

The Southgarth Partnership

Southgarth Care Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Southgarth Care Home is registered to provide personal care for up to 25 older people, including people who may be living with mild dementia. The home is a converted Victorian building, located 1.5 miles from the town centre of Exmouth. There are 21 bedrooms. Four of them were registered as shared bedrooms however only occupied by one person (maximum capacity therefore reduced to 21. Some bedrooms had ensuite facilities. At the time of the inspection, 20 people were in residence. People's experience of using this service and what we found

People were safe. This was because the staff team received safeguarding training and understood their responsibility to keep people safe. There was a process to be followed to report any safeguarding issues to the local authority and the staff team were aware of this. There were good risk managements in place to ensure people's health and welfare was not compromised. The number of staff on duty for each shift was calculated based upon each person's care and support needs. Pre-recruitment checks ensured new staff were recruited safely. Checks included written references and a Disclosure and Barring Service check. Medicines were well managed and administered by those staff who had been trained and were competent. People received their medicines as prescribed.

The service was effective. The assessment and care planning arrangements ensured each person's care and support needs were met. Staff training had improved and was consistent. New staff completed an induction training programme. The registered manager had ensured all other staff completed the programme of mandatory training to keep their knowledge and skills up to date. People were able to access the healthcare support they needed with the staff team making any arrangements as required. People received the food and drink they needed to maintain a healthy, balanced diet. Any preferences they had regarding food and drink were accommodated.

People were encouraged to retain as much choice and control of their daily lives and staff supported them in their best interests. The service was meeting the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards.

The service was caring. People were looked after by staff who were kind and friendly and listened to what they had to say. Since the registered manager took up post there had been a significant turnover in staff. Feedback we received from people and their relatives evidenced this had been positive for people because the staff team were now better. They received person-centred care and made their own decisions about their daily life. The staff team were fully aware of each person's specific needs. People looked well cared for.

The service was responsive. Each person was involved in drawing up their care plan and having a say in how they wanted to be looked after. The plans were reviewed monthly and amended as and when needed. This

meant any changes in care needs were accounted for and people continued to be looked after in the way they wanted. The service endeavoured to continue looking after people who became very ill or had end of life care needs. They achieved this working in conjunction with family and healthcare professionals..

People were able to participate in a range of activities and were continually asked what they would like to do. There were no restrictions on visitors and where possible, people were able go out independently, or with staff support.

The service was well led. The registered manager provided good leadership for the staff team and had a plan of further improvements they planned to make to the service. Quality assurance systems and regular visits by the provider/support manager ensured the provider knew what was happening in the service. People were very much at the centre of all decision making in the home and their views and opinions were listened to and acted upon.

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 28 July 2017).

Why we inspected

This was a planned inspection based upon the previous rating.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Southgarth 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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Southgarth is a 'care home'. People in care homes receive accommodation and 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.

What we did before the inspection

Before the inspection we reviewed information we had received about the service. This information included 'notifications' the provider had sent to CQC. A notification is information about important events, which the service is required to send us by law. We used the information the provider sent us in the provider information return prior to this inspection. This is information we require providers to send to give us 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 judgements in this report.

During the inspection

We spoke with eight people who lived at the service and they told us about their life at Southgarth. We were

also able to speak with seven relatives who were visiting their family member. We spent a period of time observing how people were looked after, how they spent their time and the interactions between them and the staff team. We spoke with seven members of staff and the registered manager. We were able to speak with two healthcare professionals who were visiting the service at the time of our inspection.

We looked at four people's care records, three staff recruitment files, training records, policies and procedures, complaints, audits and quality assurance reports.

