

Ultimate Care Limited

# Saltshouse Haven Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Saltshouse Haven Care Home is a residential care home providing personal care to a maximum of 150 people aged 65 and over. At the time of the inspection 133 people were using the service. The service is separated into five 'lodges' called Bilton, Meaux, Preston, Coniston and Seaton. Each lodge can accommodate 30 people and has its own lounge, dining area, bathrooms and bedrooms. Bilton and Seaton lodge support people living with dementia.

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

There were inconsistencies in the quality of care being provided across the lodges. This was due to a lack of oversight and effective monitoring systems in place. Whilst some people received a good standard of care in their lodge, others didn't.

The provider lacked the appropriate systems and processes to drive forward improvements in a timely manner. The provider's own systems of oversight had not identified the concerns we found during the inspection.

Systems in place to safeguard people from abuse were not always followed. The registered manager did not always respond to concerns in a timely manner and was not aware of how some people were spoken to by some staff.

There was insufficient staff to meet people's needs. People and staff, from a number of lodges, reported delays in providing care due to staff shortages. The tool the provider used to calculate staffing levels demonstrated that staffing levels were too low. Staff did not always benefit from training and constructive supervision to support them in their role.

We identified a number of Infection Prevention Control (IPC) concerns. Whilst most of these concerns were identified on one unit, there were minor concerns on other units also. The majority of the concerns we identified had been raised with the registered manager at the last two inspections. Not enough action had been taken to reduce this risk.

The mealtime experience for people was poor and did not always follow best practice. People gave mixed feedback about the meals provided. We made a recommendation about this.

Staff did not have much contact with the registered manager. Whilst most staff felt supported by their lodge manager, we received mixed feedback about the approachability of the management team and if they would act on concerns raised.

People were supported to have maximum choice and control of their lives and staff supported in the least restrictive way possible and in their best interests; the policies and systems in the service supported this

practice. Recruitment and selection processes were followed to ensure staff employed were safe to work with people.

For more details, please see the full report which is on the Care Quality Commissions (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (Last report published 7 January 2020).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safety, staffing, safeguarding and provider oversight at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service effective?**

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Saltshouse Haven 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. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

Three inspectors, a specialist advisor and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. A second Expert by Experience made phone calls to people's relatives. The specialist advisor looked at medicines.

#### Service and service type

Saltshouse Haven Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

## Notice of inspection

This inspection was unannounced.

Inspection activity started on 8 June 2022 and ended on 14 June 2022. We visited the service on 8 June 2022.

## What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority. We used all this information to plan our inspection.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

## During the inspection

We spoke with the registered manager, deputy manager, care manager, five unit managers, head of housekeeping, maintenance manager and six care workers. We received feedback via email from 13 staff. We spoke with 14 people who used the service about their experience of the care provided and 12 relatives, some at the service and some via telephone. We reviewed a range of records. This included 11 people's care records and multiple medication records. We looked at five 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. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We shared our findings and concerns with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- The registered manager failed to ensure staff followed the safeguarding systems in place to ensure people were protected from the risk of abuse. Where a concern was known, there was a delay in updating care plans and putting actions in place.
- People were not protected from abuse, even when concerns had been raised with the registered manager. People reported being 'told off' by staff and we observed staff speaking to people inappropriately. People told us, "Some of the staff can be short with you and cheeky, this makes me feel uncomfortable" and "The carers are mainly caring, although sometimes one or two can be a bit brusque."
- Some people were not protected from degrading treatment due to management restricting access to their continence aids. Aids were stored in a locked cupboard that staff did not have access to. People were allocated a certain amount of aids for during the day and night and extras could not be accessed.
- We shared our concerns with the local authority safeguarding team and the nominated individual for them to investigate and take action.

