

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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Southfield Court Care Home is a residential care home providing personal and nursing care for up to 50 people aged 65 and over. At the time of inspection there were 31 people living at the service. There are communal areas and accommodation on both the ground and first floor. There is a unit called Beech which supports people living with dementia.

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

Overall, safe infection prevention and control (IPC) practices were in place to minimise the spread of infection. We signposted the provider to resources to develop their approach.

People's privacy and dignity was not always maintained. The provider took immediate action to address this. We have made a recommendation the provider continues to monitor practice in this area.

Systems to monitor the service were in place and were mostly effective in identifying and addressing areas of improvement.

Relatives felt their loved ones were safe. Systems were in place to safeguard people from the risk of abuse. People received their medication as prescribed by staff who were appropriately trained.

Risks to people were effectively managed. Care plans were individualised and reflected people's needs. Staff were recruited safely and there were enough staff to meet people's needs.

There was a positive culture at the service. People and relatives were involved in making changes. The service worked in partnership with other agencies to ensure people's needs were met.

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 26 March 2019).

Why we inspected

The inspection was prompted in part due to concerns received. A decision was made for us to undertake a focussed inspection to review the key questions of safe and well-led only.

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.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service remains good.

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

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.

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two inspectors, a specialist advisor (SpA) and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Southfield Court 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.

On the first day of inspection the manager of the service was not registered with the Care Quality Commission, however, during the inspection process they had become registered. This means they and the provider were 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

We reviewed the information we had received about the service since the last inspection. We sought

feedback from the local authority and Healthwatch Kirklees. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We made telephone calls to seven relatives about their experience of the care provided. We spoke with five staff members on site and five via telephone. This included the registered manager, nurses, care workers and a member of domestic staff. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed a range of records relating to the management of the service, including policies, procedures, training data and quality assurance records.

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.

Using medicines safely

- Medicines were managed, stored and administered safely. We identified minor issues regarding medicines records. The provider took action to rectify this at the time of inspection.
- Controlled drugs were accurately monitored and recorded.
- Protocols were in place to support the administration of 'as required' medicines. Protocols were in place for where it was necessary to administer people's medicines to them covertly (hidden in food or drink).
- Staff received training and their competence and practice was checked regularly.
- The provider had appropriate policies in place to support safe medicines management.

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 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

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

- The service had systems and processes in place to report accidents and incidents. Staff knew how to report incidents. Records showed incident forms were being completed appropriately when required.
- People had risk assessments and care plans in place. They were up to date and reflective of their individual needs and risks.
- Staff knew people well. They were knowledgeable about people's care needs and risks.
- Health and safety maintenance checks were up to date, for example, water, electrical and gas safety.
- The registered manager monitored and analysed accidents and incidents. Themes and trends were identified and used to improve practice at the service.

Staffing and recruitment

- Staff were recruited safely. Appropriate processes and procedures were in place to support this.
- The provider used a dependency tool to ensure there was a safe number of staff to meet people's needs.

Two relatives told us, "The staff are all really nice, there seems to be enough of them. I am not worried about [name] there" and "They seem okay with their staff numbers and they seem to hang onto their staff which is good for the residents."

Systems and processes to safeguard people from the risk of abuse

- The service had policies and procedures in place to safeguard people and protect them from harm.
- Relatives felt their loved ones were safe at the service. Feedback included; "I do think [name] is safe there" and "Staff are always around which is what you need to keep [name] safe."

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

- People's privacy and dignity was not always maintained. During the inspection we observed one person's dignity was not maintained on two occasions. The provider took immediate action to address this.

We recommended the provider continues to monitor practice regarding privacy and dignity to ensure sustained practice improvement.

- Staff knew people well. We observed staff approaching people in a nice manner, for example, bending down to speak to people at eye level. Relatives told us, "I can't find a fault with the staff", "They all know what they are doing" and "It's nice to see staff talking to [name] with a smile on their face."
- People were offered a choice and were supported to make decisions to enhance their quality of life.
- Staff had supervision and attended staff meetings. They felt able to raise concerns with the registered manager.

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

- Governance systems to monitor the service were in place. They identified and addressed many areas for improvement, although there were aspects which required closer management scrutiny. For example, the recording of time specific medication and the storage of PPE. The provider took immediate action to improve these areas.
- Systems for monitoring training compliance were not consistently accurate. The provider informed us the training system was changing, and inaccuracies were due to staff who no longer worked at the service being included in the initial data. The provider took immediate action to address this.
- The registered manager had oversight of complaints, accidents and incidents. Themes, trends and lessons learned were identified and action taken to prevent similar future occurrences.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; 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 were encouraged to give feedback and make suggestions.
- Relatives knew the registered manager. They told us, "The manager is very nice. I was asked if I was happy with everything" and "The new manager seems very capable."

- The service worked in partnership with other agencies to ensure people received appropriate treatment to meet their needs.
- The service was open and honest with the local authority safeguarding team and CQC when accidents and incidents occurred at the home.