

Saltwood Care Centre Ltd

Saltwood Care Centre

Inspection report

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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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection was carried out on 19 December 2017 and was unannounced.

Saltwood Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Saltwood Care Centre accommodates 68 older people in one adapted building. There were 49 people using the service at the time of our inspection.

The registered manager had started work at the service in January 2017 and people and staff told us they were approachable and supportive. 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.

At the last inspection on 13 September 2016, we asked the provider to take action to make improvements to the way they manage infection control and medicines, and checked the quality of the service. We asked the provider to complete an action plan to show what they would do and by when to improve the key questions, safe and well-led to at least Good. The provider had completed all the actions and the key questions, safe and well-led are now rated Good.

The provider and registered manager had oversight of the service. They had improved the checks and audits they completed. All areas of the service were checked regularly to make sure they met the standards the provider required. Any shortfalls were addressed and action was taken to make sure they did not occur again. The views of people, their relatives, staff and community professionals were asked for and acted on continually improve the service.

The way people's medicines were managed had improved and was now safe. People received their medicines in the way they preferred and as their healthcare professional had prescribed.

The shortfalls in infection control identified at our last inspection had been addressed and regular infections control audits were completed to check the improvements were maintained. The building was well maintained and plans were in operation to continually maintain and improve the environment. The building and grounds were accessible to everyone.

Staff felt supported by the provider and registered manager, were motivated and felt appreciated. A member of the management team was always available to provide the support and guidance staff needed. Staff worked together to support people to be as independent as they wanted to be.

Staff were kind and caring to people and treated them with dignity and respect at all times. All the staff we spoke to told us they would be happy for their relatives to receive a service at Saltwood Care Centre. People

told us staff gave them privacy. Everyone was encouraged and supported to be as independent as they wanted to be. The provider had begun to implement the Gold Standards Framework for end of life care and people received care in the way they preferred at the end of their life.

People told us they had enough to do each day and enjoyed a wide range of activities. People had been asked about their spiritual needs and attended services at Saltwood Care Centre. Church volunteers also joined in with activities and events at the service and were part of the community of the home.

People were not discriminated against and received care tailored to them. Assessments of people's needs and any risks had been completed. People had planned their care and treatment with staff and received support to meet their individual needs and preferences. Accidents and incidents had been analysed and action had been taken to stop them happening again. The registered manager worked in partnership with local authority safeguarding and commissioning teams, to support and develop the service. They asked for advice when needed and acted on this to improve people's care.

Changes in people's health were identified quickly and staff supported people to contact their health care professionals. People were offered a balanced diet, which met their needs and preferences. Staff helped people who needed support at mealtimes to have as much independence as they wanted. People told us they were able to invite their friends and relatives to have meals and celebrations with them and which they enjoyed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The registered manager knew when assessments of people's capacity to make decisions were needed. Staff assumed people had capacity and respected the decisions they made. When people needed help to make a particular decision staff helped them. Decisions were made in people's best interests with people who knew them well. The registered manager understood their responsibilities under Deprivation of Liberty Safeguards (DoLS), and had applied for authorisations when there was a risk that people may be deprived of their liberty to keep them safe.

Staff knew the signs of abuse and were confident to raise any concerns they had with the registered manager and provider. Complaints were investigated and responded to.

There were enough staff to provide the care and support people needed when they wanted it. Staff were recruited safely and Disclosure and Barring Service (DBS) criminal records checks had been completed. Staff were supported to meet people's needs and had completed the training they needed to fulfil their role. Staff were clear about their roles and responsibilities and worked as a team to meet people's needs.

Services that provide health and social care to people are required to inform the CQC, of important events that happen in the service like a serious injury or deprivation of liberty safeguards authorisation. This is so we can check that appropriate action had been taken. We had been notified of all significant events at the service. Records in respect of each person were accurate and complete and stored securely.

Services are required to prominently display their CQC performance rating. The provider had displayed the rating under their previous legal entity in the entrance hall of the service and on their website.

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 is safe.

Risks to people had been identified. Staff supported people to be as independent and safe as possible.

People's medicines were managed safely.

Staff knew how to keep people safe if they were at risk of abuse or discrimination.

There were enough staff who knew people well, to provide the care and treatment people needed.

Checks were completed on staff to make sure new staff were honest, trustworthy and reliable.

Action was taken when prevent accidents or incidents happening again.

The building and equipment were clean and maintained.

Is the service effective?

Good ●

The service is effective.

People's needs were assessed with them with them.