Failure to have effective systems in place to ensure people are safeguarded from the risk of abuse or to effectively investigate concerns, is a breach of Regulation 13, (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- There was not always enough staff to meet people's needs. Staff told us there had not been enough staff to meet people's needs. One staff member said, "Recently we have been stupidly short staffed. We can't spend as much time with people, we can only do the basics. People are having to wait all the time, to get into bed or get up. There is often no one in the lounge to be able to monitor people."
- People told us they were directly affected by staff shortages. Comments included; "They are always short of staff which can affect me particularly at night when I need the bedpan, you can't always get one when you need it", "Nights can be short, there should be three staff but recently it is often two, so sometimes you have to wait quite a while for the bell to be answered" and "Sometimes I can go to bed when I want but it depends on how busy they [staff] are. If you don't get sorted before night staff, you can be sat until midnight which is no good for me."
- People were made to wait for care as staff were not deployed effectively. We observed people having to wait for drinks and personal care whilst staff had gone on a break together.
- The registered manager had a dependency tool in place. This tool calculated that the service was short by 70 hours of direct care. The provider told us that members of the management covered for this shortfall. However, this was not clearly documented.

The failure to have sufficient numbers of staff, who were deployed effectively was a breach of Regulation 18, (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Safe recruitment and selection processes were followed. Staff files contained all the necessary pre-employment checks which showed only fit and proper applicants were offered roles.

#### Preventing and controlling infection

- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. Not all lodges were well maintained which increased the risk of infection. Areas of concern included worn furniture, stained bedding, pillows and carpets and curtains that required replacing. We identified shower chairs, beds and bed sides that were unclean or damaged and could not be cleaned effectively.
- Although staff told us there were COVID-19 checks in place for professional visitors, none of the inspection team were asked to complete these checks.
- PPE was not always available to staff. On one lodge there was PPE missing from PPE stations and staff did not have direct access to more.
- Some of these areas of concern had been identified at the last two inspections. Despite assurances provided by the registered manager and an action plan, enough action had not been taken to reduce the risk.

The failure to ensure a clean environment and preventing the spread of infection was a breach of Regulation 12, (Safe and care treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments were in place and reviewed on a regular basis to ensure they contained up to date and relevant information. We discussed with the management team how some care plans and risk assessments could provide further detail to ensure staff had a clear understanding of people's needs and risks.
- Personal emergency evacuation plans were available and detailed the level of support each person would require in the event of an emergency evacuation.
- The equipment had regular checks to ensure it remained safe to use.
- Accidents and incidents were reviewed by the registered manager. There was limited evidence of lessons learnt.

#### Using medicines safely

- There were safe medicines processes in place. Medicines were safely received, stored and returned to pharmacy when they were no longer required.
- Staff who supported people with their medicines had good knowledge of medicines processes. We discussed with the staff how some systems in place could be streamlined to reduce duplication.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff were not sufficiently supported in their role to access training to enable them to meet people's needs. The provider's training matrix demonstrated staff were not fully up to date with their training. Some staff training was six months out of date. Staff confirmed this. Staff told us training had to be completed in their own time and this was sometimes difficult when working long hours. Following the inspection, the provider told us staff were paid for the training undertaken.
- Staff lacked sufficient knowledge around safeguarding and diabetes which meant people were at risk.
- Staff received limited supervision to support them in their role. Many staff did not know how frequent their supervisions were meant to be. The provider's policy stated supervision needed to be completed twice a year. Staff did not feel these were positive experiences. One staff member told us, "I would like more supervision. I would like to be told my progress. Here supervisions are more seen as something bad, it's when you get a warning. They are not seen as improvements. You don't get told how you are getting on."

The failure to ensure staff received sufficient support, supervision and training was a breach of Regulation 18, (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to eat and drink enough to maintain a balanced diet

- People's lunch time experience was observed to be inconsistent across the lodges. Best practice was not being followed including a lack of choice and poor practice when supporting people with their meals.
- Feedback was mixed about the food. People told us, "The food is nice; they come and ask you what you want to have" and "I think the food could be more varied, older persons food with gravy rather than rice and pasta."
- Multiple concerns had been raised to the management, regarding the standard of food and lack of choices. None of these appeared on the home's complaints log. The registered manager had given assurances to people and CQC about people's access to food and drink and had not identified the concerns we found during the inspection.
- Menus on display differed in each lodge to the one provided by the registered manager. Staff did not always know what food was being served.

