



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for older people

Name:	Saltmarsh House
Address:	12 Saltmarsh Lane Hayling Island Hampshire PO11 0JT

The quality rating for this care home is:	two star good service
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A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full assessment of the service. We call this a 'key' inspection.

Lead inspector:	Date:
Ian Craig	2 9 0 1 2 0 0 9

This is a report of an inspection where we looked at how well this care home is meeting the needs of people who use it. There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

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- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

Our duty to regulate social care services is set out in the Care Standards Act 2000.

Reader Information

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Information about the care home

Name of care home:	Saltmarsh House
Address:	12 Saltmarsh Lane Hayling Island Hampshire PO11 0JT
Telephone number:	02392462183
Fax number:	
Email address:	karen.morriss-dixon@virgin.net
Provider web address:	

Name of registered provider(s):	Mrs Karen Dixon
Name of registered manager (if applicable)	
Mrs Karen Dixon	
Type of registration:	care home
Number of places registered:	12

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	0	12
mental disorder, excluding learning disability or dementia	0	12
old age, not falling within any other category	0	12
Additional conditions:		
Date of last inspection		

Brief description of the care home
<p>Saltmarsh House is a large detached property situated in a quiet, residential area of Hayling Island. The accommodation comprises of twelve single rooms, of which eight have en-suite facilities. The shared space within the home includes a large lounge, a conservatory and a dining room. Outside is an attractive well maintained garden to the rear of the house with tables, chairs and umbrellas. To the front of the house is a swimming pool, not currently used by residents.</p> <p>The home's daily fees range from 66.00 to 72.00 pounds sterling a day.</p>

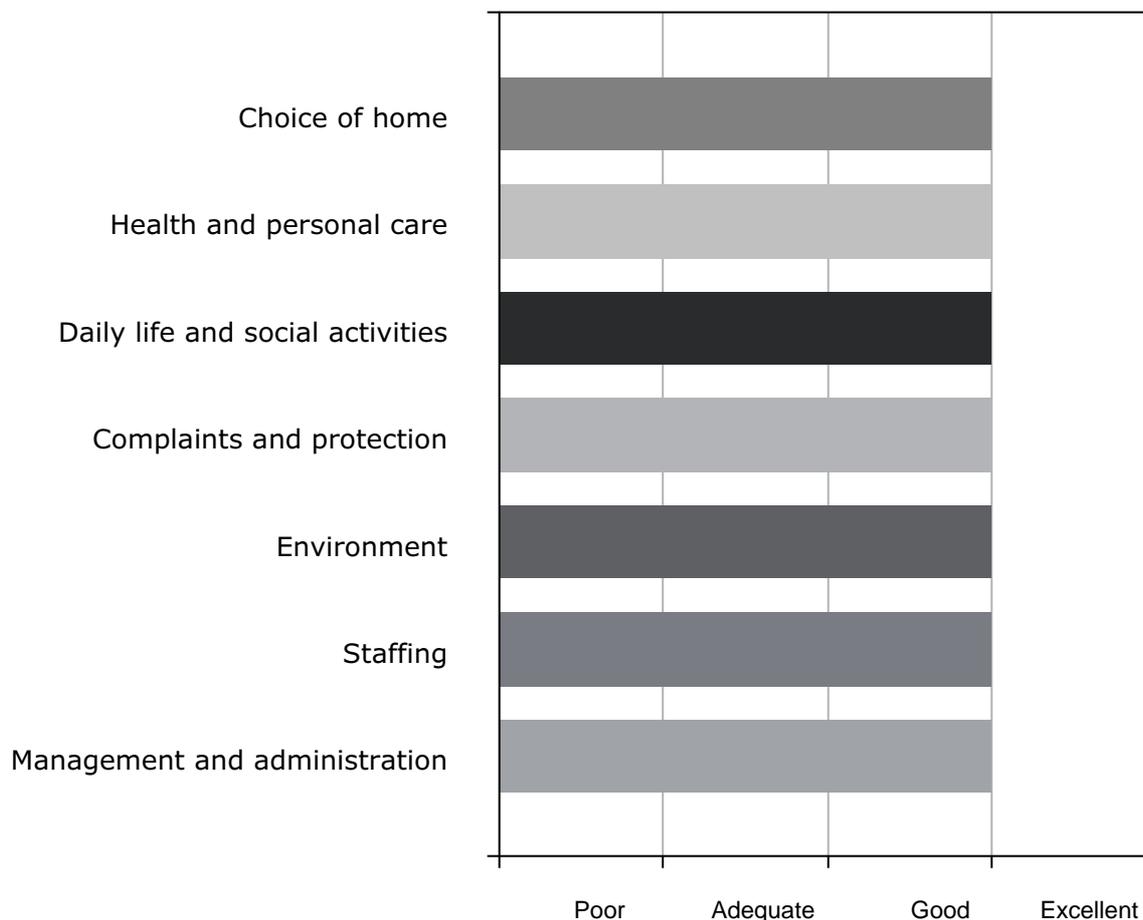
Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

two star good service

Our judgement for each outcome:



How we did our inspection:

The inspection consisted of a site visit to the home which lasted approximately 4.5 hours. A tour of the premises took place. Discussions took place with the manager and another member of the home's management team. Two staff were interviewed about their work at the home. Staff were observed working with residents. Five residents were asked about their views of the home.

