, medicines, complaints and incident and accident records.

Is the service safe?

Our findings

We asked people who lived at Salford House if they felt safe living at the home. One person said, “I can lock my door if I need to but I like leave it open. I feel very safe.” Another person said, “I feel safe here. I sleep better here than I did in my own home.”

We asked staff how they made sure people who lived at the home were safe and protected. All the staff we spoke with had a clear understanding of the different kinds of abuse. Staff knew what action they would take if they suspected abuse had happened within the home. For example, one staff member said, “I would report it to the manager, also we have telephone numbers for the local safeguarding team.” Another staff member said, “I would make sure the person was safe, then contact social services.”

Staff had access to the information they needed to help them to report safeguarding concerns. A local safeguarding policy was displayed which provided details and contact numbers for staff should they be required. The registered manager was aware of the safeguarding procedure and knew how to make referrals in the event of any allegations received. The provider had reported safeguarding concerns to the local authority and us.

Records demonstrated staff had identified where people were at risk and action had been taken to reduce that risk. For example, some people were at risk of pressure areas which could affect their skin integrity. Staff knew how to support people to minimise the risk. Staff spoken with knew which people required regular observations and repositioning to make sure their skin integrity and health and wellbeing was maintained. Risk assessments and action plans were regularly reviewed and updated by senior staff which provided staff with up to date knowledge to support people safely to meet their changing needs.

All the people and relatives spoken with said there were enough staff. One relative we spoke with complimented the registered manager about their staff team. This relative said, “[Registered manager] picks good staff. All staff are well informed. [Registered manager] has chosen staff that gel well together. Hand on heart, all staff pull together.” One person said, “If I press my buzzer staff come quickly. I fell once and staff came immediately to help. I was shook up

but staff made sure I was okay.” Staff also told us they thought staffing levels were suitable to meet people’s needs. One staff member told us, “There seems enough [staff] on and holidays are covered.”

The registered manager used a dependency tool to calculate staffing numbers based on the assessed dependency of people who lived at the home. We were told this was reviewed on a regular basis to make sure people’s needs continued to be supported. The registered manager told us they did not have any people who had complex care needs and believed the staffing levels supported people’s needs. During our visit we found staff responded quickly when people rang their call bells and people we spoke with said staff responded quickly when they called for assistance. For example, one person told us, “It’s very good here and the staff are also very good, If I press my alarm, they come straight away.”

We observed how staff supported people in communal areas and saw that people were cared for at their preferred pace; staff ensured people were safe and received the care they needed. Staff were not rushed and spent time engaged with people in conversation or supporting people to move around the home.

People told us they received their medicines when required. One person said, “I always get my medicines on time, and you have to ask if you need tablets for a headache. You don’t wait long.” We looked at six medicine administration records (MAR) and found medicines had been administered and signed for at the appropriate time. Staff told us a photograph of the person kept with their MAR reduced the possibility of giving medication to the wrong person. Senior staff and the registered manager administered medicines to people. They had completed medication training which maintained their knowledge to ensure they administered medicines in a safe way. The management of MARs were checked regularly by the registered manager and audited to make sure people continued to receive their medicines as prescribed.

All staff spoken with told us the provider had undertaken employment checks before they started work at the home, for example, references and security checks to check that staff were suitable to provide care to people.

Is the service effective?

Our findings

All people told us the service they received was excellent. People spoken with said staff were attentive and always provided support when they needed it. One person told us, “I give the staff 11 out of 10.”

Staff told us they completed an induction and received training to support them to ensure people’s health and safety needs were met. Staff told us their training was up to date and records confirmed this. Staff told us they had regular supervision meetings which gave them opportunity to discuss any concerns they had. One staff member told us they found supervision useful because they could discuss any additional training needs with the registered manager. One staff member told us they had requested medicines training and this was being arranged.

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA ensures that the human rights of people who may lack mental capacity to take particular decisions are protected. DoLS are required when this includes decisions about depriving people of their liberty so they get the care and treatment they need in the least restrictive way. The registered manager had limited knowledge and understanding of MCA and DoLS. For example, the registered manager was not aware of the Supreme Court judgement for DoLS and what effect this may have on people living at Salford House. They said they would improve their knowledge to make sure people were not being restricted in how they lived their lives without a best interest decision being made.

