

Tamaris Healthcare (England) Limited

# Southfield Court 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: Southfield Court Care Home, known to people, their relatives and staff as Southfield Court, is a purpose-built care home providing accommodation and nursing care for up to 50 people. At the time of our inspection there were 24 people living in the home.

People's experience of using this service: Our observations during this inspection confirmed staff were friendly, kind and compassionate. People were treated with respect and dignity and examples were seen.

Additional detail was required in moving and handling risk assessments, which the regional manager said they would add immediately. Fire safety and key checks on the premises were well managed.

There were sufficient numbers of staff to meet people's needs. Staff had been recruited using procedures which meant they were safe to work with vulnerable people.

Systems were in place to ensure the safe management of medicines and staff had been assessed as competent to carry out this role.

Lessons were learned when things went wrong. Staff told us these learning opportunities were shared with them.

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

Training completion rates were satisfactory. The remaining gaps in training were being addressed and courses were already booked.

Staff felt confident approaching the management team who they said were supportive. Some gaps in supervision were seen at the end of 2018, although these were being addressed.

People received timely access to healthcare when they needed this support.

People received adequate nutrition and hydration which supported a healthy and balanced diet.

Care plans were easy to follow and contained enough information for staff to provide effective care.

The activities programme was suited to the needs of people living in the home. Group activities took place when external entertainers visited the home. One-to-one support was provided for people who preferred this.

Information on how to complain was on display. Complaints were appropriately investigated and

responded to.

People, relatives and staff felt the management team were approachable. They felt listened to and changes were made as needed.

Systems of governance were effective through a series of audits, surveys and meetings for people and staff held in the home.

Rating at last inspection: Requires improvement in January 2018 (published 9 March 2018)

Why we inspected: This was a planned inspection.

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

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

## 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 effective

Details are in our Effective findings below.

Good ●

### 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 ●

# Southfield Court 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by two inspectors on day one. The inspection continued on day two with one inspector.

#### Service and service type:

Southfield Court is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. At the time of our inspection, the home had a group of cover managers who provided support on a daily basis. One of those covers managers had overall responsibility for the day-to-day running of the home.

#### Notice of inspection:

Day one of the inspection was unannounced. We announced the second day of our inspection.

#### What we did:

- Spoke with two people
- Spoke with three visitors
- Spoke with the home manager, the regional manager and seven other members of staff
- Looked at two care plans in detail
- Looked at six medication administration records

Before the inspection, we reviewed information we had received about the service since its registration. This

included information the registered provider must notify us about. We also received feedback from professionals who work in the local authority and Healthwatch.

Before the inspection, the registered provider had completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Appropriate systems were in place to help safeguard people from abuse.
- With one exception, people and relatives told us they felt safe at this service. One person said they felt safe because staff always checked on them at regular intervals.
- One person reported an allegation of abuse to us. They told us they had not raised this with a member of staff previously. We discussed this with the management team who took appropriate action to safeguard this person.
- Staff knew how to recognise and report abuse and felt confident the management team would take appropriate action.

Assessing risk, safety monitoring and management

- The registered provider had systems in place to identify and manage risk to people's care. People had a range of risk assessments to look at different areas of their care such as falls, skin integrity and use of bed rails.
- The information in some moving and handling risk assessment required further detail to guide staff in the support to be provided. For example, the risk assessment did not indicate which sling loops were to be used and how staff should perform the manoeuvres. The regional manager told us they would take action to rectify this.
- A vulnerable residents list was used by the management team to ensure people had the necessary equipment and support to meet their needs.
- Personal emergency evacuation plans had been updated a few days before our inspection. Staff knew what to do in the event of a fire as records showed they had attended a drill.
- The home's environment was safe and secure. Key safety checks were undertaken on the building to help keep people safe.

Staffing and recruitment

- There were enough staff deployed to ensure people received appropriate care and support. People and relatives said there were enough staff to meet their needs. The registered provider updated people's dependency levels on a monthly basis to ensure they had enough staff.
- Agency staff were used at this home, although these were regular which meant they were familiar with people and their care needs.
- The recruitment of staff was completed safely. Before candidates commenced employment, relevant background checks had been completed by checking the identity of staff, gathering references and carrying out a DBS check.
- Nursing staff had their professional registration checked to ensure they were safe to practice.

### Using medicines safely

- Medicines were managed safely and effectively. Medicines were administered by staff who were trained and assessed as competent.
- Medicines were stored safely and securely.
- Medication administration records (MARs) indicated people had received their medication as prescribed. There were clear instructions for PRN 'as required' medicines.
- Staff administered prescribed creams and lotions as required to people.
- A system of regular audits was in place which meant errors or discrepancies could be rectified.