Records, documents, policies and procedures were looked at.

Surveys forms were sent to professionals, residents and to the staff, asking for their views on the service provided by the home. These were returned by 5 residents, 5 staff and 2 health care professionals. Information contained in these surveys has been used

for this report.

Care services are required to complete an Annual Quality Assurance Assessment (AQAA). This was completed and returned to the Commission. Information contained in the AQAA has been used for this inspection report.

What the care home does well:

The people who live at the home reported their satisfaction with the service they receive. Comments included reference to the home meeting individual wishes and needs. One person said, 'You only have to ask for something and you get it. They look after you very well.' Reference was made by residents to the manager's approach: 'The manager is marvellous. She takes me to the hospital.' Health care professionals said that the home treats each person as an individual. One professional said, 'Very good quality of care. Wonderful cuisine too!'

Each person has a care plan setting out each person's needs and how staff are to provide care. Residents reported their satisfaction with the standard of care they receive.

The home has an activities programme which includes opportunities for going out, entertainment and visits to day centres.

The food is of a very good standard and meals are well presented. There is a choice of food at each meal. Residents confirmed that their individual preferences are catered for. One person referred to his/her food wishes always being catered for.

The environment is clean and well maintained. A resident described how his/her room has been improved to accommodate personal belongings.

Sufficient numbers of staff are deployed and staffing levels can be adjusted to meet changing needs. Staff have access to training courses including National Vocational Qualifications (NVQ) in care.

The manager has completed a number of training courses and runs the home in the best interests of the residents.

What has improved since the last inspection?

The home's brochure and website have been updated.

Life history biographies are now completed on residents. Nutritional assessments have been introduced.

The activities programme has been extended.

The induction procedure for newly appointed staff has been improved.

What they could do better:

Medication records for controlled medication need to be completed correctly. More frequent monitoring of this is needed by the home's management.

Staff recruitment procedures need to be improved so that newly appointed staff only start work after the required protection of vulnerable adults (POVA) 'first' checks have been obtained.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 4.

The report of this inspection is available from our website www.csci.org.uk. You can get printed copies from enquiries@csci.gsi.gov.uk or by telephoning our order line –0870 240 7535.

Details of our findings

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Requirements and recommendations from this inspection

Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Prospective residents are able to make an informed choice about moving into the home. Assessments of need of those referred for possible admission, help ensure that the home accommodates only those whose needs it can meet.

Evidence:

The home has a brochure which is given to prospective residents. This gives details of the home's philosophy, the scale of fees, staff details and facilities such as rooms. A Service Users' Guide is also available which contains a number of different documents including the last inspection report. Each of the residents who completed a survey stated that they received enough information about the home before moving in which helped them decide if it was the right place for them.

Two residents spoken to on the day of the visit said that they had a look round the home before making a decision about moving in.

Evidence:

Care records were looked at for 4 residents which show that the home carries out an assessment of need before a decision is made about whether to admit the person to the home. A score assessment tool is used and other assessments are also completed such as risk assessments, barthel assessments and a dependency profile which covers the following: mobility, continence, bowels, hearing, eyesight, speech and communication, sleep, orientation, memory, mood, social ability, challenging behaviour, personal safety and pain. Records also contained assessments and care plans for previous placements and hospital discharge details when the person was accommodated in hospital before moving to the home.

Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home is attentive to the personal care needs of the people who live there providing a good standard of care in a flexible manner. Health care needs are met and the privacy and dignity of residents is promoted.

Evidence:

Care records were looked at for 5 residents. These are based on the completion of a comprehensive pro forma entitled, 'Assessment for Daily Living Activities.' This covers mental health needs, mobility, continence needs, communication and other needs. Guidance is recorded for staff to follow in providing care. There was evidence of consultation with residents family members. A social history is recorded, especially for those with dementia. This could be extended to a 'Life Story Book.'

Records also show that resident's health care needs are addressed with blood pressure, blood sugar, and body temperature being monitored. Arrangements are made for more specialist health care such as speech therapy when needed. Records are also made of community nursing involvement and attendance at the home by

Evidence:

doctors. One resident said that the home had been quick to arrange medical checks. Another person said, 'The manager is marvellous. She takes me to hospital.' Surveys from 2 health care professionals state that the home 'usually' meets the health care needs of the residents and that the home seeks advice when needed. Comment was also made that the home treats each person as an individual. Staff state that the home meets the health and personal care needs of the residents. One person said, 'The job is demanding, but the standard of care never drops.'

