# 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: 30 October 2012

Date of Publication: November 2012

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

| | |
|---|---|
| **Respecting and involving people who use services** | ✓ Met this standard |
| **Care and welfare of people who use services** | ✓ Met this standard |
| **Safeguarding people who use services from abuse** | ✓ Met this standard |
| **Staffing** | ✓ Met this standard |
| **Assessing and monitoring the quality of service provision** | ✗ Action needed |
| **Records** | ✓ Met this standard |

## Details about this location

| | |
|---|---|
| Registered Provider | Salford House Limited |
| Registered Manager | Mrs. Pamela Hancox |
| Overview of the service | Salford House provides accomodation 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 |

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*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'.*


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## 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 30 October 2012, 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 and talked with staff.

### What people told us and what we found

During the inspection we spoke with the registered manager, deputy manager, one care worker and five people using the service. People who used the service told us they liked living at the home. Some comments were: ''Lovely living here'' and ''Everybody is so friendly; they will get things for you''.

We saw systems in place allowing people to communicate their experiences of the home and the care they had received. We were told that people had been involved in changes made to the home's environment and that people's opinions had been taken into account.

People told us they enjoyed the food. People said they had a choice of meal options and they could access sufficient drinks. During the lunch time we observed that the food looked nutritious, was well presented and people had been given a choice of soft drinks to have with their meal. People were seen to enjoy the meals.

We saw people's needs had been assessed, risks identified and personalised plans of care developed for each person. There was evidence of support by healthcare professionals to ensure people's ongoing healthcare needs were met.

We saw staff training records showing there had been minimal staff attendance at the trainings provided by the home during 2012. The manager told us she had not taken any action in relation to staff non-attendance at training sessions.

We have asked the provider to note that not all people's records were complete on the day of the inspection.

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

## What we have told the provider to do

We have asked the provider to send us a report by 07 December 2012, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

## 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

**Respecting and involving people who use services** ✓ Met this standard

**People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

### Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

### Reasons for our judgement

We observed staff interactions with people who used the service and saw staff were respectful and accommodated people's requests.

We were told by staff that either people using the service or their families had received information and support regarding their care and treatment. We saw information within one person's records confirming this. We were told that discussions had taken place with the person's family about whether they were for resuscitation as part of their end of life care. We saw documentation detailing the outcome of these discussions which had been signed by the local GP. We also saw that discussions had taken place with people in relation to their 'end of life' care wishes. The wishes of people had been documented within the person's assessment documentation.

We saw a copy of an information booklet given to people using the service. We were told that this booklet would be given to each person who came to use the service at Salford House. We saw the document and noted some of the information provided included: the home's aims and objectives, local amenities, transport arrangements, resident's rights, meals, benefits advice, pets and information about how to complain.

We were told that the home had an activities person who worked at the home for 18 hours each week. The types of activities offered include: music, crafts, exercise, bingo and occasional trips out of the home. One person told us he had attended a garden party at the home two weeks ago. Another person told us he had been to visit stately homes, gone on coach tours and had visited friends.

We were told that 'relative and resident meetings' had taken place every six weeks. We saw the minutes of the September 2012 meeting which had been attended by nine people who used the service, one relative and seven staff. We noted that people who used the service had been encouraged to be involved and give feedback about the service, to identify any requests and to raise any concerns. For example: one person requested flapjacks as a suggestion to add to available foods for people. The minutes of the meeting

confirmed that flapjacks would be made available to people in the next few days. Another person requested use of the Age Concern minibus. The manager agreed to contact Age Concern to re-book the mini bus. The manager said that she was looking into rebooking the Age Concern minibus.

We observed that people had their own bedrooms. This allowed them privacy when attending to their own care needs.

**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.

People experienced care, treatment and support that met their needs and protected their rights.

## Reasons for our judgement

We spoke with five people who used the service. People told us they liked living at the home. Some comments were: ''Lovely living here'' and ''Everybody is so friendly; they will get things for you''.