Staff followed the principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. People were supported to make their own decisions.

Staff were supported and had the skills they needed to provide the care and treatment people required.

People were offered a choice of food to help keep them as healthy as possible.

Changes in people's health were identified quickly and they were supported to see healthcare professionals.

The building and grounds were designed to support people to be

as independent as possible.

Is the service caring?

Good ●

The service is caring.

Staff were kind and caring to people and supported them if they became worried or anxious.

People were given privacy and were treated with dignity and respect.

People were supported to be independent and have control over their care.

People were supported to spend time with their family and friends.

Is the service responsive?

Good ●

The service is responsive.

People had planned their care with staff. They received their care and treatment in the way they preferred.

People participated in a wide variety of activities and told us they enjoyed these.

Any concerns people had were resolved to their satisfaction.

People were supported to plan the care they preferred at the end of their life.

Is the service well-led?

Good ●

The service is well-led.

Checks were completed on the quality of the service and action was taken to remedy any shortfalls.

People, their relatives and staff shared their views and experiences of the service and these were acted on.

Staff shared the provider's vision of a good quality service.

Staff were motivated and led by the registered manager. They had clear roles and responsibilities and were accountable for their actions.

Staff worked with other agencies to ensure people's needs were met.

Saltwood Care Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 December 2017 and was unannounced.

We looked at three people's care and support records, associated risk assessments and medicine records. We looked at management records including three staff recruitment, training and support records and staff meeting minutes. We observed people spending time with staff. We spoke with the provider, the registered manager, eight staff, and 10 people who use the service and their relatives.

The inspection team consisted of two inspectors, a specialist advisor, whose specialism was in nursing care for older people and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Before the inspection we reviewed the information about the service the provider had sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also looked at notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

Is the service safe?

Our findings

People told us they always felt safe at the service and did not worry about their safety. Their relatives agreed with this. One person's relative told us, "It is reassuring to know that [our loved one] is safe and well cared for". Another person's relative had written to the registered manager saying, 'Thank you so much for taking such good care of [our loved one]. Knowing they were safe and looked after meant the world to us'.

At our last inspection we found that guidance for staff about people's 'as required' medicines lacked detail, records of the application of topical medicines were not fully completed and an opening date was not recorded on all medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the registered manager had taken action to address the shortfalls and all records were accurate and complete.

People's medicines were managed safely. Everyone had requested that staff manage their medicines for them. People told us they received their medicines on time and when they needed them. One person told us, "The nurses do the medication, they come in cheerily and say it's time for your meds". The provider had medicines management policies and processes in place which reflected relevant legislation and guidance. These were followed consistently by staff and medicines were ordered, stored, administered, recorded and disposed of effectively. We observed that medicines were administered safely and two nurses administered high risk medicines to reduce the risk of mistakes.

Guidance was available to staff about how and where to apply topical medicines to keep people's skin as healthy as possible. These had been followed and we observed people's skin was healthy. Guidance provided by healthcare professionals about the changes to the dose of medicines were recorded and followed to make sure people received the medicines they needed.

People received their 'when required' medicines when they requested them. Records were kept of when medicines were given and staff checked these before administering medicines to prevent people taking too much. Regular checks of medicines were completed by staff and the supplying pharmacy, to make sure medicines had been used safely and stock balances were correct. This included weekly checks on high risk medicines. Medical equipment, such as suction machines, were tested regularly to make sure they worked correctly when needed.

Risks to people had been identified and people had been involved in planning how to manage risks. Risks of people falling had been assessed and action had been taken to keep people as safe as possible while supporting them to remain independent. One person told us, "One of the reasons I came here is because I keep falling, here I have an en-suite and they [staff] have it drummed into them that they're not to be more than arm's length in case I fall". Other people used sensor mats to tell staff when got out of bed unaided. Some people used bed safety rails to keep them safe. People had been involved in making the decision to use bedrails and we observed they were used safely.

The risk of people developing skin damage had been identified and action had been taken to mitigate the

risks. People discussed and agreed the action with staff, including regular position changes and the use of pressure relieving equipment, such as special cushions and mattresses. Guidance was available to staff about the correct use of the equipment and it was checked regularly make sure it was working correctly.

Risks associated with moving people had been assessed and action had been taken to mitigate the risks to people and staff. Detailed guidance was in place and followed by staff.

The provider had a programme of servicing in place to ensure that all equipment such as hoists were checked regularly to ensure that they were in good working order. Some people carried alarm bells so they could contact staff for support where ever they were in the building or grounds.

