

Salisbury Management Services Limited

# Salisbury House Residential Home

## Inspection report

83-85 Egerton Park  
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18 January 2016

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## Ratings

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

# Summary of findings

## Overall summary

We carried out an unannounced inspection of Salisbury House Residential Home on 15th January 2016. Salisbury House is situated in Egerton Park, Rock Ferry, and Wirral. The home is registered to provide personal care for up to 37 older people and at the time of our visit the service was providing support for 36 people. The home is a three storey building in Rock Ferry offering single and double accommodation. There are two wet rooms and a communal bathroom with hoist available. On the ground floor there is a communal lounge, two dining areas and two conservatories.

The home required a registered manager. 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. There were two registered managers in post, they had been registered since 2011.

People who lived in the home told us they felt safe at the home and had no worries or concerns. From our observations it was clear that staff cared for the people they looked after and knew them well.

All medication records were completely legibly and properly signed for. All staff giving out medication had been trained in medication administration.

We reviewed six care plans and found these needed to be more informative and person centred. They also did not give appropriate guidance for staff to meet people's needs. Regular reviews of care plans took place to monitor any changes but these did not reflect the changes to people's needs and some care plans contained inappropriate language.

We found that the Mental Capacity Act 2005 and the Deprivation of Liberty (DoLS) 2009 legislation had been followed. The provider told us that DoLS applications had been submitted to the Local Authority for some people

People and relatives we spoke with said they would know how to make a complaint, none of the people or their relatives we spoke with had any complaints.

People and staff told us that the home was well led and staff told us that they felt well supported in their roles. We saw that the registered managers were a visible presence in and about the home and it was obvious that they knew the people who lived in the home well and that the staff were well supported to carry out their duties.

We saw that infection control standards in the home were monitored and managed appropriately. Audits were completed as necessary and maintenance records were up to date and legible.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Staff had been recruited safely. Appropriate recruitment, disciplinary and other employment policies were in place.

Medication storage and administration was correctly carried out.

There was adequate staff on duty for the needs of people who lived at the home.

### Is the service effective?

Good ●

The service was effective.

Staff were appropriately inducted and received on going training.

Staff were regularly supervised and appraised in their job role.

Management understood and applied the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards and had made the appropriate referrals to the Local Authority.

### Is the service caring?

Good ●

The service was caring.

We observed staff to be caring, respectful and approachable. People were able to laugh and joke with staff and people appeared comfortable with staff.

Staff made every effort to ensure people's privacy and dignity were respected when care was delivered.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Some people who lived in the home did not have a plan of care

that was appropriately reviewed and reflected their needs.  
The complaints procedure was openly displayed

We saw people had prompt access to other healthcare professionals when required.

### **Is the service well-led?**

**Good** ●

The service was well-led.

The service had two managers who were both registered with the Care Quality Commission.

The registered managers were clearly visible and staff said communication was open and encouraged.

There was a good standard of record keeping.

# Salisbury House Residential 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.

Prior to the inspection we asked for information from the local authority quality assurance team and we checked the website of Healthwatch Wirral for any additional information about the homes. We reviewed the information we already held about the service and any feedback we had received.

During the inspection we spoke to people living at Salisbury House Residential Home and their relatives. We talked with eight staff on duty over the two days including care staff, the activities co-ordinator and cook. We also talked with the registered manager and the business manager.

We observed the care and support for the majority of people who lived at the home. We reviewed a range of documentation including six care plans, medication records, and recruitment records for five staff members, staff training records, policies and procedures, auditing records, health and safety records and other records relating to how the home is managed.

# Is the service safe?

## Our findings

We spoke with people who lived at the home and asked if they felt safe. Each person told us, "Yes" and when we asked a relative what their opinion was of the service, they told us, "Yes definitely". We were also told by a relative that the home was, "Clean and cosy. There's a homely feel."

We looked at the records relating to any safeguarding incidents and we saw that the registered managers maintained a clear audit trail of any safeguarding incidents, what action had been taken to support any people who lived in the home and had made the required notifications to CQC. We saw that there was evidence of learning from incidents.

Records showed that all members of staff had completed training about safeguarding adults and were scheduled for refresher training in the next eighteen months. We asked a staff member what they would do if they witnessed something they thought was abusive they stated that they, "Would report it straight away to the manager".

We also looked at the records for accidents and incidents, we saw that actions had been taken following each event, for example changes to risk assessments.

We saw the premises were safe. We looked at a variety of safety certificates that demonstrated that utilities and services, such as gas, electric and small portable appliances had been tested and maintained. We saw that the fire alarm system had been checked weekly and there was a fire evacuation plan that had been reviewed and updated. We also saw that the home had taken action following feedback and had installed evacuation chairs in case of emergencies. Personal Emergency Evacuation Plans (PEEPS) had been completed for all of the people who lived in the home and were readily available in a file in case they were required.