We saw that people had not always had an assessment of their mental capacity to determine whether they could make certain decisions about their every day care. The registered manager told us most people had capacity, however there were some people who did not. The care records being used were not specific enough to individual decisions and the registered manager acknowledged improvements were required. We returned the following day and the registered manager showed us new capacity assessments they were looking to introduce for anyone who lacked capacity, once they had sought further advice. These new forms were much more detailed to ensure the most appropriate decision in the circumstances was made and to prevent unnecessary intrusion in people’s lives.

Staff had received training in the Mental Capacity Act so we talked to them about their understanding of capacity and consent. Staff understood issues around consent and told us they would not provide care for people who did not consent. One staff member told us, “It is my job to let them make decisions, if they can’t, we speak with family.” However, staff had limited understanding about how the MCA was put into practice in their work, what this meant for people, or how they could support people who did not have capacity. We discussed this with the registered manager and they assured us they would improve staff’s knowledge about the importance of people’s mental capacity.

People told us they enjoyed the food provided, and we saw they were offered a variety of drinks. Comments people made were, “The food is excellent, I have put weight on” and “The food is very good, it’s all my favourites. I had steak and kidney pie today, I love anything with pastry.” Everyone we spoke with told us they had plenty to eat and drink. People and relatives also told us how they appreciated the ‘snack baskets’ located around the home. We saw baskets of fresh fruit and other snacks for people to enjoy located throughout the home. One relative said this was a lovely touch and meant people could help themselves, without having to ask.

People who had risks associated with eating and drinking had their food and drink intake monitored to ensure they had sufficient to eat and drink. Where risks had been identified, care plans were in place to minimise the risk and provide guidance to staff. Staff completed food and fluid charts for people who were at risk of weight loss to ensure they received sufficient food and hydration. People were weighed regularly to make sure their weight did not put them at risk and action was taken when concerns had been identified. Staff told us they knew people’s individual requirements and made sure people received their food, drink and support in a way that continued to meet their needs.

Records showed people received care and treatment from other health care professionals such as their GP and dieticians. Staff understood how to manage people’s specific healthcare needs and knew when to seek professional advice and support so people’s health and

Is the service effective?

welfare was maintained. We spoke with a district nurse during this visit. They said staff were, “Very knowledgeable and staff do what I ask and they ring us if they have any problems.”

Is the service caring?

Our findings

People we spoke with were very happy living at the home and satisfied with the care they received from staff. One person who lived at Salford House told us, “Staff are very caring, they couldn’t be better. They care because they do anything I ask.” A relative told us their relation could display behaviours that challenged others, but said, “The staff are so caring and respectful. You can’t fault them.” This relative also said staff, “Go above and beyond to help and it’s the little things that make the difference.” One person gave us an example that demonstrated how caring the staff were to them. This person said they could have a bath whenever they wanted, but said the staff were, “Really caring because the staff change my bed so it’s all nice and clean. It’s lovely.”

People we spoke with told us how they each received a box of chocolates and a card for Mothering Sunday. One person told us, “I had a card and chocolates from the staff. It was very nice of them.” Another person said, “It was very thoughtful.” The registered manager told us every female person living at the home was included and they felt it was important to celebrate certain events throughout the year with people.

People and relatives were extremely positive about the care provided by staff. The staff knew and understood people’s personal history, likes, dislikes and how they wanted to be cared for. Some people we spoke with told us they liked their own company and did not want to sit with others. Some people told us they spent their time how they wanted, but staff always checked on them to make sure they were okay or if they needed anything, such as company, drinks or books to read.

Staff told us they gave people choices about how they received their care and support and how people spent their time. For example we spoke with one person who told us they liked to sit in the communal hallway because, “I like to watch what goes on.” During our visit we saw the person was sat in the communal hallway and staff checked

periodically to make sure they were okay. We were also told about a person who was supported by staff to go into the garden area on a regular basis each day and this person’s relative confirmed this happened.

