

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

Date of Inspection: 15 November 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✗ Action needed
Management of medicines	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Mrs K Dixon
Overview of the service	Saltmarsh House Residential Care provides accommodation for 11 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

Contents

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 15 November 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

People's choices and consent to care and support were observed to be respected at all times during our visit. We observed staff supporting people with day to day activities, and the interaction was observed to be sincere, respectful and responsive to individual support needs.

Care plans were person centred and documented people's wishes in relation to how their care was provided. Staff members understood how people expressed their needs and wishes about how they wanted to be supported with their care. Staff knew exactly how each person communicated which meant people's wishes were understood and respected. A family member told us "the care here is excellent, they accommodate her needs and look after her very well".

People chose how to occupy themselves in the service. We observed that people were spending time in the communal areas singing with staff and interacting with each other. During our inspection we observed people spending time in their bedrooms listening to music and talking to family members. We also saw one person spending time in the workshop completing woodwork projects.

Incident forms were not completed following every fall at the service and there were discrepancies between the accident file and falls register. There was not any evidence of risk assessments being reviewed following a fall or accident within the service. The lack of updates meant that people using the service were not protected from harm and the risks were not reduced.

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

What we have told the provider to do

We have asked the provider to send us a report by 01 January 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

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

More information about the provider

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

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

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Throughout the inspection we observed staff talking respectfully to people and gaining their consent to basic care and support. For example, people were asked what activities they wanted to participate in throughout the day and were offered choices of meals and drinks. Staff were seen to ask people if there was anything they wanted, and we saw people's decisions were respected. Staff acknowledged people's ability to make decisions about ordinary day to day activities and to give consent to ongoing care and support.

We spoke with two members of staff who outlined how they gained people's consent when supporting them with day to day activities. Both members of staff were clear that they involved people as much as possible and offered choice. The staff told us that all people at the service were able to communicate verbally and therefore they asked them directly in order to obtain consent. One member of staff said "I ask them first. I follow the care plans and involve the families in decision making if they lack capacity. It is about talking to them and checking that they are happy".

Before people received any care, treatment or support they were asked for their consent and the provider acted in accordance with their wishes. People we spoke with told us staff discussed their care and support with them and looked after them well. One person told us "the staff are lovely here, they sit and talk with me and are happy to spend time with me. They never make me do anything I don't want to do - they are so kind" and another said "I am very happy here - I choose how I spend my day and what I do. The staff are fantastic".

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. Staff and the manager explained that due to the nature of the service provided, people had capacity to be able to consent freely to care and support. We discussed consent and capacity with the manager, and they were aware of their legal requirements where people did not have the capacity to consent. They understood about statutory processes under relevant legislation, such as the Mental Capacity Act 2005.

They knew about the Deprivation of Liberty Safeguards (DoLS), and knew when it would be necessary to instruct an Independent Mental Capacity Advocate (IMCA). The manager had sufficient knowledge of their legal requirements to be able to ensure people who did not have capacity to consent would be appropriately safeguarded.

The service had formal processes to gain and record people's consent to care and support in different situations and circumstances. We reviewed three care plans and each person's records contained 'Assessment of daily living activities' pages. These pages outlined the preferences and choices for how each person liked their day to go including what activities they liked to participate in. These pages also assessed the level of capacity for each person. Within the care plans there were consent forms for the administration of medication and consent to the delivery of personal care which had been signed by people using the service. People at the service were treated as individuals and benefited from the service's in-built approach to gaining their consent to any care and support.

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

Our judgement

The provider was not meeting this standard.

Care plans included information relating to falls, and risk assessments which determined the risk of people suffering a fall within the service. However, there wasn't any evidence of the risks being monitored. Although all falls were recorded there were discrepancies and there was not any evidence that procedures were put in place to minimise the risk.

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

Reasons for our judgement

Staff confirmed that they developed the care plan by talking to the person and also gained information from family, friends and professionals. The care plans showed that family and health professionals were involved in writing the care plans to ensure routines were maintained and support was person centred.

We looked at three care plans that detailed people's individual needs and preferences. There was information about how each person liked to be addressed and how they wanted their support to be delivered. This helped staff understand how people wanted to be supported with their care.

During the inspection we viewed the accident file and falls register and looked at copies of completed forms. There were discrepancies between the two recording systems and the records did not match. There were 23 incidents of falls in 2013 that were recorded in the falls register but did not have corresponding completed accident forms. The manager told us that monthly reviews should be completed to look at the number of falls each month, how many people had fallen more than once and how many resulted in serious injury. The last monthly review of falls available at the time of the inspection had been completed in September 2012. During the inspection we were unable to evidence that risks were being regularly monitored as we were only able to view completed audits for January and September 2012. The care plans did not show evidence of reviews taking place following a fall to determine patterns or triggers in order to minimise the risk of falls in the future. The two members of staff we spoke to were not aware of any changes in people's mobility needs following falls. This increased the risk to people of further falls.

The care records also showed that that care plans and risk assessments had not been reviewed following falls. The lack of regular updates, especially immediately following a fall, meant that people using the service were not protected from harm and the risks were not reduced. This evidenced that care and treatment was not planned and delivered in a

way that was intended to ensure people's safety and welfare.

Daily notes were completed at the end of each shift and included any observations throughout the day and any actions taken. These evidenced people received support and care that was specific to their needs and wishes. Records we looked at, discussion with staff and observations showed that people's wishes were respected and acted upon. People took part in varied activities that were meaningful to them.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We looked at medication files that contained assessments around medication and provided detailed information around the medication required by each person. The medication information sheets provided information around the person's needs, any allergies, a list of their medication and any changes in their care needs. In the three care plans we looked at, people had consented for the care staff to administer their medicine. This meant people were consulted and involved in the decision about their medicine.