We viewed five staff recruitment files and found that all the appropriate recruitment processes and checks had been made. All files contained two references, proof of identification and had appropriate criminal records checks on each person. We saw each member of staff had undertaken a comprehensive induction.

We observed the medication round at 12.30hrs. The medication round appeared safe, the drugs were administered appropriately and people were observed taking them. Medications were safe, there was a drug trolley which was appropriately secured and measures were in place to ensure the safety of the controlled drugs cupboard.

Medication Administration Records (MARs) had been fully completed by staff when medicines had been administered. This meant that people were receiving their medications in a timely manner. All the medication was in date and appropriately labelled. This meant that people had received their medications as prescribed by the doctor.

The registered manager told us the home did not have to use a large number of agency or bank staff as

there was a low turnover of staff and sickness levels were not high. We looked at staffing rotas for the month of January 2015 and we observed that there were sufficient staff on duty, the call bells were answered promptly and staff were always visible.

We saw that risks to people's safety and well-being had been identified, such as the risks associated with moving and handling, falls, pressure area care and nutrition and that plans had been put in place to minimise risk. The risk assessments had been reviewed monthly

We saw the daily cleaning rotas for the kitchen and for ancillary staff for the months of December and January 2016. These showed deep clean processes that were carried out floor by floor. We observed that home was clean with no offensive odours.

# Is the service effective?

## Our findings

When we asked several people about their quality of life, they confirmed the staff were skilled and that there were enough staff on duty to ensure they had a good quality of life. One person told us, "Staff are very very good". We also asked if people were able to choose when they went to bed, we were told "Yes, it's my choice", another person said "I please myself actually, they don't force it on me".

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 Act 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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. It was clear that the management team and senior staff had a full and detailed understanding of the MCA and its application. We saw that the majority of the staff had received MCA and DoLS training.

We looked at care files and saw that the majority had an audit trail of capacity assessments, best interest meetings and DoLS applications where required. We also saw evidence in care documents that people who were able to had signed consent to their care plans and had been involved in discussions regarding their care. We saw that appropriate processes had been followed for people who did not have the capacity to consent to some decisions regarding their care.

We looked at five staff files that showed all had attended and successfully completed the provider's induction schedule within the first twelve weeks of employment. We also saw that all staff, including ancillary staff attend all had attended training required by the provider, which included safeguarding, moving and handling, first aid, fire awareness, infection control and challenging behaviour. Ten staff had achieved their Diploma level 3 in Health and Social Care and four staff had achieved their Level 2, all other care staff were enrolled to begin the training. One staff member told us that, "Yes we have training, the last one with the hoist was fantastic". This meant that people who used the service received care from staff that were skilled and competent to support them. Staff were able to be kept up to date with best practice.

There was also evidence of a robust supervision and appraisal system in place for the staff group. Supervisions had been carried out at regular intervals throughout the past year. Supervision provides staff and their manager with a formal opportunity to discuss their performance, any concerns they have and to plan future training needs.

Some people were able to choose to have their meals in their room or in the dining room. We observed lunchtime and saw the atmosphere to be friendly and relaxed. There was singing from one table that



everyone seemed to enjoy. We observed some staff taking various meals to serve to people in their rooms. This showed us that individual's choices were respected.

There were mixed responses to our questions regarding the food. One person who used the service told us, "I can eat anything, I've got no complaints", whereas another person told us, "the amounts are alright but if we don't like the pudding we get ice cream and the vegetables aren't great". We were also told, "The food's ok but ruined by being cold". A relative told us how the home managed her family member's diabetes very well and that the food, "Always smells and looks nice".

Following the inspection the management called a meeting with the people who use the service to discuss their likes and dislikes. The previous and new menus were discussed with a review meeting arranged for a specific date to feedback to the home.

## Is the service caring?

### Our findings

One person told us staff, "Are fantastic, laugh and a joke every morning". Everyone we spoke with said that they were treated with dignity and respect. We also spoke with relatives, one of whom told us, "Staff are lovely, all I have to do is ring and they put Mum on the phone".

It was clear from our observations that most staff knew people well and were able to communicate with them and meet their needs in a way each person wanted. We saw staff joking and laughing with people and involving them in conversations. We also saw staff addressing people in the manner they preferred.

We saw that people were not rushed and staff supported people with care and patience. Examples were that where staff supported a person to mobilise or to eat a meal, they were not hurried by staff and were enabled to go at their own pace.

We saw that the home devised and distributed a monthly 'Salisbury House News Letter'. We saw examples of the September 2015 and October 2015 editions. This newsletter informed people and their relatives of upcoming events, activities and any news regarding the home.

The home held regular residents meetings and we saw that issues raised relating to care had been addressed by the home. We looked at the minutes of the resident committee meetings for September 2015 and November 2015 these held information given regarding safeguarding against abuse and how to complain or compliment about the service being received.

