

Saltwood Care Centre Ltd

Saltwood Care Centre

Inspection report

Tanners Hill
Hythe
Kent
CT21 5UQ

Tel: 01303262421
Website: www.hythecare.com

Date of inspection visit:
11 April 2022

Date of publication:
26 May 2022

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

Saltwood Care Centre is a residential care home providing personal and nursing care for up to 68 people. The service provided support to people living with a range of health and care needs, including brain injuries, diabetes and people living with dementia. At the time of our inspection there were 60 people using the service. The service was arranged across four levels with lift access.

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

People told us they felt safe and were happy living in Saltwood Care Centre. One person said, "All the staff are very attentive; I have a button so I can call anytime. I have no concerns at all." Another person said, "The staff are lovely. There is no 'must' in this care home, it is all down to you and what you want to do." Relatives agreed their loved ones were safe and happy. One relative said, "Personally, I could not fault their care. On the whole I am very pleased with the service." Another relative told us their loved one was safe because, "There are always staff around and at night there is a safety mat by the bed; if there's an issue they always ring me."

Most of the time there were enough staff deployed to meet peoples' needs. People received safe care and treatment from staff who knew them. Medicines and infection control were both managed safely, and lessons were learned when things went wrong.

People were involved in decisions about their care and they received care which promoted their dignity, encouraged independence and was person centred. One person told us, "I have photos on the wall that they take down to clean and they always put them back in the same place. These memories are important to me." Most relatives said they were involved in their relative's care plans and were kept up to date with changes.

Effective quality assurance processes were in place to monitor the service and regular audits were undertaken. Staff had received appropriate training and supervision. A new manager had been appointed since our last inspection and staff told us they found them approachable and supportive with an open-door policy.

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

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

Rating at last inspection

The last rating for this service was good (published 5 February 2018).

Why we inspected

This inspection was prompted by our data insight that assesses potential risks at services, concerns in relation to aspects of care provision and previous ratings. As a result, we undertook a focused inspection to review the key questions of safe and well led. This enabled us to look at the concerns raised and review the previous ratings. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service remains good based on the findings of this inspection.

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.

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

Follow up

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?

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.

Saltwood Care Centre

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 Health and Social Care Act 2008.

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

The inspection was carried out by one inspector and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Saltwood Care Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Saltwood Care Centre is a care home with nursing care. 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 (CQC) to manage the service. This means 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 not a registered manager in post. A new manager had been appointed and they had started the process of registration with CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included things the provider must tell us about, such as serious injuries and safeguarding concerns. 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. We used all this information to plan our inspection.

During the inspection

We spoke with 11 people who were living in the service and 12 relatives about their experience of the care provided. We spoke with 12 members of staff including the manager, nurses, care staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included six peoples' care records and multiple medication records. A variety of records relating to the management of the service were reviewed, such as policies, recruitment records, training data, audits, quality reports, safety checks and improvement plans.

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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were knowledgeable about safeguarding and knew how to report signs of abuse and to whom. Staff were confident actions would be taken if they were to report something. Staff told us and records confirmed safeguarding training was up to date.
- Staff had recorded and reported allegations of abuse to the appropriate authorities. Safeguarding records were completed and showed staff cooperated with investigations. Lessons learned were shared.
- People and their relatives told us they felt safe living in Saltwood Care Centre. One person said, "Yes, I do [feel safe], the staff are very kind and respectful which I find reassuring." Another person told us, "I feel safe; the staff are very good, there are no threats here; everyone is kind." One relative said, "Yes, we would definitely say [relative] is safe there." Another relative said, "Absolutely, I am so relieved. I know [relative] is safe by their demeanour, and when I go in, the staff know me."

Assessing risk, safety monitoring and management

- Care plans and risk assessments were clear, comprehensive and up to date. They contained enough information for care staff to provide safe care and manage any risks, such as falls, skin damage or choking. The provider used recognised tools for assessing risks such as skin damage, nutrition and pain.
- Where people required monitoring charts such as weight, fluids or repositioning, these were in place and had been completed correctly. Where people required special pressure relieving mattresses, the required settings were documented and checked regularly. People received safe care and treatment by staff who mostly knew them well. One person said, "I can't fault how I'm looked after here. All the staff are brilliant." A relative said, "Yes, the ones that have been there a long time know [relative] very well."
- The provider had implemented a robust system for regularly reviewing the care plans and risk assessments and these were up to date. Any changes in a persons' needs were shared with staff during handover meetings which were documented. Relatives told us they were updated if there were any changes to their loved one's care or any incidents. One relative said, "Yes, if there are any changes, they always notify us or ask our opinion." Another relative said, "They always phone me, but it's a lot easier now we can go in."
- Environmental risks were managed including fire safety, hot water, windows, electrics and maintenance of equipment. There was a maintenance book on each floor which was checked daily so faults could be rectified without delay. Staff had been trained in fire safety and knew how to move people safely if the alarm sounded. Evacuation training had been completed and a fire risk assessment had been done by an external contractor.