### Preventing and controlling infection

- The home was kept clean and free from odours.
- Information was on display about how to manage infection control well. Hand gel dispensers were found throughout the building.

### Learning lessons when things go wrong

- There was a culture of learning lessons when things went wrong. Staff were expected to take a 'find it and fix it' approach when this happened. They were required to document the action they had taken.
- In December 2018, the home manager reviewed all complaints and gave their findings to staff. Staff confirmed complaints were discussed at team meetings to learn lessons.

# 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

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

- A pre-assessment was completed before people moved into the home. The home manager told us they were unable to accommodate a recent referral due to the complexity of their needs. This showed the tool was effective in identifying where people's support needs could not be met.
- People's care and support needs were reviewed regularly by staff including when people's needs changed.

Staff support: induction, training, skills and experience

- One person told us staff had the skills to respond appropriately when they had a medical emergency.
- Training completion levels were high. Some gaps in the training matrix had been identified before our inspection and staff had been booked on to the relevant sessions.
- Supervision support had been regular in 2018, although some staff said they hadn't received their last scheduled supervision session. However, staff consistently said they could go to the management team to discuss their support needs. Appraisals were due to take place shortly after our inspection.

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

- People provided positive feedback about the quality of meals served. One person said, "They always make sure I've got the fluids I want."
- The mealtime experience was inconsistent. On the first day of inspection, people had to wait over 30 minutes for assistance with their meals. The management team reviewed the deployment of staff and this significantly improved on day two
- Staff used show plates where people were struggling to choose what they wanted to eat. Staff were very patient.
- People's care plans included information about their nutritional needs and preferences.
- Weight charts showed people had maintained their weight. Appropriate action had been taken when people were seen to lose weight. For example, people were referred to a dietician and given supplements.
- Kitchen staff produced meals which had been fortified with cream and butter. Special dietary requirements were being met, for example, where people needed soft diets or were diabetic.

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

- The design and layout of the building was appropriate for the needs of the people who lived at the home and the communal areas had a welcoming homely feel.
- One person told us, "Staff encouraged my daughter to bring my own bedding to make it feel more like home."
- The living environment contained features of a dementia friendly home. Garden furniture was being purchased to enable people to sit out in this area of the home.

Staff working with other agencies to provide consistent, effective, timely care;

Supporting people to live healthier lives, access healthcare services and support

- Records confirmed staff at Southfield Court worked with GPs, dieticians and other health professionals to meet people's needs.
- The records we looked at confirmed referrals had been made when necessary and the provider maintained regular contact with relevant services.
- Relatives told us they were pleased with the communication from the home. Any appointments or changes to people's welfare was communicated.

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. 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. 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).

- Mental capacity assessments were decision specific. Best interest decisions had been made as required and the records showed the relevant individuals had been involved.
- The majority of people living at Southfield Court had an authorised DoLS. These were monitored and renewal applications made to the local authority as required.
- Staff we spoke with knew why they needed to complete MCA assessments and what DoLS were for. During our observations, we saw staff asking people's permission before providing support.

# 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

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

- One person told us, "Right from the start, the staff have been lovely. It's just like being at home. They can't do enough for you." A visitor commented, "There's a great deal of kindness."
- One staff member said, "We care for people like we would care for our own family."
- People seemed relaxed in their interactions with staff and we heard people and staff laughing together and smiling to each other.
- Staff we spoke with demonstrated good caring values and a desire to provide person centred care focused around each individuals' needs and wishes.
- Staff knew people well and were able to describe their needs and preferences to us.
- We saw staff interacting positively with people using a good mixture of verbal and non-verbal communication.
- We observed all staff consistently spoke to people at eye level to engage fully with the person and give their undivided attention.
- Staff offered reassurance and comfort to people when required. One person told us staff were very supportive when they felt vulnerable. They appreciated that staff would sit with them and reassure them which made them feel safe.
- One person told us how a staff member gave up their personal time to accompany them to the shops the day before our inspection.
- People looked well cared for. They were tidy and clean in their appearance which was achieved through good standards of care. People's rooms we saw were personalised, clean and well maintained.
- An open-door policy meant people could maintain relationships and connections with those that contributed to their well-being and quality of life.
- Families were made aware of meal times and were encouraged to join their relatives as they would if they were in their own home. We saw this happening during our inspection.

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

- One relative told us, "I'm happy I'm involved as much as I want to be."
- Records we looked at confirmed regular reviews were taking place, however we found limited evidence that people and relatives had been involved in these.
- The home had an electronic tablet which the activities coordinator used to record people's feedback about the quality of care provided. A 'you said, we did' sheet was on display which showed action was taken in response to feedback.

Respecting and promoting people's privacy, dignity and independence

- Staff understood it was a person's human right to be treated with respect and dignity and to be able to

express their views.

