

Mr I P Ellwood & Mrs J L Seymour

Salroyd Villa

Inspection report

21-23 Sal Royd Road
Low Moor
Bradford
West Yorkshire
BD12 0JN

Tel: 01274603887

Website: www.salroydvillacarehome.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Salroyd Villa is a residential home situated in Bradford. The home provides accommodation and personal care for up to 16 older people and people living with dementia. At the time of the inspection there were 13 people living at the home.

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

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 supported this process. Improvements were needed to documentation to fully evidence compliance with the Mental Capacity Act (MCA). We have made a recommendation about updating documentation to reflect people's involvement. People's care needs were assessed, and they received good quality person centred care from staff who knew them very well. People and relatives told us they thought the service was safe. They praised the standard of care at the home and described staff as kind and caring. One relative said, "They [staff] are more than caring, they go the extra mile."

Medicines were managed safely. People's health and dietary needs were met and there were close links with health professionals and other agencies.

Staff were knowledgeable about people and the topics we asked them about. They received a range of training, supervision and appraisal.

The registered manager provided the home with leadership and promoted a strong team culture. They maintained good oversight through communication with people and the team and a detailed schedule of audits. They were passionate about continuing to improve the quality of the service. The atmosphere in the home was warm and inclusive.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 14 August 2018) and there were multiple breaches of 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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Salroyd Villa 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Salroyd Villa

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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Salroyd Villa 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. The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced on both days.

What we did before the inspection

The provider completed a provider information return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since the last inspection. We asked for feedback from the local authority and commissioning teams in Bradford. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and four relatives about their experience of the care provided. We spoke with three care staff and the housekeeper.

We spoke with the registered manager, deputy manager and team leader.

We spoke with two visiting health care professionals.

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 cannot not talk with us.

We reviewed a range of records. This included four people's care records and other records and audits relating to the management of the home.

After the inspection

We asked the registered manager to send us further information after the inspection. They were received promptly and considered as part of 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.

Staffing and recruitment

At our last inspection we found recruitment procedures were not always robust. This was a breach of regulation 19 (Fit and proper person employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 19.

- Safe recruitment processes were followed. The service had carried out required checks such as criminal record checks and suitable written references. The registered manager had introduced a written checklist and updated format for interviews.
- People and relatives said there were enough staff. They said the team was reliable and there was a very low turnover of staff. One person said, "I'm quite happy. They [staff] are always at hand."
- Staff confirmed there were enough staff on duty. We saw there was a consistent and experienced team. Throughout the inspection we observed people received timely and relaxed support.

Using medicines safely

At our last inspection we found internal medication audits had not been effective. This demonstrated governance systems were not robust. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- At the last inspection we found the application of creams were not always consistently applied and recorded. At this inspection we found systems had been improved. Lockable cabinets were available in people's rooms. We saw creams were stored safely and clear records about how and when creams had been applied.
- Medication systems were organised, and people were receiving medication when they should.
- We saw some people were supported to manage their own medicines safely.
- We observed staff supporting people with medicines in a patient and considerate manner.

- Staff who supported people with their medicines received regular training. Competency checks were carried out in line with recognised good practise.

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

- Risk to people's health and safety were assessed and a range of risk assessments completed. Staff understood people's needs well and how to manage the risks they were exposed to.
- The premises were well maintained. Safety checks were in place and actions taken when issues noted. Each person had a personal evacuation plan (PEEP) and staff knew what action to take in a fire.
- Accidents and incidents were recorded and reviewed. A new reporting format had been introduced which meant follow up actions and lesson learned were clearly documented.

Systems and processes to safeguard people from the risk of abuse

- People and relatives said they thought the home was safe. One relative commented staffing levels had increased. They said, "I couldn't ask for more."
- Staff had completed safeguarding training and the subject was also discussed in staff meetings and individual supervisions. Staff told us they were confident people were safe. They had a good understanding about how to safeguard people from abuse.
- Safeguarding referrals had been made appropriately and actions put in place to ensure the safety of people.