We saw there was a process in place for missed medicine that the staff followed. The manager told us that they carried out an audit of the medication administration (MAR) records at least monthly. During the inspection we viewed copies of medication audits that were completed monthly and matched the reports completed with regards to returned medication. We found that when medicine had not been given, the reason for the omission was clear.

Each person using the service had a medication cupboard in their room that was locked and used to store all their medication. Attached to each cupboard was a file where the individuals MAR records were kept. Each file displayed the person's name, date of birth, their picture and details of whether or not the person was deemed competent to be left unattended with their medication.

There were procedures in place to monitor the administering and storage of controlled drugs. During the inspection we viewed completed records that were in place for each person using the service. The records showed the date and time each drug was administered, the amount given and the balance left in stock. The records also detailed the quantity of drugs ordered, the date and serial numbers for each item. During the inspection we saw that controlled drugs were kept separately in a locked cupboard.

We looked at completed records for eleven people that were signed by staff and there were no gaps or errors. The medication information was typed which ensured that it was clear and easy for staff to follow. There were copies of prescriptions kept separately which included the date of issue, review date and information in relation to the prescription. This meant that medication was prescribed, recorded and given to people appropriately.

We also saw evidence that any errors in relation to medicines, such as a missed dose, were recorded as an incident, reported to the local safeguarding authority and an action plan put in place. This ensured people were better protected.

The manager told us that all staff received training on medication and upon completion spent time with senior staff shadowing them in order to observe the correct procedures. The manager told us they spent time with staff before they started supporting people and discussed different types of medication, how they should be stored, allergies and adverse effects. We looked at the training records for staff and saw that they had received training in the management of medicines. Staff spoke to confirmed that they had received training.

There was a medication policy in place that was reviewed in 2013. The policy provided information around regulations, administration, recording and stated guidelines that staff had to adhere to around storage, dosage and tampering with medication.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People were observed being supported by staff throughout the day. We reviewed the staff rota and saw that there were two members of staff plus the manager on duty during the day from 8am until 2pm. The late shift showed three members of staff on duty from 2pm until 7pm and the evening shift consisted of two staff members from 7pm until 10pm. There were two people that covered the night shift between 10pm and 8am. A family member told us "there is always someone around and always at least two of them on. They have the right skills, experience and knowledge to do their jobs and so I don't have any concerns. If I had any concerns I would go straight to the manager, she is easy to talk to and has always been very helpful".

The manager told us that planned and unexpected absences were covered by members of the team as overtime and cover was also obtained through the manager and care manager. Rotas were distributed six weeks in advance to allow time for cover to be put in place and were also displayed in the office.

During the inspection we looked at three staff files that evidenced all staff received mandatory induction training. The induction training included manual handling, infection control, fire safety, dementia, safeguarding, health and safety, medication management and induction standards. This ensured staff on duty had skills to meet people's needs.

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

Annual quality assurance audits were completed by an external company and during the inspection we saw a copy of the most recent audit. The audit was detailed and covered all the relevant areas including health and safety, medication, staffing, safeguarding, nutrition and care and welfare. The care manager completed a separate audit around medication on a monthly basis. Following the annual audit an action plan had been created for the manager and staff to implement in the service. There was evidence of action taken by the manager and staff to address any areas identified in each assessment.

A complaints procedure was available and displayed in a prominent place for people who used the service. Staff told us that people could complain if they wanted to and that the manager was always available. One member of staff told us "they can raise a complaint verbally to any member of staff or the manager. There is also a written complaints policy that residents and their family are advised about. The manager is approachable and therefore family or residents will go to her if they are not happy".

During the inspection we looked at thank you cards and letters from professionals and family members. One letter said "it is hard to find the right words to express our thanks to you all for the care and kindness you have shown, since she found her safe haven with you". Another family member wrote "many thanks and appreciation for all that you did for mum whilst she was with you. Not only for mum but all the encouragement and support you gave us as we had to adjust to her changing stages in this illness".

Annual surveys were completed by people using the service and their family. The surveys focussed on specific areas including food, staff, the suitability of the property and any suggestions for improvement. During our inspection we saw copies of surveys completed in February 2013. We saw evidence during the inspection that people using the service were involved and were given the opportunity to convey their thoughts and suggestions. Recommendations made by people using the service had been acted upon and included

menus being printed and placed in each person's room. A family member told us "in the early days we suggested more interaction with the residents which was taken on board and they now do a lot of activities in the service. I think it is an exceptionally good home and I have never had any problems".

There were risk assessments for each person using the service and for issues relating to the home environment. Staff confirmed that risk assessments were reviewed and updated regularly to ensure the safety and wellbeing of people who use the service. Policies and procedures were reviewed in 2013 and were in place for the delivery of the service which ensured the safety and wellbeing of staff and people who used the service.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services
	How the regulation was not being met: The registered person had not taken proper steps to ensure that each person using the service was protected against the risks of receiving care or treatment that was inappropriate or unsafe, by means of an up to date risk assessment, plan and delivery of care to ensure the welfare and safety of the person using the service. Regulation 9 (1) (a) (b) (ii)

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

The provider's report should be sent to us by 01 January 2014.

CQC should be informed when compliance actions are complete.

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

About CQC inspections

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

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

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

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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