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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- ☐ People were safe because the staff team had received safeguarding training and knew what to do if they suspected people were being harmed. Those staff we spoke with understood their responsibility to safeguard people.
- ☐ The registered manager had attended more in-depth training with the local authority and understood their responsibility. At the time of this inspection there were no outstanding safeguarding concerns.
- ☐ The registered manager reviewed the dependency needs of each person in residence at least monthly to ensure staffing numbers were appropriate. This ensured each person's care and support needs were met.
- ☐ On the day of inspection there were six staff on duty plus the registered manager. Since the last inspection the post of breakfast assistant had been introduced. These staff worked from 8am until 5pm. They assisted with the breakfast meal until 11am and then activities until 5pm. Relatives we spoke with during the inspection felt the introduction of this post had improved the quality of care at a busy time of the day.
- ☐ Agency workers were only used as a last resort. Members of the staff team picked up any vacant shifts. In the last year an agency worker had only been used on one occasion. This meant the staff team were able to provide continuity of care.
- ☐ New staff were recruited following safe procedures. This meant only suitable staff were employed at Southgarth. There had been a significant turnover of staff since the registered manager had taken up post and relatives commented this had resulted in "much better staff." Pre-employment checks included written references from previous employers and a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people.

Assessing risk, safety monitoring and management

- ☐ The Fire Service had visited the premises in June 2019. The service had been required to address four areas to keep people safe and were given a timescale of 11 months to complete. The issues regarding fire escape routes, some of the fire doors and the testing of the fire alarm and already been addressed. The date for the fire alarm system to be upgraded was already booked.
- ☐ The Fire Service had also recommended that the fire risk assessment for the premises was 'generic and inadequate'. This had not been addressed at the time of this inspection but was being organised. The fire service was to make a follow up visit in May 2020.
- ☐ Any other risks to people were identified during the assessment and care planning process. Plans were written to reduce or eliminate the risk. We saw risk management plans in respect of the moving and handling tasks, falls, skin care, nutrition and weight loss. The plans were reviewed each month to ensure the actions taken by the care staff were still appropriate.

- Where people required the care staff to help them with moving and handling tasks, the care plan detailed the equipment to be used and the number of staff required.
- Personal emergency evacuation plans were written for each person. These set out the level of support the person would require in the event of a fire and the need to evacuate the building. A copy of each plan was kept in the 'emergency box, by the front door.
- The maintenance person had a programme of weekly and monthly checks to complete to keep the premises, people, visitors and staff safe. The checks had all been completed as often as required.
- Checks included the fire safety equipment, water checks (temperatures and legionella), checks of the premises, servicing and maintenance of all equipment.

Using medicines safely

- Medicines were managed safely. The supplying pharmacy had recently changed their systems and no longer used blister packs. Medicines were now supplied in boxes and bottles. Staff had received additional training to ensure medicine administration remained safe.
- Only those senior staff who had completed medicine administration training and been deemed competent, administered medicines. All care staff had been trained and deemed competent to apply creams and ointments.
- The processes for the ordering, receipt, storage and disposal of medicines was safe.
- Medicine administration records were fully checked at each medicine round to ensure the record had been completed properly. In the last 12 months there had been 15 medicine recording errors. The registered manager had addressed each of these incidents with staff supervision and re-training.

Preventing and controlling infection

- People lived in a home that was clean, tidy and free from any odours. Domestic staff were employed who maintained the cleanliness of all areas of the home and there was at least one member of the team on duty each weekday. At the weekends the care staff completed essential cleaning tasks.
- Staff received infection control and food hygiene training. They had access to personal protective equipment such as disposable gloves and aprons, and cleaning materials.

Learning lessons when things go wrong

- Any falls or incidents that occurred involving people in the home were logged and reported to the registered manager or senior staff. An accident record was completed detailing what had happened, what immediate action was taken and any follow up action.
- The registered manager reviewed all records each month to identify if there were any trends in the type of events. This then enabled them to take action to help prevent any further events of the same type.

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 Good. At this inspection this key inspection has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- ☐ The registered manager would undertake a pre-admission assessment prior to any new person taking up residence in the home. They ensured any new person was compatible with the other people living at the service and the staff would be able to meet their care and support needs.
- ☐ People played an active part in this process and family and health and social care professionals were involved too, where appropriate.
- ☐ The staff reviewed people's care and support needs each month to ensure their care remained effective and centred upon their specific needs.

