

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

Saltmarsh House Residential Care Home

12 Saltmarsh Lane, Hayling Island, PO11 0JT

Tel: 02392462183

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Mrs K Dixon
Overview of the service	Saltmarsh House Residential Care Home is a care home without nursing. It is a large family home with two lounges, a dining room and a conservatory on the ground floor. It is registered to accommodate 11 people. It provides personal care for older people and older people with mild to moderate dementia.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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

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Summary of this inspection

Why we carried out this inspection

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

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 22 February 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

People told us what it was like to live at Saltmarsh House Residential Care Home and described how they were treated by members of staff and their involvement in making choices about their care. People told us they felt that their personal care was carried out in a manner that promoted their privacy and dignity.

People told us that there are many activities to participate in. They were given opportunities to take part if they chose to. They told us that the staff always asked how they were and staff discussed with them how they were going to do to assist them. We spoke with two relatives who told us they were happy with the care provided.

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

More information about the provider

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

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

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People told us that the service provided by the home was very good. We spoke with three people who told us that members of staff always treated people using the service with respect and that their dignity was always maintained whilst receiving personal care.

People who used the service understood the care and treatment choices available to them. We spoke with members of staff who told us that people had been consulted about their care and treatment and had also been involved in making decisions. We inspected four care plans and found that they had the date and signature of the person being reviewed. This demonstrated that people were involved in care planning.

People were supported in promoting their independence and community involvement. One person told us how arrangements were in place for them to undertake woodwork. They told us that they were encouraged to be as independent as possible. We spoke with one person who told us they had recently arrived at the home. They were encouraged to walk around in the garden and use their walking frame. They told us there was always support available for them when they did so.

We found that members of staff had received equality and diversity training as part of their induction programme. Staff told us this had helped them to be sensitive to and respect the preferences and lifestyle choices made by people using the service.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People told us that they liked living at Saltmarsh House Residential Care Home because they felt reassured that members of staff were able to take care of them. People told us the "quality of care was very good" and members of staff were friendly. One person told us how they were "never bored because there was always things to do."

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. For example, we found care records and assessment records that took account people's life histories and their preferences. Members of staff we spoke with told us this information enabled them to take care of people in a manner that met their needs and wishes.

We inspected the care records of four people during the inspection. We found they all included an assessment to assess whether their needs could be met. Each person using the service had a care plan that was written from the information gathered during the assessment. We found the assessment was detailed and included information on people's health and social needs, their life history, the food they liked and disliked, risk assessments, and activities they enjoyed doing.

During our SOFI, we found members of staff followed the guidance held in people's care plans. This included appropriately supporting people with their food and drink. For example, during meal times, members of staff would sit with people who used the service as a family. One person told us that this activity of eating together "made the place feel like home."

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. We saw that the care plans were reviewed every month and any significant changes were noted in the monthly review. People were weighed monthly and appropriate health checks such as blood pressure checks and diabetes checks were carried out where appropriate. The care plans we reviewed showed that the home accessed health and social care professionals such as general practitioners, chiropodist, district nurses and others on behalf of the people who used the service. One person told us how their cataract had worsened recently and arrangements were made for them to see

the ophthalmologist soon.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People told us that they felt they were cared for in a safe environment. They felt that they could report any concerns directly to the manager of the home or to other organisations.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The home used Hampshire's safeguarding policy alongside their own safeguarding policy. We spoke with members of staff who told us they had attended training on safeguarding vulnerable adults and Deprivation of Liberty and the Mental Capacity Act 2005.

We spoke with members of staff who gave us examples of what constituted as abuse. An example that they gave us was that if someone was being "mistreated" by another person working in the home. They told us that they would report all such mistreatment directly to the manager or an appropriate authority including the Care Quality Commission, local authority.

Members of staff also told us that the home had a whistle blowing policy. We found members of staff had a good understanding of what constituted whistle blowing. Members of staff told us there was an open door policy about sharing concerns within the home. They told us that if they had any concerns, they could discuss these with the manager who they knew would listen to their concerns.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

There were effective recruitment and selection processes in place. The manager told us that the home operated a recruitment process that was thorough. We were told all applicants were required to complete an application form and were interviewed. We found references were taken up and Disclosure and Baring Service (DBS) checks were carried out before they started work at the home.

Appropriate checks were undertaken before staff began work. We looked at the recruitment files for two members of staff. The files contained an application form, a minimum of two references, proof of identity, photograph, evidence of qualifications if appropriate and criminal records checks. This meant that appropriate checks were undertaken before staff began work at Saltmarsh House Residential Care Home.

Members of staff told us their recruitment process was thorough. The registered manager told us that members of staff had to wait for their DBS to come back before they could start work and records seen confirmed this.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People were made aware of the complaints system. This was part of the induction of people who came to live at the home. We saw a process in place on how to complain was available on the board at the home.

People's complaints were fully investigated and resolved where possible to their satisfaction. The registered manager told us that they had not received any written formal complaints.

People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint. We spoke with two people who told us that the registered manager and members of staff actively encouraged them to come and share their comments about the service. One person told us: "Staff here are always wanting to do things for you to make you feel comfortable. I have no complaints and if I did, I know they would sort them out straight away."

About CQC inspections

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

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

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

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

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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

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

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

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

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

How we define our judgements

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

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

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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