The registered manager monitored accidents and incidents and reviewed them to identify any themes. When a pattern was identified action was taken to reduce the risk of further incidents. One person had left the service without the knowledge of staff and this had put them at risk. The person's capacity to make their decision had been reassessed and the registered manager had updated the shared this information with the person's Deprivation of Liberty Safeguards application. The registered manager understood their responsibility to report certain incidents to both the Care Quality Commission and the local safeguarding authority and had reported incidents in line with guidance.

People told us they were confident to raise any concerns about their safety with staff. Staff told us the registered manager took action if people were at risk of abuse or being discriminated against. Staff were trained and knew how to recognise signs of abuse and follow the provider's safeguarding policy. The registered manager knew how to raise concerns with the local authority safeguarding team so they could be investigated. Staff were aware of the whistle blowing policy and their ability to take concerns to outside agencies if they felt that situations were not being dealt with properly. People were treated as individuals and were not discriminated against.

Plans were in place and understood by staff about how to support people in an emergency. Each person had a personal emergency evacuation plan (PEEP) which included important information to help staff evacuate them quickly. Staff had been trained and told us they were confident to use the evacuation equipment provided.

The premises were well maintained to ensure people's safety. Regular checks on the environment were carried out. For example, water temperatures were checked by the maintenance team to make sure people were not at risk of scalding.

Previously we found that the laundry was not properly maintained and clean and that sluices were not kept secure. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The laundry had been refurbished and we observed it was clean and well organised, with clean and dirty laundry separated. Cleaning chemicals had been removed from sluices and they were locked. The provider had policies and process in place to make sure staff had access to up to date infection control guidance. The regulation was met.

People's bedrooms and communal areas such as bathrooms and toilets were clean and odour free. People told us the service was consistently clean. One person's relative told us, "I've no issues with the cleanliness, the room is always ultra clean". Consideration had been given to infection control when selecting the furnishing and fittings at the service, such as flooring which could be cleaned easily and did not retain any odour. Staff wore the relevant protective personal equipment, such as aprons and gloves. We observed that the kitchen was clean and regular cleaning schedules were followed. Staff, including the chefs had

completed food hygiene training. An infection control audit had been completed with the local lead infection control community nurse and some flooring had been replaced on their advice. Regular internal audits had taken place and action had been taken to address any identified shortfalls.

People told us there were enough staff on duty to meet their needs, keep them safe and respond quickly when they asked for assistance. People's comments included "The staff are always here in the lounge. I just shout if I need something", "There are always plenty of staff" and "If I ring my buzzer, someone comes, day or night, they come very promptly". The registered manager completed regular analysis of the call bell system to check how quickly staff responded to people's call bells. When they identified any times when this was a concern it was discussed with staff to make sure the response times improved. We observed staff were deployed effectively to meet people's needs during our inspection.

Staff turnover was low and people told us they received consistent care from staff they knew. The registered manager told us, "I'm very lucky to have a team of great nurses and care staff". Cover for sickness and annual leave was provided by other members of the team and the management team. The registered manager and deputy manager were on call out of hours to provide any advice and support staff needed.

The provider had recruitment processes in place, these were followed and staff had been recruited safely. The required recruitment checks had been completed. Any gaps in staff's employment history were discussed and recorded. Checks on staff's experience and character had been completed before they began working at the service. These included the checking of references and Disclosure and Barring Service (DBS) criminal record checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services. Nurses Personal Identification Numbers (PIN) were checked to make sure they were registered with the Nursing and Midwifery Council and a note of the expiry date was kept to prompt the registered manager to check the PIN was kept up to date.

Is the service effective?

Our findings

The registered manager met with people, their representatives and health care professionals when necessary, to talk about people's needs and wishes before they moved into the service. An assessment was completed which summarised people's needs and how they liked their support provided, including their likes and dislikes, religious and cultural beliefs, relationships and family, and daily routine. The registered manager told us they liked to complete the assessment in a relaxed environment, for example, over tea and cakes, as this helped people relax and be fully involved in the assessment. The assessment helped the registered manager make sure staff could provide the care and support the person wanted.

Effective processes were in operation to assess people's needs at short notice if they needed to move into the service quickly. On these occasions the registered manager worked closely with healthcare professionals such as GPs and continuing healthcare assessors, as well as people and their families to make sure they had all the information they needed to provide people's care. One person had moved into the service at short notice when they had become unwell shortly before their carer went on holiday. They received a service for two weeks and returned home when their carer came back. The registered manager told us, "Everyone looked really well after their holiday".

