Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Salford House

Salford House, Station Road, Salford Priors, Evesham, WR11 8UX

Tel: 01789772461

Date of Inspection: 03 September 2013

Date of Publication: September 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Salford House Limited
Registered Manager	Mrs. Pamela Hancox
Overview of the service	Salford House provides accommodation for up to 25 older people who require assistance with nursing or personal care needs.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
Our judgements for each standard inspected:	
Consent to care and treatment	6
Care and welfare of people who use services	8
Cleanliness and infection control	9
Supporting workers	11
Assessing and monitoring the quality of service provision	12
About CQC Inspections	13
How we define our judgements	14
Glossary of terms we use in this report	16
Contact us	18

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 3 September 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information sent to us by commissioners of services.

What people told us and what we found

We spoke with three people who lived at Salford House about their experiences of the service. We also spoke with three relatives about their family member's experiences of the service. We observed the care that was given to people during our inspection. We also spoke with a range of staff including the registered manager.

People and relatives told us consent was sought regarding the planning and carrying out of care. They told us that the care that was discussed with them matched the care that was being provided. They also told us consent was obtained throughout the day before any support was provided to people.

We saw that the care plans were person centred and reflected people's individual needs. We found the members of staff supported people as detailed within their care plans. We noted staff were compassionate and caring when supporting people.

People we spoke with told us that staff were friendly and supported their needs well. We saw staff knew what people's care needs were and how they needed to be supported.

We noted the home was clean and there was a cleaning schedule which staff followed. We saw checks were made to review the cleanliness of the home.

We spoke with staff who told us they were supported by the management team. They also told us that training was provided which was specific to meet people's support needs.

We found the service was well led and had systems in place to monitor the quality of service being provided.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We found the people who lived at Salford House provided consent for their care planning and on-going care support. We saw where people did not have capacity to give consent, then relatives were involved with their family members care and they provided consent on their behalf.

People we spoke with told us, "Staff always check with you before helping with anything" and "The staff ask if it is ok for them to help me, they are very polite to me."

Relatives we spoke with told us "They always include me in any decisions, staff asked for my consent before changing X's bedroom" and "They always ask for my consent for changes to X's care."

We noted throughout our inspection that staff would ask people whether they could support them throughout the day. Staff told us, "I would always ask someone if it's ok before helping them" and "If they don't want any support then, we would wait and come back to see if we could support them later."

We saw people's consent was sought from them or through their relatives in relation to the care provided to them. For example, we saw consent had been obtained from a person about staff not to check on them during the night. They told us how they had spoken with the manager that they did not wish to be checked upon during the night. This meant that people's choices were respected. We found this decision was recorded within the person's care plan.

On the day of our inspection we saw staff entered people's bedrooms and asked whether they could support them with personal care or to undertake an activity. For example, we saw a member of staff ask for a person's consent to enter their bedroom to provide personal care. We found people were happy to be involved with activities when asked by staff. We noted this matched what was recorded within their care plan to demonstrate they

had given their consent.

We spoke with the manager who told us how they would obtain a person's consent if they did not have the capacity to make a decision. We saw people's family were involved with their care to ensure they fully understood their care options and were able to give informed consent.

We saw there was a range of material available for people who visited the home about how consent was obtained. We saw guidance was available on how to obtain an advocate if required.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We observed the care that was given to people living at Salford House. We saw that the care they received matched the details within their care plan. We saw staff were compassionate and caring when supporting people.

We spoke with three people who told us, "Everything is done for you, the staff are excellent when you need help", "I get the right care, can't fault anyone" and "Staff come quickly when I press my buzzer." They told us that staff came to them promptly when they pressed their call bell to signal they needed support.

Relatives we spoke with told us, "I would come here, that's how highly I think of the service", "The support is right" and "The staff look after X in the best way, keep in contact with me."

We saw that if there were changes to people's care, the changes were recorded in the care plan. We saw the care plans were reviewed on a regular basis and updated where required. We saw that the care plans were person centred and reflected people's needs. This meant that the care plans were based on the needs of the people.