We spent time in the communal areas observing the interaction between people and the staff who provided care and support. Staff were calm and relaxed in their approach with people and they were also friendly and respectful. People commented to us how staff made them feel so relaxed and at ease. One person said, “It is so comfortable and homely, the staff are very caring and obliging.” We saw people were very friendly with each other and people we spoke with told us they were all friends. We saw people visited each other in their rooms and were chatting and laughing. We spoke with one person who entertained people in their room. This person said, “I have several friends here. We have a glass of sherry which I keep in my room and I go to their room as well. “

Staff we spoke with had a good understanding and knowledge of the importance of respecting people’s privacy and dignity and we saw staff spoke to people quietly and discreetly, for example when giving people their medicines or when people needed assistance or prompting with personal care. Staff knocked on people’s doors and waited for people to respond before they entered people’s rooms and we heard staff addressed people by their preferred names. Staff spoken with told us they protected people’s privacy and dignity by making sure all doors and windows were closed and people were covered up as much as possible when supported with personal care. One staff member said, “I always explain what I am doing and cover people as much as possible so they are not exposed.”

People told us there were no restrictions on visiting times and relatives we spoke with said they could visit whenever they liked. One relative said, “There are no restrictions here and I have actually recommended this home because it’s always so clean, smells nice and the staff are lovely.” Another relative said, “They are so free and easy about visits.”

Is the service responsive?

Our findings

People who used the service told us the care and support they received was personalised and responsive to their individual needs. People who wanted to live at the home, had their needs assessed before they moved to Salford House. This meant the provider had an opportunity to make sure they had the staff with the right skills and qualifications to meet people's needs. People we spoke with said the staff met their needs and when people needed support, they received it. One person said, "It's very good, couldn't be better. I fell and staff came to help very quickly. "A relative said, "Staff are mature, experienced and have helped build up a relationship so [person] trusts them to help them with their care."

We asked people if they were involved in their care decisions and how they wanted their care and support provided. All of the people we spoke with said they had not been involved in those decisions, however no one we spoke with said they wanted to be. Relatives spoken with told us they were involved in care decisions and they said staff regularly contacted them when their family member's conditions had changed. Some relatives told us how their relation had improved since moving to Salford House. One relative said, "[Person] did not settle in well at first, but the staff did so much and they did a very good job."

Relatives spoken with praised the staff team and told us staff responded to people's needs and regularly kept them informed when family member's needs changed. One relative told us how staff supported their family member who had become resistant to receiving personal care. This relative said, "[Person] needs personal care but refuses. The staff coerce in a friendly way and they always let us know if things change."

Staff told us they regularly reviewed care plans and assessments to ensure they responded to people's care needs when their needs had changed. Staff told us they were informed of any changes in people's needs at the staff handover meeting at the beginning of their shift. They said the handover provided them with the knowledge and information they needed to support people, particularly those who had concerns or health issues since they were last on shift. Through talking with staff we found they knew people's care needs well which meant they continued to provide the care and support people required, to maintain their health and wellbeing.

We looked at four people's care files. Care plans and assessments contained detailed information and staff we spoke with said they had the information to meet people's needs. The care plans we looked at had been reviewed and updated when people's needs changed. From speaking with staff we found staff had good knowledge about people's individual needs and how they supported them to meet their needs. For example, one person was at risk of developing a breakdown in their skin integrity and this person was required to be repositioned at regular intervals. Staff told us they regularly repositioned this person to ensure their health condition was maintained and staff monitored this person's fluid intake to ensure they were hydrated and not at risk of developing other health related conditions.

The home provided a weekly planner of group activities for people within the home, as well as supporting individuals with their own hobbies and interests. People told us there were lots of activities. One person said, "We have activities every afternoon. Staff ask me to do things to help out which I like." During our visit we saw one person was knitting. This person told us, "I knit dog blankets for the local rescue centre." We saw other people who preferred their own company were sat in their rooms or quiet areas reading books which were provided within the home or by the visiting library. One relative told us their family member enjoyed painting and staff supported them with this on a regular basis. People told us they had regular entertainment provided by singers, music with movement instructors and people who brought in their pets.

Relatives and residents' meetings had not been held for some time however the registered manager told us they were being reintroduced. The registered manager told us they had spoken with people in the home and a representative [person who lived at Salford House] had been chosen to share people's views. We spoke with this person. They told us, "I have been asked to represent people's views. Everyone will attend but I will put forward any comments. I am happy to do that, it's so I can represent others." The registered manager said they wanted a representative because not everyone may voice their concerns themselves, and wanted everyone's views to be heard. The registered manager told us any ideas or suggestions would be acted upon.