Further assessments of people's needs were completed, in line with best practice, when they moved into the service. These included Waterlow assessments to assess people's risk of developing skin damage and malnutrition universal screening tool (MUST) assessments to identify the risk of losing weight. These were reviewed regularly to identify any changes in people's needs and were used to plan people's care and support. Waterlow and MUST assessments were also used by community health staff and using the same assessments helped staff share information about people's needs with healthcare professionals effectively.

Information about people's health needs and treatment plans was gathered before they moved into the service and health action plans were developed to make sure that treatment was consistent and people attended check-ups and appointments. Changes in people's health were identified quickly and staff supported people to see healthcare professionals. A GP visited weekly to assess and treat people. Staff referred people to community healthcare professionals for support when it was needed. People who had lost weight were referred to a dietician and people who were at risk of choking were referred to the speech and language therapist. Any action required by staff was reported back to the nursing team who updated people's care plans and made sure it was acted on.

One person's relative told us, "The staff are really on the ball. The doctor comes in and [my loved one] sees the dentist. A chiropodist comes in every few weeks". People were supported to have regular health checks such as dental and eye checks. Staff supported people to attend health care appointments when necessary. People were accompanied by staff who stayed with them to offer them reassurance and any assistance they needed to tell their health care professional about their needs. One person told us, "They take me to the doctor or the hospital whenever that's needed".

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Staff had completed MCA training and told us they assumed people had capacity. They supported and encouraged people to make choices about all areas of their lives, including how and where they spent their time and what they had to eat and drink. Information was available to staff about people's capacity to make decisions and the support they needed. One person's relative told us their loved one's capacity to make decisions had increased since they began using the service and capacity assessments confirmed this. Possible causes in their physical health, such as an infection, were checked and treated and they had been encouraged to drink more to reduce the risk of further infections.

People's ability to make complex decisions was assessed when necessary. When people were not able to make a decision, decisions were made in their best interests by people who knew them well, including staff, their relatives and health care professionals.

The registered manager was aware of their responsibilities under DoLS. People, including those with a DoLS authorisation in place, were not restricted and were free to come and go as they pleased. No one had a condition on the DoLS requiring the service to support them in a particular way. People went out with staff, friends and family. The registered manager understood their DoLS responsibilities and had made applications to the local authority when there was a risk that people were deprived of their liberty.

Meals times were social occasions and the atmosphere in the dining room was relaxed and organised. People told us they enjoyed chatting to each other and staff over meals. People had chosen the music they would like to listen to and this played quietly in the background. Staff supported people to eat independently and people used appropriate cutlery and crockery to meet their needs. Staff checked how much support people would like with each meal as some people's preferences changed.

The kitchen staff explained to us about each person's preferences and individual needs, including allergies and dietary needs and their cultural and religious preferences. Meals and drinks were prepared to people's preferences, including the size and temperature of the meal. People confirmed they were offered meals to meet their needs and preferences.

If people wanted something which was not on the menu staff prepared it for them. Kitchen staff had developed picture menus to help people tell staff about their choices. People's comments included, "The food is good, it's tasty. I choose between two dishes each day. I can have drinks whenever I want, the trolley comes round with tea and coffee" and "There is plenty of food, it is lovely. I usually have tea and toast for breakfast but I had a full cooked breakfast this morning because that is what I fancied". Staff checked that people were happy with their choice when they gave them their meal. One staff member suggested to a person, "Do you want to taste it first to make sure you like it".

People had been involved in planning the menus and kitchen staff gathered people's views on the food each month. Staff used accessible forms to gather feedback, including happy and sad faces to support everyone

to share their experiences. People's feedback had been positive. Some people required pureed foods to reduce the risk of them choking. These were presented in an appetising way. Kitchen staff had completed recognised qualifications in nutrition and encouraged people to eat a healthy diet, including fruit and vegetables daily. One person told us they were 'fond of fruit' and were pleased that they could keep it in a small fridge in their bedroom. People who were at risk of losing weight were offered foods fortified with extra calories, such as cream, cheese and butter.

People told us staff had the skills to meet their needs. One person told us, "I think the staff are well trained, they are caring especially when I see them looking after people who can't talk". Staff told us they felt supported by the providers and registered manager to develop. Staff completed an induction when they began at the service and spent time shadowing experienced colleagues to get to know people and their preferences and routines. Staff were supported to complete vocational qualifications. Vocational qualifications are work based awards that are achieved through assessment and training. To achieve vocational qualifications staff must prove they are competent to carry out their role to the required standard.