We recommend the provider consider current guidance on mealtime experiences for people and take action to update their practice accordingly.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care; Adapting service, design, decoration to meet people's needs

- Care and support was not always based on a full assessment of people's needs and did not reflect current evidence-based guidance. Staff made a decision about one person's nutritional needs without professional involvement, to make it easier for staff. We shared our concerns with the registered manager and the nominated individual to investigate and take action.
- Best practice was not always followed. This included best practice for supporting people living with dementia, communication and mealtime experiences. We shared our concerns with the local authority and the nominated individual to investigate and take action.
- Most people's care records contained a full assessment of people's needs.
- The building was adapted to meet people's needs. Some people's bedrooms were homely and personalised.
- People were supported to access health care services such as doctors and district nurses.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take specific decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Mental capacity assessments had been carried out and when people were unable to make a decision, best interest meetings had taken place with appropriate people involved.
- Applications to deprive people of their liberty had been made appropriately and systems were in place to monitor these.
- Staff gained consent from people before providing any care and support.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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

- Governance systems had failed to identify and address the shortfalls found at inspection. When monitoring systems had identified minor areas for improvement, appropriate and timely action had not always been taken to address these areas. Daily walk arounds and observations of the lunch time experience were conducted by management, but they failed to identify any concerns.
- The registered manager lacked oversight of the lodges and failed to ensure that policies and procedures were implemented consistently. People and staff told us they did not see the registered manager in the lodges for any significant length of time.
- The provider and registered manager lacked oversight of staffing levels and staff deployment to ensure people's needs were being met. The dependency tool being used demonstrated a shortfall in staffing, yet the registered manager was reporting there was no staffing concerns and limited vacancies.
- Timely action had not been taken to safeguard people within the service. The registered manager had not ensured that staff knew how to safeguard people. This placed one person at risk.
- The provider could not be assured staff were undertaking COVID-19 tests in line with government guidance as records had not been monitored and there was a lack of oversight of this.

Failure to assess, monitor and improve the quality and safety of the service was a breach of Regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Working in partnership with others

- Whilst the service worked in partnership with other professionals, there was limited evidence of this being undertaken with relatives and people. All opportunities to engage relatives and people were not undertaken for example, regular meetings.
- Feedback in the form of concerns or complaints shared with CQC and other organisations had not been used to drive forward improvement. For example, the service had received feedback about staffing levels, poor moving and handling techniques and meal times. However, this information had not been used to consider making changes and we identified these same concerns during our inspection.

Failure to use feedback to improve the quality and safety of the service was a breach of Regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection the provider arranged meetings for relatives to share their feedback about the service.

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

- Staff did not raise any specific concerns regarding the registered manager, however, they told us they rarely saw them.
- The registered manager understood their responsibility in relation to duty of candour. However, oversight of concerns and complaints raised within the service were not captured. People and staff told us concerns and complaints had been raised, and these were not included on the services' complaints log. Some staff did not know what the process was to escalate a complaint and some relatives did not know the complaints procedure.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider failed to ensure that the premises were free from the risk of infection and that infection prevention control processes were in place.  Regulation 12 (1) (2) (h)
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  The provider failed to ensure systems in place to safeguard people were followed.  Regulation 13 (1) (2) (3) (4) (c)
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to have sufficient oversight of the service and have systems in place to drive forward improvements.  Regulation 17 (1) (2) (a) (e)
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider failed to ensure there was sufficiently trained and supported staff, who

were effectively deployed to meet people's needs.

Regulation 18 (1) (2) (a)