Preventing and controlling infection

- Staff completed training in infection control. We saw they had access to aprons and gloves when supporting people with personal care or preparing food.
- The service employed a domestic and cleaning schedule was in place. We found communal areas were generally tidy and clean.
- The service had received a five-star food hygiene rating. This is the highest award that can be received and demonstrated food was stored and prepared appropriately.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At our last inspection the provider had failed to monitor eating and drinking care plans. This was a further breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- People's nutritional needs were assessed and met by the service.
- People's weights and details of food and fluids intake were monitored when this was part of their care plan. We saw staff discussing a person's weight loss with a visiting health professional and planning to include supplements in their diet. We spoke to a health professional and they confirmed staff were consistently responsive to any changes.
- The mealtime experience was a relaxed and sociable experience. People were offered a choice of food and drinks were regularly refreshed and snacks and supplements available to people.

At our last inspection the provider had failed to assess people's capacity to make decisions. This was a breach of regulation 11 (need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 11.

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 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)

- We checked whether the service was working within the principles of the MCA, and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.
 - The service was acting within the legal framework for MCA. People's capacity to consent to their care and treatment was assessed. People had been involved in decisions relating to their care and support where they had capacity to do so.
 - When required the service had made appropriate DoLS applications to the local authority.
 - People's consent was sought for care and treatment. However, it was not always clear how people had been involved in reviewing their care plans. We discussed this with the registered manager and were confident this would be addressed.
 - Where people lacked capacity, we saw best interest decisions had been made. One person had a sensor mat in place and health professionals had been involved in discussing this. However, this needed to be recorded in a clearer way to show the involvement of people and their representatives.
- We recommend the service seek advice and guidance from a reputable source, about working within the principles of MCA.

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

- People's needs were assessed before they moved into the home.
- The information gathered during the assessment was used to develop care plans and risk assessments. People's care plans described the support required and were up to date. They contained person-centred information. This included information about their lives and circles of support.
- Staff said care plans were clear and updated if people's needs changed. They said this supported them to care for people effectively.

Staff support: induction, training, skills and experience

- Staff we spoke with were knowledgeable and skilled. They spoke positively about the training and support they received.
- We reviewed the training matrix for the service which showed mandatory training was up to date and most staff had achieved care qualifications.
- Staff received regular supervision and an annual appraisal.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's care plans contained clear information about their health needs and records showed people had access to a wide range of health and social care professionals.
- People and relatives said people's health needs were supported. One relative said they were kept up to date about their relative's health needs. They said, "They [staff] are on top of things."
- The district nurse team visited regularly. We spoke to two visiting health professionals who praised the way the home responded to people's health needs.

Adapting service, design, decoration to meet people's needs

- The building was adapted to meet people's needs. However, communal space was limited to one dining area and one lounge. We saw there were plants, ornaments and soft furnishings which helped create a homely atmosphere.
- There was direct access to a safe patio area and we saw people going outdoors freely.
- Dementia friendly signage helped people who lived at the home orientate themselves. The registered

manager told us there was an ongoing refurbishment plan in place. They were aware of best practise for supporting people living with dementia and would include this in their plans.

- People's bedrooms had recently been redecorated and we saw they were homely and personalised. We saw one person had chosen their own furniture and had their own phone line.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives spoke positively about the care and support they received. One relative said, "[Staff] are very friendly, fantastic and caring."
- Information on people's past lives was recorded to assist staff to know and support them better. All the staff we spoke with said they knew people very well. One staff member said, "Because it's small [staff] get to know everyone on a personal level and people get more person-centred care."
- Throughout the inspection the atmosphere was relaxed, and we saw many caring and affectionate interactions.
- We saw a range of thank you cards from people and relatives.

Supporting people to express their views and be involved in making decisions about their care

- Staff had formed good relationships with people They supported people to make decisions about their care and were able to give positive examples on how they did this daily.
- Residents meetings were held regularly, and we saw people's views were acted upon. For example, menus had been reviewed and extra magazines ordered.
- Relatives said they felt welcomed coming into the home. One relative said, "I love it. It's like a family."