People's health records and conversations with the manager confirmed people's needs had been assessed and care planned and delivered in line with their individual care needs.

Two people's personal records were reviewed. We saw people's medical histories and medication requirements had been documented. Individual needs assessments were completed and personalised care plans developed. People's levels of dependency had been assessed and noted in relation to specific areas, for example: mobility.

The manager said that care plans had been reviewed with people who used the service and, or their next of kin. The provider may like to note that we did not see written information confirming who had been involved in reviewing the person's care. We saw that monthly evaluations of the person's care had taken place and these had been documented against each care plan. Each review had been dated and signed by the staff member. We saw that each person's record contained a number of risk assessments specific to their needs. We observed that each risk assessment had been reviewed monthly by a staff member.

We saw information within people's records confirming their ongoing health needs had been met. For example: people had attended dentist appointments and received chiropody treatments. We saw one person had their chiropody treatment frequency reviewed monthly. Where people required support from the GP, dietician, speech and language therapist or district nurse we saw that this support had been given. Details of each consultation and recommendations had been written in the person's records. The manager said the home was also supported by a visiting dentist, hairdresser, occupational therapist, physiotherapist and community psychiatric nurse.

We saw people's care and treatment had been delivered in a way to ensure their safety and arrangements were in place to deal with some foreseeable emergencies. The home had emergency plans, for example: fire, gas, electric shutdowns and missing people. We also saw a current copy of a resident list stored with this information. Contact details and

telephone numbers were also identified.

The manager said that care workers had attended yearly first aid training and basic defibrillator training. We were told that in the event of a person collapsing an ambulance would be called.

**Safeguarding people who use services from abuse** ✓ Met this standard

**People should be protected from abuse and staff should respect their human rights**

## Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

## Reasons for our judgement

We saw that people who used the service were protected from risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Two of the people we spoke with told us that if they were unhappy they would approach a member of staff.

The manager said that she had a copy of the Warwickshire Protection of Vulnerable Adult polices and procedures. We did not see these documents. We were told that all staff had undergone criminal record bureau checks and references had been collected before starting work at the home.

The manager showed an awareness of what to do, who to approach and what guidance was available should adult safeguarding concerns be identified. We saw that additional guidance for staff in the form of policies and procedures on whistle blowing and complaints was available.

The provider may like to note that we looked at staff attendance at adult safeguarding training for 2012 and were told by the deputy manager that no staff had attended this training during 2012. We saw staff training figures which confirmed that no adult safeguarding training had taken place for staff in 2012. Staff training figures confirmed that only two care workers had attended adult safeguarding training in February 2011. The manager said the home was waiting to receive the protection of vulnerable adult training learning book from Warwickshire Council which staff would then complete.

We saw from people's clinical records that their mental capacity had been assessed prior to living at the home. We were told that one person using the service had had regular mental capacity reviews. We saw documentation confirming an initial mental capacity review had been completed by the GP. The provider may like to note that this person did not have a care plan about their mental capacity status and it was not clearly documented who had completed the mental capacity reviews once the initial review had been completed by the GP.

The manager said that people's monies had been managed through a sundries account and the person received an invoice detailing the expenditure which was then paid by that person.

The manager said people could feedback about their treatment through the yearly 'residents survey', by approaching her directly or through the complaints route.

**Staffing** ✓ Met this standard

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

## Our judgement

The provider was meeting this standard.

There were enough qualified and experienced staff to meet people's needs.

## Reasons for our judgement

We spoke with the registered manager, deputy manager and one care worker at the home. We were told there were sufficient care workers available to meet people's needs and should there be a staffing shortfall additional staff had been sourced.

The manager told us that care workers, with the exception of new care workers to the home, had commenced or completed national vocational training in health and social care. We were told new staff had attended a home induction. We saw the staffing training and qualification log which confirmed that 88.40% of staff had attended the home induction when they first started work at the home.

We were told that staff had received formal supervision every six to eight weeks. Staff supervision is when a person has the opportunity to discuss their learning and identify any training needs from an experience with a supervisor. The care worker we spoke with said she had not received any supervision since starting work at the home in September 2011. We saw three completed staff supervision records and were told that all staff except new staff had received appraisals in 2012.