- A dignity in care display recorded the registered provider's commitment to this goal and the values staff were expected to demonstrate to do this.
- Staff knocked on doors before entering people's rooms. People confirmed this was something staff always did.
- Staff knew how to protect people's privacy and dignity when providing personal care.
- One person was able to go into the community to attend health appointments independently.
- All staff had completed training around Equality and Diversity which included treating people with dignity and respect.
- We saw sensitive personal information was stored securely. People's care records were stored in locked cupboards, locked rooms or people's bedrooms.

## Is the service responsive?

### Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's pre-admission assessment information included details about people's needs and preferences.
- When we looked at people's care plans, we found they were easy to follow. They were organised by sections which included information about people's medical conditions, personal care, mobility, communication, skin integrity, records of professional visits/referrals and end of life care. These care plans were regularly reviewed by staff.
- A record called 'My Life' gave staff information about people's life history. The registered provider had introduced an updated version of this document called 'Living my choices' which had been completed for around half the people at the time of our inspection.
- Group activities were held in the home. Visiting entertainers regularly visited the home.
- The activities coordinator tried to provide two key events each week. The same week as our inspection, there was an entertainer in the home and separately a celebration for St David's Day.
- For Valentine's day people were offered fruit dipped in chocolate and a rose.
- Some people were living with dementia. We saw the activities coordinator providing one to one sessions for these people and for those who were physically unable to get out of their room.
- Technology was used to assist people in their daily living. For example, baths had an in-built digital thermometer which helped to reduce the risk of scalding. Electronic tablets were used to assess people out in the community as well as for recording satisfaction survey feedback.
- All organisations that provide NHS or adult social care must follow the Accessible Information Standard (AIS). The aim of the AIS is to make sure people who have a disability, impairment or sensory loss receive information they can access and understand, and any communication support they need. A leaflet had been produced asking families to specify how they wanted their information to be produced. We saw people had individual communication care plans which recorded any special requirements they had.

Improving care quality in response to complaints or concerns

- Complaints were found to be managed effectively. We looked at the record of complaints and saw appropriate action had been taken in response. An investigation had taken place and the outcome had been communicated to the complainant.
- People told us they knew how to make a complaint if they were dissatisfied with the service provided.

End of life care and support

- At the time of our inspection, senior staff had received end of life care training. Following our inspection, the home manager told us they had emailed Kirkwood Hospice for this training for all staff.
- The registered provider was not supporting anyone who required end of life care at the time of our inspection, but we saw people's care plans included information about their preferences and when relevant, information about their advanced decision for cardio pulmonary resuscitation not to be attempted in an

event of a cardiac arrest. Each care plan had a section dedicated to end of life care.

- When people reached an end of life stage they had a reduced care plan to focus on their needs. The registered provider took advice from Kirkwood Hospice on end of life care.

# 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

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

- A registered manager was not in post at the time of our inspection. Management cover was provided by registered managers from the registered provider's 'sister homes', with one taking the lead as overall home manager.
- The registered provider was recruiting permanently to the roles of deputy manager and registered manager.
- Systems were in place to assess and monitor the service. This included a range of audits and checks in areas which included medicine management, repositioning charts, dignity in dining, care plans, bed rails and mattress and cushion audits.
- The regional manager carried out unannounced visits to the home which were out of 'routine' hours. This provided oversight of what was happening on night and weekend shifts.
- The regional manager carried out a monthly quality audit which looked at the key areas of the service.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Staff felt able to approach the management team with any concerns and said they would be listened to. One staff member told us, "[Home manager's] always got time for you. They will always deal with what you want."
- People, relatives and staff consistently said the service provided high quality care and people received good outcomes.
- The home manager understood their responsibility relating to the duty of candour and evidence showed they acted accordingly.

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

- People's and relative's views were sought and used to improve the service. On a weekly basis, feedback regarding the quality of care people received was asked for.
- 'You said, we did' feedback was on display and showed, for example, people had asked for theme nights. In response, the registered provider said, 'Monthly themed nights will be starting in March, activities team are collating likes and wishes of what residents would like to try'.
- 'Resident' and relative's meetings were held quarterly. One person told us, "If they can, they will implement what's said."
- Staff meetings took place regularly. Minutes recorded staff contributions to these meetings and actions

management took as a result.

#### Continuous learning and improving care

- Lessons had been learnt from adverse events and systems and processes were being consistently developed over time.
- Accidents and incidents were recorded on a central electronic system. These records were reviewed by the home manager for themes and trends. This information was used to update dependency scores which were used to calculate staffing levels.

#### Working in partnership with others

- A relationship had been formed with a local school. One person visited the home on a weekly basis to carry out voluntary work.
- People living at Southfield Court had raised money in October 2018 for a small registered charity.