Staff completed regular training, on topics such as mental capacity, moving people safely and fire awareness, to keep their skills and knowledge up to date. Additional training to help staff perform their roles effectively included dementia awareness and Percutaneous Endoscopic Gastrostomy (PEG) feeding. A PEG is a feeding tube which is inserted into the stomach and used for people who cannot obtain nutrition through swallowing. Senior staff checked staff competencies to make sure they followed best practice. For example, 'sit and see' observations were completed and the result of the observations were discussed with all the staff to help drive improvements across the service. One staff member told us, "We get marvellous training, we are always being up dated". We observed staff supporting people to move around the service as independently as possible. They encourage and reassured them if they were anxious and made sure they used any mobility aids.

Staff regularly met with a senior member of staff on a one to one basis to discuss their performance and personal development. Nurses received clinical supervision and were supported with their revalidation. Revalidation is a process that all nurses and midwives in the UK need to follow to maintain their registration with the Nursing and Midwifery Council (NMC). It helps nurses demonstrate that they practice safely and effectively and encourages them to reflect on the role of the NMC code in their practice and demonstrate that they are 'living' the standards set out within it. Staff discussed their achievements and set future professional goals at an annual appraisal. Staff performance was managed and, when needed, the provider's disciplinary process was followed.

The building was a large converted property. Bathrooms had been adapted to meet people's needs, including baths that were easy to get into and wet rooms. Access to the premises, including the garden were on the same level and people moved around without restriction. One person's relative told us, "There are family photos on the walls in [our relatives] room, they really encouraged that. People can bring in your own furniture if you want". Everyone's bedroom was personalised with their own pictures and ornaments.

Is the service caring?

Our findings

People told us they were happy living at Saltwood Care Centre and the staff were kind and caring. One person's relative told us, "I think the care here is very good, [my relative] seems to be well looked after. [My relative] always looks comfortable when we arrive, they had a condition that can cause them to slump but they are always upright and looking comfortable". Another relative had written to the staff saying, 'Thank you for the kindness and the caring, for the laughter and the hugs, for the fun and the good company. Thank you for always treating [our loved one] as an individual and a real person and not just another old person. Thank you for dealing with unpleasant tasks and never causing them to lose their dignity. Thank you for all the real love and care shown by all the staff'. All the staff we spoke to told us they would be happy for their relatives to receive a service at Saltwood Care Centre.

People and their relatives were encouraged to visit the service, to look round before making the decision to move in and were given a choice of room when this was possible. One person's relative said, "We looked at four different rooms, chose this one as it's near the lift and easy for [our loved one]. The staff have said to us that we can make it like home and bring whatever we want in". People had planned how their bedrooms were decorated. People who showed us their bedrooms, said they were personalised to their taste with furniture, pictures and ornaments that were important to them. They told us this made them feel more at home. People's comments included, "I like my room. I can decorate the room but choose not to" and "I came in with a new clock for [my loved one]. Before I knew it he had already put it up in their room".

Staff gave people privacy. They described to us how they gave people privacy such keeping doors and curtains closed when helping people get washed and dressed. Personal, confidential information about people and their needs was kept safe and secure. Staff recorded people's needs and the care they received on electronic records and access to these was restricted. If people's family lived abroad or went on holiday they could view their relative's records with the person's permission.

One person told us, "The staff treat me well. They treat me with dignity and respect. They come in and talk to me which is nice". Other people agreed with them. People were referred to by their preferred names and were relaxed in the company of each other and staff. We observed people, their relatives and staff chatting and laughing together throughout the day. Staff had asked people if they had any preferences about the gender of the staff member who supported them. Everyone we spoke with told us they did not have a preference.

Some staff had signed up as a dementia friend, a national government funded initiative to improve the general public's understanding of dementia. Other staff were dignity champions. Dignity champions are staff that believe that being treated with dignity is a basic human right and not an optional extra. They had spoken with people to obtain views on all areas of the service and had asked them, 'If there was one thing we could do to improve your care here at Saltwood Care Centre what would it be?' Feedback had been positive and included, 'The food is good and I have been looked after well'.