Residents state that their care needs are met and that the staff treat them with respect. One person said that the staff are flexible to accommodate individual needs and wishes and any preferences. Another person said that the staff are good at providing support with personal care needs and will encourage independence where possible. Another comment was made that the staff are kind and attentive adding, 'They fuss over you.' Health care professionals state that the home respects individual's privacy and dignity. Each person is asked if they wish to have a key to their bedroom door for privacy and security; a record of the response to this is made. Residents state that they are able to exercise choice in the time they get up and what they have to eat. A health care professional states that residents are always seen in the privacy of their rooms. Several residents have their own telephone in their bedroom.

Medication procedures were looked at. Some of the residents are independent in managing their own medication and the home completes an assessment of this, which is recorded alongside an agreement with the resident. Staff receive training in medication procedures which was evidenced from training records, surveys returned by staff, discussions with the staff and with the manager. Blister packs were looked at for the morning period which show that medication is administered as prescribed. Staff record a signature each time medication is administered. The home uses a controlled drug register for the handling and administration of drugs classed as 'controlled.' These are completed according to pharmaceutical guidance with the following exceptions: a balance of remaining medication was not recorded on two occasions for one person and on two other occasions staff had recorded a balance but not their signature. The home's management had carried out audits and made records to show that the correct procedure are being followed by staff; these took place before the above errors had occurred. Pharmaceutical guidance states that a stock audit should take should take place once a month.

Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Residents have full range of meaningful activities for their interest and stimulation.

Residents are able to exercise choice in how they spend their time.

The food is of a very good standard and is attractively presented.

Evidence:

A notice in the hall details 'What's On in January' and includes the following activities for the residents: music and movement, entertainment from musicians, music for health, film and popcorn, art and craft and bingo. Entertainment is also provided approximately every 6 weeks by a touring theatre group. Residents and staff confirmed that residents go out on walks and visits to cafes and shops. Two residents were observed going out to a local day centre. Residents confirmed that activities are provided. One person said that he/she prefers to not join in. Two residents were observed in the lounge reading newspapers and a third resident was completing a jigsaw puzzle, adding that the home bought the specialist case so that the puzzle could be transported without disturbing the pieces. The home provides a selection of newspapers and some of the residents have their own newspaper delivered.

Evidence:

The manager said that residents also attend activities at other nearby residential homes.

Sky television channels are provided in the lounge and one person said how he/she has Sky Sports channel for his bedroom. Comment was made by a resident that he/she was able to bring his/her own possessions and that the home helped make arrangements for this.

A resident said that the home 'will do anything to make your life as it was before you moved in.'

Care staff said that residents have a range of activities and stimulation, although one person said that this could be further developed.

The provision of food was looked at. The day's menu was displayed in the hall as follows: liver and bacon with creamed potatoes, bacon and onion macaroni cheese, garlic mushrooms, Lyonnaise potatoes and seasonal vegetables. Dessert: lemon cheesecake or fruit and ice cream. The meals were served from a heated trolley in the dining room. Choice is also available at breakfast time and for the early evening meal. Resident's individual preferences are recorded. Each resident who returned a survey said that they 'always' like the meals. Residents spoken to on the day of the visit said that the meals are very good. One person said, 'The food is A1 and you always get your five portions of fruit and vegetables.' Another person said that his/her personal preferences are catered for. Other comments included, 'You only have to ask for a cup of tea or coffee and they will bring it to you.'

Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home has an effective complaints procedure and takes steps to protect the people who live there.

Evidence:

The home's complaints procedure is contained in the Service Users' Guide. Residents said that they know how to make a complaint. One person said that the complaints procedure was discussed with him/her when the initial contract was agreed. There have been no complaints made to the home.

The 2 health care professionals who returned a survey state that the home 'always' or 'usually' responds to any concerns raised.

Staff responded in the surveys to say that they know what to do if a resident has any concerns about the service. Staff spoken to on the day of the visit said that they have received training in adult protection procedures. This was also evidenced from training records and from discussions with the manager.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Residents' dignity is promoted by an environment that is clean and well maintained with good facilities.

Evidence:

A tour of the home took place. Communal areas and residents' bedrooms were seen. There is a lounge with seating and a television. Two residents were observed reading newspapers and relaxing in the living room. Another resident was sat at a table completing a jigsaw puzzle.

It was noted that the carpet in the lounge was rucked which could be a trip hazard. The manager explained that this is due to be repaired.

There is a dining room adjacent to the lounge. The dining table was set with table cloths and napkins.

The home also has a conservatory area with seating for the residents. There is a television in the conservatory. Patio doors open from the conservatory onto the garden patio which residents can use in the summer.

