

# Review of compliance

Mrs K Dixon  
Saltmarsh House Residential Care Home

<b>Region:</b>	South East
<b>Location address:</b>	12 Saltmarsh Lane Hayling Island Hampshire PO11 0JT
<b>Type of service:</b>	Care home service without nursing
<b>Date of Publication:</b>	March 2012
<b>Overview of the service:</b>	Saltmarsh House Residential Care Home is a care home without nursing. The home is registered to accommodate 12 residents. It provides personal care for older people and older people with mild to moderate dementia.

# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Saltmarsh House Residential Care Home was meeting all the essential standards of quality and safety.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 27 January 2012, checked the provider's records, observed how people were being cared for, talked to staff, reviewed information from stakeholders and talked to people who use services.

### What people told us

We spoke with people who told us that they found the home comfortable. They liked the food and told us that the members of staff were "nice" and "helpful." We spoke with one person who said: "Since my first day here, the people here have been just wonderful." We spoke with one person who told us the home was cleaned every day and that his room was "clean and tidy."

### What we found about the standards we reviewed and how well Saltmarsh House Residential Care Home was meeting them

#### **Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

Care plans we reviewed contained detailed and accurate information about people's needs and the actions that should be taken to meet their needs. We found risk assessments had been undertaken and people received care that met their needs. Overall, we found Saltmarsh House Residential Care Home had met this essential standard.

#### **Outcome 05: Food and drink should meet people's individual dietary needs**

People were provided with a choice of suitable and nutritious food and drinks that met their needs. Where necessary members of staff provided people with support to eat their meals. Overall, we found Saltmarsh House Residential Care Home had met this essential standard.

**Outcome 08: People should be cared for in a clean environment and protected from the risk of infection**

People using the service were cared for in a clean environment. The home maintained appropriate standards of cleanliness. Overall, we found Saltmarsh House Residential Care Home had met this essential standard.

**Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

Members of staff received the training and support to meet the needs of people using the service. They received annual appraisal and regular supervision to support them in their role. Overall, we found Saltmarsh House Residential Care Home had met this essential standard.

**Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

The home had systems in place to monitor the quality of care and support provided to people who use the service. People and their relatives were involved in assessing the quality of the service. Overall, we found Saltmarsh House Residential Care Home had met this essential standard.

**Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

We spoke with three people living at Saltmarsh House Residential Care Home and asked their views on the care that they received. They all told us that the care was "good." One person told us, "They look after me when I am ill."

##### Other evidence

The manager told us that people's needs and preferences were assessed before they arrived at Saltmarsh House Residential Care Home. A member of staff from the home visited the person in their home or the hospital to assess their needs. When the person arrived at Saltmarsh House Residential Care Home, a detailed review of people's preferences was undertaken. The assessment focussed on their health and social needs, life history, the composition of their family, the food they liked and disliked, risk assessments, activities they enjoyed doing and other relevant information that provided the home with an overall picture of the person. The registered manager told us: "All this information helps us to build a picture about the person and gives us information on how to make their stay comfortable as this is their home."

Once the person was in the home they, or where appropriate their relatives, were involved in developing their care plans. The registered manager told us that families were involved in the care plans as it gave them an opportunity to ask questions about the services provided. We spoke with a family member who told us: "I was involved in my dad's care plan and found the home very much wanted to learn more about him from us."

Members of staff told us that they found the care plans were helpful and said they were updated when people's needs changed. For example, recently one person had been feeling lonely since Christmas (December 2011). We saw the care plan had recorded what the person wanted to do and members of staff had arranged for the activities to take place. Since Christmas, the person had been out several times shopping, visiting the local library and to the theatre. We spoke to the person who appeared happy and was looking forward to the planned visit to the cinema that had been arranged.

We saw that care plans had been reviewed every month and any significant changes had been noted in the monthly review. We saw records which confirmed that people were weighed monthly, and where appropriate, blood pressure checks were carried out monthly. Members of staff completed detailed daily notes about each person. We looked at some records and found detailed information about what the person had eaten, the activities they had been involved in and general information about their daily well being.

The care plans we reviewed showed that the home accessed health and social care professionals such as general practitioners, chiropodist, district nurses, community psychiatric nurses and others on behalf of the people who use the service. We spoke with a district nurse who regularly visited the home and she told us that she had no concerns about the care provided in this home.

Risk assessments were also undertaken, where appropriate. Risk assessments identified hazards that people may face and provided guidance on how staff should support people to minimise the risk of any harm occurring..