We observed that confidential information was kept secure either in the cupboards in the senior carers office or the main office.

We saw evidence in peoples' care plans of their end of life choices and we noted that there was support by one of the staff members who had up to date end of life care knowledge and skill. We saw evidence in the records that this staff member passed on their knowledge to other members of the care team.

We saw that staff throughout the day were respectful and discreet when supporting people with personal care. During our visit people moved about freely and communicated with us and staff. Staff engaged with people and visitors in a warm and friendly manner.

We spoke to a staff member who was the dignity champion for the people who lived in the home; this information was clearly visible on the notice board at the entrance of the building. They informed us that they cascaded information if needed to the staff group and they have an auditing input to the care plans for individuals.

## Is the service responsive?

### Our findings

One person we spoke with referred to an occasion when they wanted an aspect of their care changed and told us, "I objected and it changed". Another person said, "If I've got a problem I'd go and see them [staff] anytime". A relative of a person living at the home told us, "I have no concern about mum's care but if there was there wouldn't be a problem".

The care files contained plans describing how the person needed to be cared for. We noted that some of the files contained inappropriate descriptive language and some were not person centred. Regular reviews of care plans had been carried out but this did not reflect a true account of people's needs, an example was that we noted one person's needs had changed considerably in the previous two months but the care plans had not been updated to show what their current needs were or how to support them. This person's needs had changed in relation to their mobility and person care needs yet this was not reflected in their records, although the staff were aware of the person's needs. We immediately raised concerns and the registered manager.

Following the inspection the registered manager sent us an action plan which showed many of the issues we had found, had been addressed, such as improved care planning.

We looked at the complaints procedure and saw that it was clear and comprehensive. It was displayed clearly on the notice board at the entrance of the building. We noted that the complaints log had no complaints recorded during 2015.

We spoke with the activities co-ordinator who showed us individual social activity programmes for each person. This showed that the activities co-ordinator had a good knowledge of each person's preferred activities. We saw that events for January 2016 and February 2016 were clearly displayed for people on a notice board to see as well as an activities "theme of the week". We noted that external activities were accessed, such as reflexology and armchair massage. There was also support for people to practice their faith and an example of this was that the home had a holy communion service on Fridays.

We saw throughout the day that staff and people who lived at the home interacted with each other in the communal areas of the home. Visitors were welcomed at all times and were free to stay for as long as they wanted and were treated in a friendly and warm manner by the staff.

We saw that people had prompt access to medical and other healthcare support as and when needed. One person told us, "I had a chest infection; I said I was alright but they encouraged me to get a G.P." This demonstrated that the service responded appropriately to people's medical and physical health related needs.

We saw how the registered managers had implemented a reassessment of needs log that described the processes followed if a person's changed needs meant they had to move services. This included professionals involved with reviews, family or friends involved and the outcomes.

# Is the service well-led?

## Our findings

The staff we spoke with told us they felt supported and well trained and felt that the home was well led. One staff member told us that the registered manager was, "Hands on and has an open door policy". Another staff member told us that, "The management are approachable." We also asked the people who lived at the service if they felt the service was well led and we were told by all, "Yes".

The registered managers and the staff had a clear understanding of the culture of the home and was able to show us how they worked in partnership with other professionals and family members to make sure people received the support they needed. We spent time talking to the registered managers and they told us how committed they were to providing a quality service.

The registered managers were out and about in the home and it clear that they knew the people who lived in the home extremely well and that the staff were well supported to carry out their duties. During our inspection, we saw some of the people who lived in the home call in to the main office for a chat, with no hesitation. We observed staff interactions to be light hearted and respectful with each other.

We looked at the minutes of the resident committee meetings for September 2015 and November 2015. These were held on a six weekly basis. We saw that people were able to express their views and any concerns they may have had. For example, the minutes showed that food options at mealtimes had been asked for and there was a note to say this had been actioned.

The registered managers told us that they had implemented quality surveys asking the people who live at the home and their relatives for feedback about the service provided. We saw that the management team had implemented new questionnaires in response to feedback on the format of the old ones. We noted that this greatly improved the response to the survey. We also saw that the home had developed an action plan to address any issues identified with an expected completion date. These action plans were reviewed and fed back to the committee meetings.

The home's policies and procedures had been reviewed by the registered managers and these included health and safety, fire procedures, confidentiality, whistle blowing, safeguarding, falls prevention and lone working. People's care files were stored securely to protect their confidential information.

We saw that the registered managers actively undertook a range of audits, for example accident and incident events and noted that action plans had been put into place as a result of the audits undertaken.

We looked at a selection of records including risk assessments and all were seen to be up to date and relevant. All the records were correctly completed by staff that had signed and dated the information.

As a result of our inspection, the registered managers immediately began to correct the issues we found and told us about the progress within days of our inspection. This demonstrated transparency and commitment to improve the service.