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 MCA 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 particular 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- There were enough staff deployed to meet peoples' needs. Staff told us they thought there were enough staff; agency staff covered any gaps. People and their relatives thought there were enough staff. One person said, "Mostly there are enough staff, yes, but occasionally they may be short. It is very rare that there is a real shortage of staff." One relative said, "Yes, I think there are enough staff. There is always someone about." Another relative said, "When I go in the week, there always seems to be enough, but I think it's the weekends that might be short."
- People told us staff usually responded quickly when they pressed their call bell. One person said, "After a short time of pressing the button someone comes." Another person told us, "They are usually pretty quick and helpful." Some people and their relatives felt they had to wait a bit longer at weekends.
- Staff had been recruited safely. Records were maintained to show checks had been made on employment history, references and the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.
- Nurses were registered with the Nursing and Midwifery Council and the provider had made checks on their personal identification number to confirm their registration status. Nurses were required to update their registration annually.

Using medicines safely

- Medicines were managed safely in line with national guidance. Medicines were stored securely in clean, temperature-controlled conditions. Temperatures were recorded daily. Medicine administration records were completed accurately. The service had recently transferred to an electronic medicines system.
- Medicines were administered by nurses or senior care workers who had been trained and assessed as competent by a deputy manager. Training and competency records were up to date.
- The manager did monthly medicines audits as part of the broader clinical audits. Where issues had been identified during audits, there were actions in place to address the concerns. This included raising at daily meetings, at clinical meetings or face to face meetings with individual members of staff.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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 using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured that the provider's infection prevention and control policy was up to date.
- Visiting was taking place in line with the latest government guidance. Visiting was unrestricted, and appointments were offered to manage visitor safety.

Learning lessons when things go wrong

- There was a robust system in place for recording accidents and incidents and staff knew what to do if someone had an accident. Records had been completed and were up to date. Professional advice was sought if necessary, for example, from the GP or emergency services.
- Accidents and incidents were investigated, and a root cause analysis done. Investigation records were thorough and included actions plans and lessons learned. Trends and patterns were analysed, for example, trends in falls.

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. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The manager promoted a positive culture within the service where people felt empowered and involved, and there was a commitment to continuous improvement. The manager had an open-door policy and encouraged staff, people and relatives to share their views.
- There was a new manager in post who had plans in place to review the service. Although not all staff were receptive to the changes, most staff were positive about the future of the service. The manager had recruited hostesses to support at mealtimes; this had been well received by staff. This team was led by a dignity champion.
- Staff told us the culture was friendly with good teamwork. A new member of staff told us they had been welcomed into the team and had been well supported during their early weeks. People and their relatives agreed the home had a nice atmosphere. One person said, "There is a new manager here; she has made some changes already which are good." A relative said, "There's a new manager; not long been there. I popped in the other day and they said their door was always open."

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 Care Quality Commission (CQC) sets out specific requirements providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing support, truthful information and an apology when things go wrong. The provider understood their responsibilities.
- Relatives told us, and records showed staff were in regular contact with them. Relatives confirmed staff contacted them with updates when necessary. One relative said, "If something is wrong or anything is needed, they always phone."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear management structure, nurses and care staff understood their responsibilities to meet regulatory requirements. There were heads of departments, such as housekeeping, maintenance and kitchen. Staff told us the management team were supportive and approachable and were confident in reporting any concerns. Staff told us Saltwood Care Centre was a good place to work. A recent staff survey found staff were proud to work there.
- The manager had daily meetings with nurses and head of departments to ensure key messages about

people were shared in a timely way. Daily handover meetings were held to ensure staff had up to date information about the people they were supporting. All meetings were documented.

- The provider had robust quality monitoring processes in place. A range of audits were undertaken regularly, for example, infection control, medicines and health and safety. Audits were effective in identifying shortfalls or areas of concern. The dignity champion did regular dining audits. We saw actions had been taken when things had been identified during audits. For example, notices had been put up in the clinical rooms reminding staff to add the date opened on creams and lotions.
- Services providing health and social care to people are required to inform the CQC of important events that happen in the service. This is so we can check appropriate action has been taken. The manager had correctly submitted notifications to CQC.

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

- People and their relatives told us the manager had sought verbal feedback from them about the service. One person said, "The manager came in and sat down with each of us in the dining room and was asking us all what we think." A survey had been recently sent to residents, including in easy read and pictorial format for people who needed it. The results had not been analysed at the time of our inspection. The provider sent regular newsletters to people and family members.
- The manager walked round the home daily to speak with people and staff. Staff had regular supervision sessions and unannounced visits were made to see staff who worked at night. A staff survey had been sent recently with mainly positive results. Most staff thought they were treated fairly and said managers encouraged them to provide feedback and make suggestions.
- There was a new 'You Said, We Did' board waiting to be put up in the service. The manager planned to use this to demonstrate how they had acted on suggestions and feedback from staff and people.

Continuous learning and improving care

- Nurses attended regular governance meetings where key clinical issues were discussed, such as wound management, weight loss and falls prevention. Action plans were in place to ensure issues were addressed and reviewed, for example, referrals to doctors or specialist nurses.
- The service was committed to continuous improvement and lessons learned from incidents, accidents or complaints were shared with the team. Home managers attended management meetings with directors and support managers to discuss issues relating to the management of services, quality improvement and to share best practice.

Working in partnership with others

- The manager worked in partnership with local health and social care teams and had a good working relationship with safeguarding and commissioning teams.
- Managers and nurses liaised regularly with other health professionals, such as dieticians, speech and language therapists, specialist nurses and hospice teams. There was a good working relationship with the GP.
- Directors and senior managers of the service were well connected with colleagues in the broader health and social care community and attended regular local provider forums, conferences and health and care shows.