Staff worked together to support people to maintain relationships with people who were important to them,

and visitors told us they could visit freely. Kitchen staff supported people to invite their friends and family to enjoy meals and celebrations with them. People's feedback included, 'Thank you very much for my lovely birthday cake and for making my day extra special', 'I had two guests and really enjoyed it. The roast was lovely as usual. Looking forward to the next one', 'My visitor was invited by the staff to have lunch with me, we enjoyed this very much. It was a very special day' and, 'A sincere thank you for a lovely visit with lunch. My [relative] and I enjoyed the meal very much and having our friends with us was a delight'. People's friends and relatives were encouraged to join in with social events at the service. People were informed of these in advance and descriptions of the events included 'All welcome'.

People were actively involved in making decisions about their care and were supported to maintain their independence. For example, some people told us they continued to shower and get washed and dressed without staff support when they wanted to. Staff described to us how they supported other people by washing the parts of their body they could not reach but encouraging them to wash other parts themselves. One person told us, "Staff did offer to shower me but I declined as I'm able to do it myself". People used large clocks and calendars showing the day and date to know the time and day of the week.

Everyone we spoke with told us staff were kind, caring and had time to spend with them. People and their relatives commented, "We called a member of staff, they were having their dinner and just stopped to see [our loved one]" and "The staff are 100%, I can't find any fault in any of it. In fact I'm thinking of having a bed here myself for a week". When people were worried or anxious staff reassured them and made them comfortable. We observed one person in their bedroom calling out to staff. Staff responded immediately, reassured the person, gave them their newspaper and turned their radio on. Staff told us the person felt lonely at times and having the radio on reassured them. Staff stayed with the person until they had calmed and visited them in their room often.

People were supported to follow their cultural and spiritual beliefs. The staff worked closely with the local church whose representatives conducted regular services at the home. One person told us, "The vicar comes in once a month and a group of children school came in and sang Christmas carols". The church representatives also attended and supported social and fundraising events at the service such as afternoon teas and were an important part of the staff team. People and staff supported the local church and people told us they really liked the harvest festival loaf the chef had made and donated to the church. People said they had not seen a harvest loaf for a long time and it brought back happy memories for them.

Most people were able to share their views about all areas of their life with staff and others involved in their care and treatment. However, when people required support to do this they were supported by their families, solicitor, their care manager or an advocate. An advocate is an independent person who can help people express their needs and wishes, weigh up and take decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf. The management team knew how to refer people to advocacy services when they needed support.

Is the service responsive?

Our findings

People told us they had been involved in planning their care with staff. One person's relative told us, "Initially there was a care plan. Staff encourage [our loved one] to eat by themselves and to take part and be active with the activities". People had a detailed care plans in place which contained information to staff about their needs and the support they required. This included what people were able to do and how they preferred their support provided by staff.

Some people had wounds such as pressure ulcers which were being treated by nursing staff. Wound care plans included information to nurses about the treatment, including the dressing and how often it was to be changed. Reviews had been completed and showed that wounds were healing. Where people had consented, photographs of wounds were taken to clearly show any changes, as part of the review process. Staff followed the latest national guidance on the prevention and management of pressure ulcers and referenced internationally recognised best practice guidance.

Other people used equipment to help them manage their needs and be comfortable during the day and night, such as Zimmer frames, bedrails and pressure relieving equipment. People had told staff how they preferred to use these and information was available for staff to refer to in people's care plans. People told us staff supported them to use the aids as they wished.

Routines were flexible depending on people's daily choices. Some people told us they preferred to stay in their bedroom at times and join in activities in communal areas at other times. Some people tired quickly so had planned their day with staff so they were able to do things which were important to them, such as eating with their friends in the dining room.

Staff knew the support people needed and how they liked their care provided but checked with them before providing it. For example, staff asked one person what support they required with their meal as their preference changed each day. The person told staff they wished to eat without support and staff provided them with their preferred cutlery choice. Staff told us at other times the person preferred staff support and this was provided, the person confirmed this.

One person was due to move into the home from hospital on the day of our inspection. A detailed assessment of their needs had been completed and care had been planned to meet them. Their care plan included what they were able to do for themselves and the support they required from staff, including equipment required to keep them safe. The equipment was in place in their room when they arrived. Other information was also provided to staff so they could get to know the person and help the person settle in, including information about their employment, family, leisure activities, likes and dislikes and sense of humour.

Following a recommendation at our last inspection the provider had begun to implement the Gold Standards Framework (GSF) for end of life care. The GSF is a recognised approach to ensuring that everyone receives appropriate and individualised care which takes account of their wishes and preferences at the end

of their life.