Respecting and promoting people's privacy, dignity and independence

- We saw people were involved in the day to day running of the home. We saw one person preparing the tables for lunch. They told us, they enjoyed doing this.
- Staff were conscious of maintaining people's privacy and dignity including knocking on doors before entering and discretely adjusting people's clothing before helping them change position.
- People looked well-presented and cared for.
- Staff spoke passionately about promoting people's independence. We saw people were offered utensils at mealtimes to support them to feed themselves. This included red adapted plates to support people living with dementia. One staff member said, "My job is to care and let people do what they can. I am not here to take things away from people."
- We saw records were stored confidentially.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

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's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and relatives said person-centred care was provided at the service.
- People's care needs were assessed, and a range of detailed care plans put in place. On the first day of the inspection we found one person's care plan had not been updated to reflect changes in their dietary needs. We found staff were aware of the changes. On the second day of the inspection the care plan had been updated.
- Recognised guidance was used to inform practise. This included screening tools for falls, nutritional risk and skin integrity. We saw these were reviewed monthly and the appropriate action taken when changes occurred.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service identified people's communication needs by assessing them.
- People's care plans had clear information to support staff to communicate with people with a hearing or a sight impairment. Staff used a range of methods to communicate with people including flash cards and symbols.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Activities were provided and reflected what people enjoyed doing. We saw one person who was living with dementia was reassured by holding a doll. Other activities included entertainers and visits from the local school. During the inspection we observed people being involved in table-top games, quizzes and one to one pamper sessions.
- We saw people were supported to be active in the local community. This included walks to the park, local shops and pub.
- People living at the home had created their own memory boxes. These were labelled "My life's adventures." They included photographs and memorabilia which staff and people used to support activities. This helped build trusting and strong relationships. One staff member told us it helped one person who was living with dementia become less anxious.

- People's religious and cultural needs were considered. There were regular visits from people with different faiths.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place. Complaints had been clearly recorded and the appropriate action taken.
- People told us they knew how to complain and would feel comfortable talking to staff or the registered manager if they had any concerns.

End of life care and support

- People's end of life wishes were discussed and we saw basic information was recorded.
- The registered manager told us they were in the process of talking with people to further develop end of life plans.
- We saw thank you cards from relatives about the end of life care people had received. One said, "Thank you for all your time and patience. You made [person's] final months enjoyable. [Person] was the happiest I'd seen her in a long time. You are a credit to the care industry."

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; 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

At our last inspection we found systems of governance were not sufficiently robust. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- The registered manager and staff we spoke with were clear about their role and responsibilities and had a good knowledge of the service.
- The registered manager had introduced a range of detailed checks and audits since the last inspection to monitor the quality and safety of the service. We saw action was taken when issues were identified.
- Staff praised the home and the way it was run. They felt appreciated and involved in the day to day running of the home
- The registered manager had complied with the requirement to notify CQC of various incidents, so we could monitor events happening in the service.
- We found a warm and inclusive atmosphere within the home. People and residents spoke positively about the home being small and family run.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was an open culture in the home and staff and relatives told us the registered manager was approachable and visible. We saw they were "hands on" and had strong relationships with people and staff.
- Staff told us they felt supported and morale and teamwork was good. One staff member said, "It's a good quality strong team and a very loving and cosy home."
- Meetings were held regularly.
- The registered manager had conducted surveys with people and relatives and the feedback was generally

positive.

Continuous learning and improving care; Working in partnership with others

- The registered manager understood their legal responsibilities and were committed to learning and improving care.
- The registered manager and team were receptive to feedback throughout the inspection and responded quickly to address concerns and improve the service.
- The registered manager worked in partnership with others, including health and social care professionals. They attended the local provider forum.
- Throughout the inspection we observed a commitment to continuous learning from the team. The deputy manager had recently developed oral hygiene care plans and planned training in response to updated guidance.