People who used the service told us they had not made any complaints about the service they received. People

Is the service responsive?

said if they were unhappy they would let the staff know or talk to the registered manager. One person said, “[Registered manager] is champion. I have not made any complaints but if I did, I would tell the girls.” Information displayed within the home informed people and their visitors about the process for making a complaint. Staff knew about the complaints procedure and said they would refer any concerns people raised to the registered manager if they could not resolve it themselves.

The registered manager told us the home had received one complaint in the past 12 months and because they were

always visible in the home, any issues were usually, “headed off before they become a concern.” One person told us how the registered manager was, “Always open to remarks.” We looked at this complaint and found it had been investigated and responded to in line with the provider’s own policies and procedures.

The registered manager told us people’s concerns or complaints were taken seriously. The provider reviewed complaints as part of their regular audit process to ensure appropriate measures and learning was undertaken to prevent similar complaints from reoccurring.

Is the service well-led?

Our findings

People and relatives were very complimentary and spoke very highly about the management of the home, the staff and the atmosphere at Salford House. One person told us, "It's marvellous. You can't believe it is real; it seems too good to be true. It's amazing here." Another person we spoke with said, "It is very nice, homely and a lovely atmosphere." Relatives also agreed that Salford House provided care and support that met, or exceeded their expectations. One relative we spoke with praised the support they and their family member received from the registered manager and staff. This relative said, "I think it is very personal and they [people] get all the service here." This relative also said, "It's like living in a country house with staff." Some relatives we spoke with told us they had recommended Salford House to others because of their positive experiences about the management and support received from staff at the home.

People and relatives told us the registered manager was very involved in the day to day running of the home and would cover for other staff when absences occurred. One person told us the registered manager was, "Brilliant, very hands on and not afraid to muck in." Another person said, "There is a lovely atmosphere here and the manager is brilliant. The manager comes and gives me my medicines and I see [registered manager] most days to talk with." We spoke with the registered manager who told us they actively took part in different roles within the home so they had hands on experience of what was happening within the home on a regular basis. The registered manager gave us an example. They told us, "I do the medicines round each morning. It's my way of keeping in touch and it helps free up staff."

Relatives were very complimentary about the support their family members received and said the home was very well organised and managed. Relatives told us the registered manager was approachable and happy to listen and act on people's views. One relative said, "[Registered manager] has an open door and you can speak with [registered manager] whenever." Another relative told us how the registered manager was an integral part of the team and gave us an example that demonstrated this. This relative said, "The cook did not turn up once and [registered manager] did the cooking and it was very nice."

We spoke with staff and asked them what it was like to work at the home. All of the staff we spoke with enjoyed working at the home. One staff member said, "I love it here." All of the staff spoken with told us they were supported by the registered manager and they found they were honest, open and listened to and acted upon concerns staff raised. Staff also told us how they appreciated them helping with day to day duties within the home and how this allowed them to continue to provide the care and support people required. Staff told us team meetings provided opportunities for staff to raise concerns or comments, however we found team meetings had not been held since March 2014. Staff told us this was not a problem because they had plenty of opportunities to speak with the registered manager if they wished, however the registered manager told us they were going to reintroduce staff meetings.

We saw people, relatives and staff had recently been sent quality questionnaires that sought their views and feedback about the service provided. One relative told us they had just completed a questionnaire and said they had, "No concerns, only praise." The registered manager told us they were waiting for all of the questionnaires to be returned, before any analysis and actions were taken to address any concerns identified.

The registered manager and the provider undertook a programme of checks to monitor the quality of the service. Some of these checks included infection control, health and safety, the administration of medicines and complaints. There were also checks to ensure staff had carried out their delegated duties, such as monitoring the weight of people, care plan reviews, and recording incident and accidents. The registered manager told us they found these checks were useful because it gave them a monthly overview and enabled them to ensure the necessary action was taken to make sure people received the care and support they required.

The registered manager understood their legal responsibility for submitting statutory notifications to the CQC, such as incidents that affected the service or people who used the service. During our inspection we did not find any incidents that had not already been notified to us by the registered manager.