The registered manager and deputy manager had begun training and told us they found the training 'inspiring'. All staff and team members such as church volunteers had attended information sessions and wanted to get involved. A meeting was planned for January 2018 to 'gently introduce the concept' to people and their relatives. Plans were in place to embed the GFS ethos of 'Everyday living well' and give staff the confidence to have 'difficult conversations' with people about their end of life plans.

People's relatives had complimented the staff on the care they had provided at the end of people's lives. One person's relative had said, 'Thank you to the team at Saltwood Care Centre for providing a kind, caring, well nursed end of life care for [my loved one]. I know the team all kept them as content as possible and I thank you for looking after me to a degree as I was coming in daily'. One nurse told us, "It isn't just the care of the dying person, it includes the whole family, I hope they think of me as a friend to them".

Staff planned people's end of life care with them and their relatives where appropriate, including consideration of any advanced decisions and their cultural and spiritual preferences. Staff shared people's decisions with other professionals such as paramedics, to make sure they were respected. Medicines to relieve people's pain were available when they were needed and staff had been trained to administer them safely, using specialist equipment when necessary. Staff worked with community nurses and hospice staff to make sure people were comfortable. Staff supported people's relatives to be part of the person's care when they wanted to be. For example, supporting them to remain with their loved one at the service during the day and night.

People told us they had enough to do each day and were offered a variety of leisure activities. People chose which activities they took part in and some people told us they preferred to remain in their bedroom and pursue pastimes they had enjoyed before they moved into Saltwood Care Centre. Activities staff were deployed all day and supported people with group or one to one activities. There was a large store of balls, puzzles and music which people could help themselves to when they wanted. The providers also brought in outside entertainment, such as singers and musicians.

People were preparing for Christmas at the time of our inspection. On the day of our inspection people were enjoying making floral Christmas decorations for their bedrooms. An activities schedule was available to people and visitors in different areas of the home. The activities planned for the week included a Christmas party and 'mulled wine and mince pie get together'. People's relatives were welcomed to all the activities and events that took place, including the afternoon tea and bonfire night celebrations. The registered manager commented about the bonfire celebrations, "The residents made a guy, staff brought their children along and it was a real family occasion".

A monthly 'entertainment book' was available for friends and family to look at. This contained photographs of people smiling, clapping, singing and having fun. Staff and people took part in fundraising events, such as a cupcake day in aid of the Alzheimer's Society. At the time of the inspection they were raising funds to purchase 'pull out beds' so family members could stay with their loved ones at the end of this life if they wanted to. Children from a local 'play and learn' centre had recently visited to chat with people and there were plans to work with them over the coming year to arrange more events.

People told us they were confident to raise any concerns they had with the registered manager and their concerns were listened to and addressed. One person told us they had raised concerns about the way one staff member spoke to them. They told us their concerns had been listened to and acted on and "After about two weeks there was a change in attitude. [The staff member] has been fine since then". A relative told us, "I

wouldn't think twice about letting [the registered manager] know if something wasn't right and they would sort it out immediately".

The registered manager kept oversight of any complaints and concerns. They recorded any verbal complaints and made sure they were dealt with quickly. When complaints were received they were investigated and responded to in line with the provider's complaints policy. Information about how to make a complaint was accessible to people and visitors and was displayed at the service.

Is the service well-led?

Our findings

People told us the service was well managed by the registered manager and providers. People's comments included, "I think it's managed very well, the manager is very good", "I think it's well managed here. The manager is definitely approachable" and "The owners come here a lot, they're very pleasant, very nice".

The registered manager had begun working at the service after our last inspection. They had taken time to get to know people and staff. The registered manager was supported by the providers and a deputy manager. There was a mutual respect between the management team and they had worked together to improve the service since our last inspection. The registered manager said about the providers, "If I need something, they get it". The providers told us about the registered manager, "We are really fortunate to have [registered manager]. They have built a great team, they are excellent".

The registered manager kept their skills and knowledge up to date, including attending training alongside staff and workshops provided by the local clinical commissioning group. They understood the role of the Care Quality Commission (CQC) and the requirements of the fundamental standards. They worked in partnership with the local authority and continuing healthcare commissioners to ensure people's needs were identified and they received the care and treatment they needed.

There was a culture of openness; staff and the registered manager spoke to each other and to people in a respectful and kind way. Staff and people told us the registered manager was "great", "lovely", "hands on" and "approachable" and they could speak to them when they wanted to. One person said, "The manager comes to say hello, I could go to the office and speak to them". Staff told us they felt "safe and supported" by the registered manager and deputy manager who were always available to give them advice and guidance. They told us they could speak to them at any time about any worries or concerns they had. One staff member said, "The registered manager is always behind us, supporting us".