We saw the care being provided matched the assessments that were recorded within people's care plans. We spoke with members of staff about their understanding of how people wanted to be supported, as detailed in their plans.

On the day of our inspection, a person suffered a fall and sustained an injury. We found the staff acted promptly and appropriately upon the incident occurring. The staff provided the person we reassurance and accompanied them to the local accident and emergency service.

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

We saw the home was well organised and any worktops were free from clutter. We noted the home was clean and any furniture was free of any damage.

People told us, "My room gets cleaned every day", "The laundry gets done well, can't fault anything" and "Cleaning come in daily, they work very well."

Relatives we spoke with told us, "The room is always clean" and "Everything gets cleaned." They told us how their family members were always well presented and in clean clothes.

We found that staff washed their hands before they provided any personal care to people. The appropriate hand washing procedure was displayed over the sinks as required and the correct soaps and moisturisers were available. We noted staff wore personal protective equipment (PPE) when providing personal care and there was plenty of PPE available.

Staff demonstrated a good understanding of their responsibilities in providing a clean environment for people receiving support. Staff members we spoke with understood the importance of infection control and the various prevention procedures available to them. They told us about the cleaning schedule for the home and how people's laundry was organised.

We found that yellow hygiene bags were used to dispose of any waste. We noted that any cleaning materials were stored within a lockable cabinet.

The provider might wish to note that a system was not in place to ensure the national colour coding scheme was used for any mops. We found that staff were able to identify which mops should be used within sections of the home to prevent any infections from spreading.

We saw there were systems in place to reduce the risk and spread of infection. We noted there was a cleaning schedule used within the home which adhered to the infection control policy. We saw tick lists were used to record that communal areas and bedrooms had

been cleaned.

The manager explained to us how they checked the records and that the cleanliness of the home was to the required standard. We found the manager had liaised with the housekeeper on how they could improve the system of the cleaning records.

We saw that there was an infection control policy in place. Staff told us how they ensured people were not placed at risk of cross infection. They confirmed they had received training in infection prevention and control. The manager and staff explained what would happen if a person was experiencing an infectious disease. They told us how the home would be 'locked down' to contain the infection and the measures they would take to prevent the infection from spreading to other people.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

People and relatives we spoke with told us that the staff were "polite" and "friendly." They told us that staff were available if they needed any support. One person told us, "The staff come every so quickly when I need them."

We saw that the members of staff understood the needs of the people living at the home and were knowledgeable about how their needs were to be met.

We spoke with staff who told us they were supported by the management team. Staff we spoke with told us how they had suggested ideas to their line managers and these would be implemented. They also told us that training was provided which was specific to meet people's support needs.

The staff told us how they were kept informed of people's needs when they came on duty. This was done verbally at handover and by using the daily record book.

We saw that staff meetings were held on a regular basis and minutes from the meetings were available.

We saw one to one supervisory meetings were held for staff on a regular basis with their line manager to discuss their work. We saw that staff's training needs were discussed during these meetings and included a review when refresher training was undertaken.

We saw the deputy manager had an overall training record to identify when any refresher training was required for staff. We saw there were systems in place to review the training staff had undertaken.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People we spoke with told us, "I can't fault anything" and "If you ask, they do it."

Relatives told us they were, "Happy in the knowledge X is safe" and "Any queries, I can always ask, there are carers always around."

The provider had a system to monitor the quality of care they provided and how they met their legal obligations. The manager explained to us how this worked through the use of surveys, obtaining feedback from different parties and audits on the service.

We found a survey had been undertaken during January 2013 and the results had been positive. The manager explained how they had used the results to identify if any improvements could be made.

We saw that the manager used various audits to measure compliance with essential standards. We noted the deputy manager held responsibilities for some audits. We found the audits were completed on a regular basis to identify if any improvements could be made. We saw there were monthly file audits on people's care plans to ensure the records were accurate and fit for purpose.

The provider took account of complaints and comments to improve the service. We saw the complaints policy was available to people or visitors. We noted the home had received compliments from relatives that had visited the service.

We saw there were regular maintenance checks completed to ensure the building and equipment was well maintained. We found the building and equipment to be well maintained and serviced where required on a regular basis.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.