• ☐

Staff support: induction, training, skills and experience

- ☐ New staff had an induction training programme to complete and this was in line with the Care Certificate. The Care Certificate is a set of national minimum standards all health and social care workers have to meet. Staff we spoke with confirmed they had completed this training.
- ☐ All other staff had regular update training to complete to ensure they maintained their knowledge and skills. This included fire safety, moving and handling, infection control and food safety.
- ☐ In response to requests from the staff team, recent training had been arranged regarding oral health and hearing aids. Staff told this had made them more confident in supporting people with these tasks.
- ☐ Staff were given the opportunity to undertake additional health and social care qualifications. An external trainer was used to help staff working towards NVQ qualifications. The trainer catered for different learning styles.
- ☐ Training records were kept for each staff member. The registered manager had recently signed up to the NHS training hub in Torbay where they could access DVD, on-line and face to face training.
- ☐ The registered manager had introduced a programme of regular supervision for each staff member. The aim of these meetings was to stop institutional care practices and make care person-centred. Discussions were held regarding what was going well, where things could improve and any training and development needs.

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

- ☐ People's needs in respect of nutrition and hydration were assessed to ensure they received enough food and drink. Body weights were checked each month, more often if required. At the time of inspection, the catering staff were providing specific diets for two people but they were aware of other people's dislikes and preferences.

- On the day of inspection there were two choices for the midday meal – cottage pie or a tomato pasta salad. Fruit, hot and cold drinks and snack foods were available at all times.
- People were encouraged to take their meals in the dining room, but personal preferences were accommodated. One person who liked to have their midday meal in their room commented that food and drink often needed to be hotter. All other people we spoke with were complimentary about the meals served.
- Where people needed to be assisted with their meals this was done sensitively and not rushed. The 'breakfast assistant' was present in the dining room to provide assistance and encouragement.

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

- Staff worked with other health care services to ensure people's health care needs were met. This included GPs, district nurses, hospital staff, dentists and opticians, physiotherapists and occupational therapists.
- District nurses visited the home to meet people's health care needs. For example, injections, dressing and taking of blood samples. They told us the staff supported people well and they had always been called in to see people in a timely manner.

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

- Southgarth Care Home is a converted Victoria building. The communal areas consist of two lounges and a large conservatory used as a dining room. There are 21 bedrooms, fully furnished and fitted with a call bell system, TV and telephone points. Some of the bedrooms have en-suite facilities. All bedrooms were for single use.
- There were sufficient communal assisted bathrooms and wet shower rooms.
- There has been concern in the past regarding the lack of expenditure on the home but the provider had a home improvement plan in place. This was being driven by the registered manager.
- New soft furnishing and pictures had already been purchased. A number of people living in the home had gone shopping to choose these items. The pictures were chosen by different people and were of differing tastes and placed around the home. In the New Year the plan was to repaint the upstairs landing area and corridor.
- The two lounges and dining room were comfortable and homely. One of the lounges had a fish tank and a hamster cage and people had named the animals.

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 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Care staff had completed training regarding the MCA and DoLS.. We heard the staff team asking people to

make choices. They gained their consent before delivering any care and support.

- ☐ The registered manager had undertaken more in-depth training in respect of MCA and DoLS with the local authority and advised that all but two people had capacity to make decisions regarding their care and support.
- ☐ DoLS authorisations had been granted for two people and the registered manager was aware when they were due for renewal.

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 has 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

- ☐ The staff team had good working relationships with the people they looked after. There was a keyworker system in place, with each person having a named worker who took extra care of their bedroom, toiletries and liaised with family/friends as required.
- ☐ Each person looked relaxed and content in their home environment and the staff respected people's preferences regarding the way they wanted to be looked after.
- ☐ One member of staff had developed a very trusting relationship with one person and was supporting them to write about their life. This was helping the person come to terms with some life events.
- ☐ We saw many positive interactions between staff and people during our inspection. On two separate occasions the staff acted promptly when one person became distressed and the other person was uncomfortable. Staff provided genuine loving care.
- ☐ Relatives were extremely complimentary about the registered manager and the staff team. They said, "My wife is very well looked after", "The staff are just so caring and kind", "The manager has made such a big difference here and the staff are happy in their work now" and "I don't have to worry when I am not here. I know mum is being well looked after by kind and caring staff".

