

Mrs K Dixon

Saltmarsh House Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Saltmarsh House Residential Care Home provided personal care to nine people aged 65 and over at the time of the inspection. The service can support up to 12 people in one adapted building.

The provider was registered as an individual (sole trader) with direct responsibility for the carrying on of the regulated activity at the location. As a consequence they did not need to have a registered manager.

People's experience of using this service and what we found

People were protected from avoidable harm and abuse. There were improvements in how the provider managed medicines and risks to people's safety and well-being. The provider supported people to keep themselves and their belongings safe and secure. We were assured people were protected from risks associated with the spread of infections.

The service was well managed and led. The leadership and culture promoted good quality, person-centred care. There were improvements in how the provider monitored the quality of service people received.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at www.cqc.org.uk.

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 7 October 2019) and there were breaches of two regulations.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We carried out an unannounced comprehensive inspection of this service on 1 August 2019. Breaches of two legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve in the areas of good governance, and safe care and treatment.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe and well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Saltmarsh House Residential Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Saltmarsh House Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. We did this to understand how prepared the service was to prevent or manage an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector carried out this inspection.

Service and service type

Saltmarsh House Residential Care Home is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the last inspection report and information we had received about the service since the last inspection.

During the inspection

We spoke with three people who used the service and a visiting relative about their experience of the care provided. We spoke with the provider and four members of staff.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed records the provider sent us in the days following the inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to maintain accurate, complete and contemporaneous records to adequately assess, monitor and mitigate the potential risks to people. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider used a computer-based care planning and risk assessment system to assess and record people's individual risks. There were detailed and individual assessments for risks arising from people's medical conditions and care needs. These were reflected in people's care plans and records the provider kept about people's individual care needs. Staff had up to date information about people's risks, and were aware of people's risks and how to prevent and reduce them.
- The provider took action to assess and reduce risks associated with people's living environment. There had been a recent fire risk assessment and report which had not identified significant concerns. The provider took action to manage the risk of water-borne infection, such as legionella. There was a business continuity plan which was regularly updated.

Using medicines safely

At our last inspection the provider had failed to ensure medicines were safely stored and managed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People received their medicines safely from staff who were trained and whose competency was checked regularly. A relative we spoke with was satisfied with the provider's arrangements for supporting people with their medicines. There were appropriate risk assessments in place, for instance for people who preferred to look after their own medicines.
- The provider had effective arrangements in place to monitor and check medicines were stored and managed safely. There were appropriate policies and procedures, including individual protocols for people who had medicines to be administered "as required". Staff kept accurate and up to date records of medicines administered.

Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from abuse, harm and discrimination. People told us they felt safe. Staff had been trained in safeguarding and were aware of the risk of abuse and signs to look out for.
- The provider had systems and processes in place to protect people from the risk of abuse. Staff were confident concerns would be addressed appropriately if they reported them. The provider was open and transparent in reporting any concerns to us and to the local authority.

Staffing and recruitment

- There were enough staff with the right mix of skills to support people safely. People and their relatives had no concerns about staffing levels or staff abilities. We saw staff went about their duties in a calm, professional manner without having to rush. When needed staff were able to give people individual support.
- The provider made the necessary checks when recruiting new staff. The provider had maintained their recruitment process during the COVID-19 pandemic. They had obtained the necessary records, such as evidence of a Disclosure and Barring Service (DBS) check.

Preventing and controlling infection

- At our previous inspection we identified infection control risks arising from poorly maintained fixtures and fittings. These had been resolved at this inspection. We saw the home was cleaned and maintained to the higher standards required during the COVID-19 pandemic.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using Personal Protective Equipment (PPE) effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.
- We were somewhat assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- We signposted the provider to the current guidance on the government website regarding duration of visits, and people's rights to have a nominated essential care giver.

Learning lessons when things go wrong

- In the event of accidents or incidents staff made the necessary records. The provider followed up if these identified learning or required changes. The staff team were confident that any concerns identified would be followed up in an open and transparent way.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to have effective systems or processes in place to assess, monitor and mitigate the risks relating to people's health, safety and welfare. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider sent us a plan of action following the last inspection. We found improvements had been made in the areas covered. Care plans and other records, including medicines records, were up to date, clear, and contained the required information for staff to support people according to their needs. The provider's processes for monitoring the quality of care people received had been effective in identifying and driving improvements.
- Staff understood their role and responsibilities. These were based on clear job descriptions and managed via day to day contact and good communications. Staff told us they felt empowered to get on with the job, and the provider said they had developed a staff team which they trusted to do the right thing.
- There was a focus on continuous improvement. At the time of this inspection the provider was working on updates to their business continuity plan, their brochures and the staff handbook. The provider engaged with other services in the area to share ideas and good practice.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff told us they appreciated working in a small home with a family atmosphere. They felt supported because there was always somebody available if they needed advice or guidance. Staff gave us examples of good outcomes for people, such as helping a person with their rehabilitation after being in hospital.
- The provider had maintained an approach to the delivery of people's care based on good teamwork. The small, family-run ethos with low staff turnover had allowed staff to get to know people well, understand their needs and deliver individual care to meet their needs.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware with their responsibilities in this area and had open communications with people and their families. There had been no recent incidents which fell under the scope of the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service involved people, their families, friends and other supporters in a meaningful way. The provider maintained daily personal contact with people using the service. During the COVID-19 pandemic the provider had increased their use of email and video calls to involve people's families. The service continued to seek the views of people and their families in an annual survey. Feedback from the most recent survey was positive.
- The provider engaged with and involved all staff to help shape the service and culture. Staff told us they felt supported and able to contribute to discussions about people's care. The provider used formal supervisions and informal daily contact to engage with staff.

Working in partnership with others

- The provider worked with other agencies and organisations to deliver joined-up care. There was regular contact with the local authority's care home team. Staff worked with other healthcare professionals such as community nurses and mental health nurses when it was appropriate to do so.