Staff were motivated and enjoyed working at the service. One staff member told us, "I'm very happy here" and a nurse told us they usually changed job every few years but had remained at the service for a number of years because they were given continual opportunities to develop. Staff told us they felt valued and appreciated and were rewarded for the work they did by the providers and the registered manager. All of the staff worked together as a team to provide people with the care and support they needed. One staff member commented, "We are a great team. We all support each other".

The provider had a clear vision of the quality of service and how they required staff to provide it. They had shared this ethos with staff. The ethos of the service was 'To promote a relaxing atmosphere of care and support which both encourages and enables our residents to live as fulfilled, interesting and independent a lifestyle as possible'. Staff discussed the ethos and expected behaviours, which included being compassionate, calm, collaborative, accountable and inspiring at induction and annual appraisals. The behaviours formed part of staff personal development plans. Staff shared the provider's vision and provided the service as they required.

The registered manager and deputy manager led by example and supported staff to provide the service as they expected. This included checking staff were providing care to the required standards by working alongside them and observing their practice. Any shortfalls were addressed immediately and used as learning opportunities. Staff were reminded about their roles and responsibilities at staff meetings and during one to one meetings and were praised for improvements in practice. For example the minutes of the November 2017 nursing staff meeting stated: 'Over 60% Future wishes care plans have now been completed. [The registered manager] communicated that [they are] really pleased at the progress the RN [nursing] team have made with future wishes care plan'. Staff understood their roles and knew what was expected of them. They told us they could refer to the provider's policies and processes for guidance at any time and these were accessible to them.

The providers and registered manager had improved the quality of the checks completed and they were encouraged people, visitors, staff and community professionals to feedback their experience of the service and had told them what had been done in response. For example, a 'You said – We did' notice was displayed in the reception area. It noted for December 2017, 'You said you would like a large wide screen television in the conservatory – We raised over £700 at the summer event in August and £101 on the raffle on bonfire night'. A large television had been fitted in the conservatory where people could see it and displayed photographs of people enjoying various events from the recent months. Any negative comments had been followed up and action taken to make sure they did not happen again.

Regular residents meetings were held to gain people's views and opinions on the day to day running of the service. Staff met with the registered manager to discuss the running of the service and told us they were able to give honest and open feedback which was acted on.

The staff had received a large number of compliments over the previous 12 months. Comments included, 'A special thanks to the managers, nursing staff, care staff, receptionists, kitchen staff, cleaners and all other staff. You are all very important and deserve many thanks for taking care of our family member. They were very happy there and even in their final days they still would say thank you to you all' and, 'The holistic care shown by the staff at Saltwood Care Centre was a great comfort to us. We thank them most sincerely'.

Previously we found that checks and audits were not robust and had not identified some shortfalls in the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider and registered manager had improved the checks they completed since our last inspection and the regulation was now met. They aimed to continually improve the service and improvements had been made to the service and the environment since our last inspection. Regular checks were completed on all areas of the service including infection control, wounds and people's weight, to monitor the quality of the service and continuously drive improvements. Staff were informed of the outcomes of checks at staff meetings and the action planned to address any shortfalls found. Action taken had been effective in improving the service. For example, checks on medicines errors showed these had halved from four in October to two in November 2017.

The registered manager worked in partnership with local authority safeguarding and commissioning teams, to support and develop the service. A recent check by the commissioning team had found the service was meeting the standards they required. The registered manager and nurses attended workshops and training provided by the local clinical commission group to develop their practice and improve the service people received. For example, nurses had attended verification of death training and were able to confirm some deaths, inform people's relatives and make other arrangements. This offered people and their families additional support at a difficult time. The registered manager contacted outside agencies for advice and guidance when it was required including the Clinical Nurse Specialist for Older People, hospice nurses and

tissue viability nurses.

Records of people's needs and the care they had received were accurate and up to date. All staff had access to information about people on electronic devices they carried with them. They told us this meant they always had the information they need to support people. One staff member said, "I don't have to hunt for information, everything's covered" and this gave them more time to spend with people.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service like a serious injury or deprivation of liberty safeguards authorisation. This is so we can check that appropriate action had been taken. The registered manager knew when notifications needed to be sent and we had received notifications when they were required.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the registered manager had conspicuously displayed their rating on a notice board in the service and the provider had displayed the service's rating on their website.