Residents' names are labelled on bedroom doors. Lockable storage is provided in

Evidence:

bedrooms for residents to store valuables. Some of the bedrooms have en suite facilities including a bath and toilet. The manager stated that she would be carrying out a risk assessment regarding safety issues of residents accessing baths in their rooms. Two residents said how much they like their room. One person said that he/she has been able to bring items of personal possession to his/her room and that the home has made changes and improvements to the room to accommodate his belongings. Residents can have a telephone in their room and one person said that he/she has Sky Sports channel which he/she pays for.

The home was found to be clean and there is an absence of any unpleasant odours.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home provides a well trained staff team in sufficient numbers to meet the changing needs of the residents.

Some improvements are needed so that residents are fully protected by the home's recruitment procedures.

Evidence:

The home aims to provide the following staff each day: 8am to 2pm, 2 carers, a cook and the manager; 2pm to 10pm, 2 carers plus the manager until 5 or 6pm. Night time staff consists of one 'sleep in' and one 'waking' staff member. The staff rota reflects these hours being provided although it was noted that the manager's hours are not recorded on the rota. Observation showed that these staff hours were provided on the day of the visit.

In addition to the above, the home provides 21 hours of cleaning staff hours a week.

Two staff were spoken to, both of whom felt that the home provided sufficient staff to meet the residents' needs. From the 5 surveys returned by staff, 3 said that there are 'always' enough staff on duty and 2 said that this is 'usually' the case. One person added that at certain times there isn't enough time to interact with the residents. The

Evidence:

Residents said that there are enough staff on duty and that the staff are responsive when they ask for help. Staff described how staffing levels are increased above the current levels in order to meet changing residents' needs. This was also confirmed by a resident. Each of the residents who returned a survey state that the staff listen and act on what they say.

Staff said that the care staff work as a team and are effective at meeting residents' needs.

Staff confirmed that they had an induction when they started work and that this prepared them for their work. One person said that he/she would have liked more training on dementia. Records show that staff have training in working with people who have dementia which was also confirmed from staff who were spoken to. The induction is based on nationally recognised standards and is set out in workbook. The manager is linked with Hampshire County Council Partnership in Care Training (PACT) and is qualified to train staff in moving and handling, medication, dementia and abuse awareness. Skills for Care training assessments are used to help determine the training needs of the staff team.

The home employs 15 care staff. 7 of these staff are trained to National Vocational Qualification (NVQ) level 2 in care and 1 of these has NVQ level 3 and another NVQ levels 3 and 4. A further staff member is studying NVQ level 3. Staff records show that staff have received training in a variety of subjects including stoma care, risk assessment, continence, personal care, infection control, fire safety and medication.

One staff member said, 'We are given regular updates in training in all areas. If there is anything we would like to be given training in, we are given the relevant training.'

Staff receive regular supervision which was confirmed from records and discussions with staff.

Recruitment procedures for 3 recently appointed staff were looked at. These show that the required checks had been carried out including obtaining 2 written references plus a criminal record bureau (CRB) and protection of vulnerable adults (POVA) checks. It was noted that for 2 of the 3 people that they had started work 11 and 4 days before the home had obtained a POVA check. The manager states that these staff were completing an induction during this time and were closely supervised. A requirement has not been made for this due to the fact the staff were recruited in 2007. The registered manager has been made aware of the responsibilities of ensuring these checks are carried out.

Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home is effectively managed and runs in the best interests of the people who live there.

The health and safety of the residents is promoted.

Evidence:

The manager has the Registered Manager's Award (RMA) and the National Vocational Qualification level 4 in care. She has also completed a number of other training courses including appraisal and supervision, depression and older people, performance appraisal, nutrition screening, employment legislation and health and safety regulations and recruitment and selection.

Staff describe the manager as supportive and well organised. One person said, 'We have very effective communication systems and I am always informed of changes. My boss is very efficient at carrying out checks and training. She is very clued up and up

Evidence:

to date with policies and laws.'

Residents and their relatives are given quality questionnaires by the home to make comments about the standard of service. The results of these are used to make future plans. The home has a maintenance plan for the home's environment. The home communicates with residents and their families via meetings and newsletters. These allow views to be expressed and for information about the home to be given.

The home does not look after or hold any residents' valuables for safekeeping.

Temperature controls are installed on hot water taps to prevent possible scalding to residents. Regular checks are also made on the water temperatures.

Radiators are covered to protect residents from possible burns.

The AQAA confirmed that the home's appliances and equipment are tested and serviced.

Staff receive training in moving and handling, first aid, food hygiene and infection control.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action
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Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action
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Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	9	13	Staff must record a signature and record a balance of remaining medication when handling and administering controlled medication. So that medication is safely handled.	13/03/2009

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No.	Refer to Standard	Good Practice Recommendations
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Helpline:

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