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

- ☐ People were involved in making decisions about their daily lives, their care and changes being implemented in Southgarth. People had already chosen new soft furnishings, new pictures and were to decide what colour to paint the upstairs landing area. The names of the fish and the hamster had been chosen by people and the looking after them, was people's responsibility (with some staff support).
- ☐ We heard people being asked to decide what music they wanted to listen to whilst having lunch, making meal choices and which chair they wanted to sit in.
- ☐ People participated in their monthly care plan reviews and were encouraged to say how they felt about the care they received, the staff, meals served and the activities.
- ☐ 'Resident' and relative meetings were held every couple of months. Any ideas the registered manager had about how to improve the service were discussed with people first to gauge their views. Only if they were in agreement, would it be discussed with the staff team. It was evident the service was fully committed to providing person-centred care for each person.

Respecting and promoting people's privacy, dignity and independence

- ☐ The staff team ensured that people were treated well at all times and their dignity and privacy was maintained. Staff knocked on doors before entering bedrooms and were polite in their interactions with

people. When people needed assistance with personal care, this was achieved discreetly.

- People were encouraged to be as independent as possible and have as much choice and control in their lives as possible. The staff and routines within the home took account of individual people's choices and were flexible. One person told us they always had their breakfast later than others. Another said they preferred to spend their day time in their own room. One person who was able to go out independently said they were not restricted from doing this.
- Each person was dressed in their own preferred style and they were provided with assistance with grooming and shaving as necessary. One person had their nails cut, filed and polished by a member of staff, whilst they chatted away together. The member of staff commented, "(named person) likes being pampered and having her nails done". A hairdresser visited the home weekly.

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 Good. At this inspection this key question has remained the same. 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

- ☐ Care plans were prepared for each person and set out how their care needs were to be met. This ensured people received person-centred care and support.
- ☐ People were involved in developing their care plans with the care staff and in subsequent care plan reviews. Relatives and health and social care professionals contributed as and when needed.
- ☐ In our discussions with the registered manager and other staff it was evident they were knowledgeable about the people they looked after. They knew people's preferences about what they liked to do, what they liked to eat and drink, and about their life history and family.
- ☐ Relatives told us the registered manager or the senior care staff always informed them about any changes in their relative's health. One said, "I really trust the staff at Southgarth to look after my mum well".
- ☐

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.

- ☐ Information was shared with people in line with the Accessible Information Standard. The service had a home's brochure and several copies of these were placed on the shelf in the main hallway. The brochure detailed the facilities in the home and examples of the activities that take place.
- ☐ Care planning documentation detailed if people were hard of hearing or had impaired vision or needed alternative forms of communication. These care plans also recorded how people communicated, for example using facial expressions or body language.

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

- ☐ People were able to receive visitors at any time during the day. Those that were able were able to go out of the home at any time. One person said, "They just ask that I let them know what sort of time I will be coming back home".
- ☐ There was a range of activities people could participate in. The activity staff put together a monthly activity plan, a copy of which was displayed in the main hallway.
- ☐ People were encouraged to attend a local church if this was their wish. There were arrangements for a local chaplain to visit and provide holy communion to those who wanted this.
- ☐ One person whose spouse was a daily visitor, was catered for at lunch time so they could spend quality time with them. Other families and friends were offered a meal if they were visiting over a mealtime. All

visitors to the home were offered refreshments.

- ☐ Photographs of people and care staff enjoying previous events were displayed in the main hallway and the lounge. Examples included a gardening club, bingo, animal care, flower arranging, craft projects and a weekly exercise class. There is a Southgarth singers choir.
- ☐ The registered manager told us that some families visit on certain days, so they can join in with an activity. External entertainers were arranged for musical and drama events.