The home organised various activities for the people, including visits to the theatre, church, cinemas, local pubs and to the shopping centre. For example, on the day of our visit, the home was visited by a musician who entertained people. We found people enjoyed this activity and there was lots of laughter throughout her stay. The home also organised visits by a priest who came in once a week to give holy communion to people. One person enjoyed working in the garden and the home had prepared an area of the garden for her to work in. They had also arranged for a gardener to come in every week for an hour to spend time with her taking care of her garden patch. Another person enjoyed doing woodwork and the home had, after undertaking an appropriate risk assessment, provided him with tools to enable him to continue to pursue his interest. They also arranged for his work to be sold at a local market and monies were given to a local charity of his choice.

### **Our judgement**

Care plans we reviewed contained detailed and accurate information about people's needs and the actions that should be taken to meet their needs. We found risk assessments had been undertaken and people received care that met their needs. Overall, we found Saltmarsh House Residential Care Home had met this essential standard.

## Outcome 05: Meeting nutritional needs

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are supported to have adequate nutrition and hydration.

### What we found

#### Our judgement

The provider is compliant with Outcome 05: Meeting nutritional needs

#### Our findings

##### What people who use the service experienced and told us

We spoke with four people who told us that they liked the food and the choices of meals that were offered to them.

##### Other evidence

The home had undertaken a nutritional risk assessment for each person and had recorded their individual needs. For example, we saw that people's weight had been monitored monthly and members of staff recorded what people had eaten on a daily basis. The registered manager told us that if a person was found to be losing weight, staff would immediately take appropriate actions such as monitoring the food and liquids taken by the person.

We observed lunch being served during our visit. We saw most people were able to eat independently. Where a person required assistance, we saw this was provided in a way that preserved the person's dignity. There were always at least two members of staff who ate with the people. This was recently initiated by the registered manager so as to create a "family atmosphere" in the home. Throughout the lunch we observed that there were conversations taking place between members of staff and people who use the service. We saw people enjoyed the company of staff and in this subtle way they were being encouraged to eat.

We saw that people were offered plenty of drinks, fresh fruit and snacks throughout the time we were in the home.

We visited the kitchen and spoke with the chef and her assistant. They told us that they

had received training in food hygiene and regular updates; the last one was in August 2011. The menus were changed every four weeks and the chef regularly went around after lunch to seek feedback from people about the food served on the day. On the day of our inspection, we observed her doing that. The chef told us that the home met the dietary needs of its people. For example, one person liked to have a heavy breakfast and arrangements were in place to provide him with this every morning. The chef had arranged for special sugar free desserts for a person who had diabetes.

Food was ordered once a week and fresh fruit and vegetables were delivered twice a week from a local supplier. We saw that there was a plentiful supply of food in the home.

**Our judgement**

People were provided with a choice of suitable and nutritious food and drinks that met their needs. Where necessary members of staff provided people with support to eat their meals. Overall, we found Saltmarsh House Residential Care Home had met this essential standard.

## Outcome 08: Cleanliness and infection control

### What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

### What we found

#### Our judgement

The provider is compliant with Outcome 08: Cleanliness and infection control

#### Our findings

##### What people who use the service experienced and told us

We spoke with one person who told us the home was cleaned every day and that his room was "clean and tidy."

##### Other evidence

During our inspection, we walked around the home and we saw that it was mostly clean. We inspected six bedrooms and found a small quantity of high level dust in two of them. We highlighted this to the registered manager who immediately arranged for the areas to be cleaned. The remaining four bedrooms we looked at were clean and tidy. We inspected all bathrooms and toilets and they all looked clean.

There was antiseptic gel available for members of staff and visitors in place at the entrance and at various places including toilets and other prominent areas throughout the home. There were signs in the toilets and other areas reminding members of staff and visitors of the importance of hand hygiene.

The home was using the Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance and members of staff we spoke with, understood their responsibilities in relation to this. For example, the home had an annual statement on infection control. It had identified a lead person who was responsible for infection prevention and control and she had a job description that included this role.

During our visit, the registered manager showed us the policies that were in place to prevent and control infections. We spoke with members of staff who told us that they had read these policies.

The deputy manager undertook daily checks of the overall cleanliness in the home. These checks were undertaken once a day and all rooms, toilets, bathroom, kitchen, conservatory, dining and living rooms were checked to ensure that they were clean. We saw a checklist that was used by the deputy manager and where there were concerns, action had been taken immediately. For example, in one of the daily checks undertaken, the deputy manager identified that the conservatory was not properly cleaned. This was reported to all staff through the daily communication book and subsequently appropriate cleaning was undertaken and this recorded in the book.

The home also undertook six monthly audits of infection prevention and control standards to ensure the home was following the guidance set out in the Code of Practice. We saw the records of the last audit in September 2011. The audit had identified that the home needed to increase the frequency of cleaning certain high use areas such as the entrance, conservatory, the dining and living rooms. We saw that during the inspection, a cleaner cleaned the dining room once people had finished their lunch.