We spoke with one care worker who told us that she had attended the home induction training. Since January 2012 she told us she had attended training in equality and diversity, fire, dignity, movement and handling and in the control of substances hazardous to health. We were told that as yet she has not had her yearly appraisal.

**Assessing and monitoring the quality of service provision** ✖ Action needed

**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 not meeting this standard.

The provider does not have an effective system to monitor staff attendance at training sessions provided by the home. There was limited attendance by staff at staff training sessions.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

## Reasons for our judgement

We have looked at this outcome in respect of protecting people using the service and others who may be at risk, against the risks of unsafe or inappropriate care and treatment. This decision was triggered by information relating to staff non-attendance at training sessions provided by the home during the inspection.

We found insufficient monitoring of staff training attendance at the home. We were also told that not all staff had attended training sessions provided by the home. We were told the home had an ongoing system of training in place for the staff so that people's skills were kept updated. When we saw the staff training and qualification log for 2012 we observed that there had been limited if any staff attendance at training sessions. Seventeen training areas were identified on the 2012 training and qualification log. We noted that for eight of the training areas identified there had been no staff attendance. There were only three areas identified where 57.6% or above of staff had attended. These areas were: fire safety, national vocational training and the home induction. We saw there had been some attendance at some training sessions in 2010 and 2011. For example two care workers attended safe medicine training in 2011. Three care workers attended dementia training in 2010, followed by three care workers who had attended this training in 2012.

The manager said training sessions had been booked and staff informed of these training sessions, but some staff chose not to attend the training. The manager told us she had not followed up staff non-attendance at training but did not give us an explanation why.

We have also looked at how feedback from people using the service had been obtained. We saw and were told people expressed their views and had been involved in making decisions about their care and treatment. The manager said the last survey with people who live at the home had taken place in November 2011 and a new 'residents and relatives survey' was about to commence. We saw that the survey had addressed the following areas: premises, communication, daily living, catering and management. We saw a copy of the quality questionnaire overall report dated January 2012. This report detailed

the findings of the November 2011 'resident and relatives' survey. The conclusion was that there had been high levels of satisfaction with the service provided and any areas for action had been implemented.

**Records** ✓ Met this standard

**People's personal records, including medical records, should be accurate and kept safe and confidential**

## Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

## Reasons for our judgement

During the inspection we observed people's records had been kept securely. We were told that some information relating to the person using the service was kept electronically. Access to these records was via a password specific to the staff member using the system.

We reviewed two people's care records and found records to be comprehensive. People's needs had been identified and risk assessments completed.

The provider may like to note one person's records did not have their name or date of birth identified on a body chart which had been completed for them. Another person's mental capacity assessment showed they were to have reviews of their mental capacity six-monthly. We tracked the review dates and found that the last review had taken place on the 3 August 2012; prior to this the review had been on the 15 May 2011. The manager said this was because the frequency of review had changed from six-monthly to yearly. We saw no evidence showing us that the decision relating to this review had been documented.

We saw monthly audits of people's records had taken place. We looked at two completed records audits which had been completed in August and October 2012. We saw these records audits included checks such as patient involvement with their care and the identification of risks through risk assessments for each person. We noted that no actions resulted from these audits.

**This section is primarily information for the provider**

## Action we have told the provider to take

### Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | **Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010**<br><br>**Assessing and monitoring the quality of service provision** |
| | **How the regulation was not being met:**<br><br>The registered person must protect service users, and others who may be at risk, against the risks of inappropiate or unsafe care and treatment. There had been minimal staff attendance at training sessions which had been provided to help staff maintain and develop their skills. This non-attendance of staff at training sessions has not been followed up by the registered manager at the home. |

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 07 December 2012.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## 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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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.<br>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.<br>We monitor the implementation of action plans in these reports and, if necessary, take further action.<br>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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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

| | |
|---|---|
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