Improving care quality in response to complaints or concerns

- ☐ The service had a complaints procedure and in the last year had dealt with three formal complaints. The complaints had been handled appropriately with the registered manager taking the appropriate action where this was needed.
- ☐ The Care Quality Commission have not received any complaints regarding Southgarth in the last year.
- ☐ People and relatives we spoke with during the inspection felt able to raise any concerns with the registered manager and were assured they would be listened to.

End of life care and support

- ☐ The service aimed to continue caring for people who became unwell or had end of life care needs 'in their own home' (Southgarth Care Home), where this was feasible.
- ☐ The staff made arrangements for relatives to stay overnight if their family member was unwell or receiving end of life care. The service worked in collaboration with the person's GP, the district nurses and hospice care nurses to enable people to remain at Southgarth Care Home.
- ☐ The service had received thank-you cards from relatives whose family member had passed away complimenting the staff team for the care and support provided.

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 Good. At this inspection this key question has remained the same. 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

- ☐ Since the last inspection there had been a change in registered manager. The registered manager had been in post since February 2019 and feedback from people, relatives and the staff team was that they provided good leadership for the staff team.
- ☐ Positive feedback we received during the inspection regarding the changes that had been implemented were in respect of person-centred care, staff happiness, the improvements to the environment, activities and the quality of the food served.
- ☐ The registered manager was involved in people's day-to-day care and had a good understanding of each person's individual needs. They were fully committed to ensuring people were looked after in the best possible way and that all decisions regarding the service were made by people. Examples include, choosing new curtains and pictures, choosing wall colourings. The registered manager had made improvements in training, so the staff provided better care.

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

- ☐ People and relatives told us the registered manager led by example and was open and honest with them. They said the registered manager was approachable as were the senior care staff and the rest of the team.
- ☐ The registered manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service.

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

- ☐ The registered manager led a team of senior care assistants and care staff as well as catering, domestic and maintenance staff. All staff were clear about their role within the team and all worked well with each other to ensure people's care and support needs were met.
- ☐ The registered manager completed a manager's diary each month, reporting to the provider matters such as admissions, deaths, medicine errors, safeguarding, training and complaints. This ensured the provider was kept informed of things at Southgarth.
- ☐ The provider's support manager visited the service every two weeks and had a conversation with the registered manager each Monday to check things were alright. The provider visited the service every two months and reviewed care arrangements and 'the premises'.
- ☐ There was a programme of quality checks to monitor and evaluate services provided in the home. Some

of these were completed by the maintenance person, the senior staff and the registered manager. These were completed in respect of health and safety, staff training and care documentation. Where shortfalls were identified, action plans were developed detailing the improvements that needed to be made. The registered manager had a rolling home improvement plan to improve the "homeliness" of Southgarth.

- Any events such as accidents, incidents, falls and complaints were reviewed monthly and analysed to identify trends. This enabled the registered manager to prevent re-occurrences and improve quality.

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

- Resident meetings were scheduled to take place every other month. Decisions made at these meetings were made by the people who lived at Southgarth. The registered manager told us any 'New Ideas' were discussed with people first as they were the key decision makers. Changes were later discussed with the staff team.

- Staff meetings were held every month, either a team meeting or a group meeting. The registered manager did not follow an agenda but used a positive approach, to engage the staff team in the changes being made. The registered manager was always available if staff wanted to raise issues in confidence.

- The senior care staff received a handover report at the start of their shift and were informed of any changes in people's health or welfare. There was a senior member of staff on duty for all shifts

Working in partnership with others

- The registered manager met every two months with the provider and managers of their five other homes in Torquay. This enabled them to share best practice and outcomes of any CQC or environmental health service inspections.

- The registered manager also received informal support from the managers of other local care home services and had joined the NHS Hub in Torbay. This ensured the service remained up to date with current best practice.

- The registered manager worked collaboratively and had good working relationships with outside agencies. This included the local older people mental health services, GPs and district nurses, and the local authority safeguarding and DoLS teams.