Members of staff we spoke with told us they had received training in how to prevent and control infection. The staff training records confirmed that all members of staff had attended training in June 2011. The next follow up training session was scheduled for April 2012.

#### **Our judgement**

People using the service were cared for in a clean environment. The home maintained appropriate standards of cleanliness. Overall, we found Saltmarsh House Residential Care Home had met this essential standard.

## Outcome 14: Supporting staff

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by competent staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 14: Supporting staff

#### Our findings

##### What people who use the service experienced and told us

We spoke with three relatives who told us that members of staff were "nice" and "helpful." One person told us: "They go out of their way to take care of my dad here. He is so happy here."

##### Other evidence

During the visit we looked at Saltmarsh House Residential Care Home's training records for six members of staff. The records showed they had received training in a number of areas including infection prevention and control, health and safety, food hygiene, manual handling, and fire safety. All training was provided locally and members of staff were given time to attend training sessions. We spoke with two members of staff who had recently attended a training session on moving and handling. They said they were happy with the training provided and found the courses offered useful.

The home employed 16 members of staff and all had a National Vocational Qualification (NVQ) in care. One member of staff was currently working towards achieving an NVQ Level 3 and was given time to complete the assignments during her working hours. Members of staff told us that they were always supported to undertake training as long as it was relevant to the work they were doing.

Staff also told us they received regular ongoing supervision and appraisals. The supervision sessions were provided by the registered manager and held every three months and appraisals took place once a year. We spoke with a member of staff who recently had her supervision meeting (November 2011). At the meeting, she had

requested training in dementia care and arrangements had been made for her to attend a training session in February 2012.

The home was in the process of obtaining accreditation with "Investors in People (IIP)." "Investors in People" is a standard to help businesses achieve their objectives by developing and harnessing the skills of its staff. A meeting was planned for February 2012 with the external assessors and a follow up visit by IIP was planned for March 2012.

**Our judgement**

Members of staff received the training and support to meet the needs of people using the service. They received annual appraisal and regular supervision to support them in their role. Overall, we found Saltmarsh House Residential Care Home had met this essential standard.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

### What we found

#### Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

We spoke with one relative who told us that he was regularly asked for his views about the service provided by the home.

##### Other evidence

The home undertook daily and weekly checks to monitor the quality of the service. For example, as mentioned earlier, the deputy manager undertook daily checks of the overall cleanliness in the home. These checks were undertaken once a day and all rooms, toilets, bathroom, kitchen, conservatory, dining and living rooms were checked to ensure that they were clean.

The registered manager undertook weekly checks of the home. The day and time varied so as to ensure she had a full picture of the place. Checks were also conducted on weekends. The checks were part of her weekly internal audit that looked at various areas including the environment, general cleanliness, a review of care plans, health and safety and other areas. The results of the weekly internal audit were shared with members of staff and were recorded in the daily communications book. Individual members of staff were nominated to action the areas that needed attention. For example, during one of the weekly checks, the registered manager received feedback from a few people using the service that they wanted to visit the local theatre. After appropriate risks assessments were undertaken, arrangements were made for people from the home to go to the local theatre.

Members of staff also used the daily communications book to identify any concerns that

needed to be addressed. For example, if there were any comments from relatives or visitors, these were recorded in this book and members of staff were expected to review them and note the action that needed to be taken. The registered manager then checked with members of staff that the action had been taken.

The home also carried out surveys of people who use the service and their relatives. These were carried out twice a year in January and June. The latest survey was being conducted whilst we were there. We saw the results of the previous one undertaken in June 2011 and the home had identified improvements it needed to make. For example, people had commented that they wanted a variety of snacks for their afternoon tea and the home had recruited a cook who was responsible for afternoon tea. His role was to identify what each person wanted and ensure they received their choices. On the day of our inspection, we saw the cook taking requests from people about what they wanted for their tea. Other feedback the home had received from people who use the service was that they did not want to have visitors during mealtimes. As a result, the home requested that relatives and friends did not visit during mealtimes.

The results of the surveys were communicated to people and their relatives through quarterly newsletters and the monthly coffee mornings where people came together and shared their experience of the home and any improvements that needed to be made. Relatives were also given an opportunity to attend these meetings.

#### **Our judgement**

The home had systems in place to monitor the quality of care and support provided to people who use the service. People and their relatives were involved in assessing the quality of the service. Overall, we found Saltmarsh House Residential Care Home had met this essential standard.

# What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

<b>Document purpose</b>	Review of compliance report
<b>Author</b>	Care Quality Commission
<b>Audience</b>	The general public
<b>Further copies from</b>	03000 616161 / <a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Copyright</b>	Copyright © (2010) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

## Care Quality Commission

<b>Website</b>	<a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Telephone</b>	03000 616161
<b>Email address</b>	<a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a>
<b>Postal address</b>	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA