Care Worldwide (Southwell) Limited

Southwell Court Care Home

Inspection report

Racecourse Road
Southwell
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28 April 2016

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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

We inspected the service on 27 and 28 April 2016. Southwell Court Care Home is registered to provide accommodation and personal care for up to 82 older people, some of whom are living with dementia, over three floors. At the time of our inspection, 67 people were using the service.

The service had a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection on 22 and 23 April 2014 we asked the provider to take action to ensure that suitable arrangements were in place to obtain the consent of people in relation to the care and treatment provided for them. During this inspection, we found that the provider had taken appropriate action and improvements had been made. People were encouraged to make independent decisions and legislation to protect people who lacked capacity was being adhered to.

At our last inspection we also asked the provider to take action to ensure that they acted upon information which would improve the service people received. During this inspection, we found that the provider had taken appropriate action and improvements had been made. We found that quality monitoring systems were being used effectively to monitor the service and respond to any issues.

People were protected from the risk of abuse and staff had a good understanding of their roles and responsibilities if they suspected abuse was happening and appropriate action had been taken when required.

Staff were knowledgeable about how risks to people's safety could be reduced and potential risks were identified and responded to.

People were supported by sufficient numbers of staff and they received their medicines as prescribed and these were managed safely.

People were supported by staff who received an induction and training relevant to their role. Staff felt improvements were being made to how they were supported by the management team.

People were protected from the risks of inadequate nutrition and specialist diets were provided if needed. Referrals were made to health care professionals for additional support or guidance if people's health changed and their advice was acted upon.

People were treated with dignity and respect and had their choices acted on. We saw staff were kind and

caring when supporting people.

People were supported to maintain their interests and were mostly either proactively or responsively engaged with by staff. A wide range of activities took place within the service which was well staffed and resourced.

People, relatives and staff were given opportunities to feedback their views on the running of the service and there was evidence that action had been taken in response to people's views.

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.

People were protected from the risk of abuse and risks to people were identified and acted upon by staff.

People were supported by sufficient numbers of staff.

People received their medicines as prescribed and these were managed safely.

Is the service effective?

Good

The service was effective.

People were supported by staff who had received training. Staff felt improvements were being made to how they were supported by the management team.

People were supported to make independent decisions and procedures were in place to protect people who lacked capacity to make decisions.

People were well supported to maintain their hydration and nutrition and risks to health were monitored and medical attention sought when necessary.

Is the service caring?

Good

The service was caring.

People were treated in a kind and caring manner and were communicated with appropriately.

People's privacy and dignity was supported and staff were knowledgeable about the people they were caring for, including their interests, family relationships and life histories.

Is the service responsive?

Good

The service was responsive.

People, or their representatives were involved in the planning of their care and care plans were regularly reviewed.

People were supported to maintain their interests and were mostly either proactively or responsively engaged with by staff.

People felt comfortable to approach the management team and staff with any issues and complaints were dealt with appropriately.

Is the service well-led?

Good

The service was well led.

Effective systems were in place to monitor the quality of the service.

The registered manager maintained a visible presence within the service and was proactive in driving improvements within the service.

People, relatives and staff were given opportunities to feedback their views on the running of the service and there was evidence that action had been taken in response to people's views.

Southwell Court Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We inspected the service on 27 and 28 April 2016. This was an unannounced inspection. The inspection team consisted of one inspector, a specialist advisor, who was a nurse, and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We received this information as requested. We also checked the information that we held about the service such as previous inspection reports, information we had received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During the inspection we spoke with 13 people who used the service, seven relatives, six members of care staff, the cook, an activities co-ordinator, two deputy managers and the registered manager. We observed care and support in communal areas. We looked at the care records of six people who used the service, staff training and recruitment records, as well as a range of records relating to the running of the service including audits carried out by the registered manager and provider.

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 could not talk with us.

Good

Is the service safe?

Our findings

People told us that they felt safe at the home as the staff were helpful. One person told us, "If you've got any questions they (staff) can find it out for you." We observed people appeared comfortable and relaxed with staff and approached them with any concerns. One person's relative expressed they were confident that the service maintained their relation's safety and said, "It's absolutely safe here. It's clean and tidy; I can't fault them (staff). My relative can't see well, they see her get up and they (staff) are there to help."

People could be assured that staff knew how to respond to any incidents of abuse. A safeguarding policy was available and staff had received training in protecting people from the risk of abuse. The staff we spoke with were knowledgeable about the types and signs of possible abuse and the action they should take if they suspected abuse was happening. The staff we spoke with were confident that the registered manager would act appropriately if any concerns were raised. We reviewed our records and found that the registered manager had shared information with the local authority and us as appropriate, where they had concerns for someone's safety within the service.

Risks to people's safety were identified, assessed and appropriate measures were put into place to reduce the risk of harm to people. Individual risk assessments had been completed in areas such as maintaining people's skin integrity, moving and handling and nutrition. We found that risk assessments had been reviewed monthly and that identified actions to reduce risks to people had been implemented. For example, one person had been identified as being at risk of developing a pressure ulcer. An external healthcare professional had been involved and we saw that staff were following the care plan to reduce the risk of the person developing a pressure ulcer.

People were supported to safely move around the service by trained staff and the appropriate use of equipment. Staff had received training in moving and handling and we observed staff using equipment appropriately to assist people with their mobility. Staff told us they had sufficient amounts of equipment to meet people's needs. If people required the use of equipment to keep them safe, this had been risk assessed. For example, some people at the service had bed rails fitted to their bed and individual risk assessments had been carried out to ensure the use of bed rails was safe and appropriate. We saw records that showed equipment was routinely checked to ensure it was safe.

Staff were proactive in responding to situations that could present a risk to people and we observed a staff member taking action in relation to a fluid spillage to ensure people's safety. People had care plans to describe the support they needed to ensure their safety and wellbeing in the event of an emergency situation which would require evacuation. Equipment and safety checks were in place to reduce the risk of harm to people in the event of a fire.

People told us there were enough staff to respond to their needs. One person's relative told us, "They (staff) always have time, they seem to have enough staff and everything is written down." On the days of our inspection we observed there were enough staff to meet the needs of people in a timely way.

Staff we spoke with told us they felt there were generally enough staff on duty to provide the care people required. We were told that staff shortages due to sickness were generally addressed by arranging cover or the deputy managers or the registered manager providing assistance. The home was divided into three floors and we were told that staff moved around the service if required to ensure people received support when they needed it. We examined staff rotas and saw planned staffing levels were usually achieved. People lived in a clean environment which was kept clean by dedicated housekeeping staff and provided with activities by dedicated activities co-ordinators.

The provider had taken steps to protect people from staff who may not be fit and safe to support them. We looked at the recruitment records of three members of staff. Before staff were employed criminal records checks were undertaken through the Disclosure and Barring Service (DBS). These checks are used to assist employers to make safer recruitment decisions. We also saw that proof of ID and references had been sought prior to employment and retained in staff files.

People told us they received their medicines when they required them and we saw that people's capacity in relation to the administration of their medicines had been considered. All of the people at the service required support with the administration of their medicines and we observed that people were given appropriate support to take them safely. We saw that staff checked the medicine against the medicines administration record (MAR) and stayed with the person until they had taken their medicines. We found that MAR sheets contained appropriate information to aid the safe administration of medicines such as a photo of the person, a record of any allergies and how the person preferred to take their medicine. MAR sheets were consistently completed and there were no gaps in administration.

On the day of our inspection we found that there were not always protocols available to staff for medicines which were prescribed to be given only as required (known as PRN). We also found there was no record on the MAR sheet whether one person had been receiving nutritional supplements as prescribed. We discussed this with the registered manager who told us that the person was eating well currently and that they had contacted the GP for advice about whether nutritional supplements were still required for the person. We also received confirmation following our inspection that PRN protocols were in place where required. We found that when a person had brought a medicine over the counter, a risk assessment had been completed and appropriate advice sought.

Staff had received training in the safe handling and administration of medicines and had their competency assessed on an annual basis. Regular medicines audits and stock checks were also being undertaken. Medicines were stored safely in locked cupboards and trolleys within locked rooms. Daily temperature checks of the storage areas were documented and were within acceptable limits.

Good

Is the service effective?

Our findings

At our last inspection on 22 and 23 April 2014, we asked the provider to take action to ensure that suitable arrangements were in place to obtain the consent of people in relation to the care and treatment provided for them. This was because people were not fully involved in planning and reviewing their care and where people did not have the capacity to consent, the provider had not acted in accordance with legal requirements. On this inspection, we found that the required improvements had been made.

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. We saw that people's capacity to consent to care was considered. Some people using the service had capacity to make decisions about the care they received and we found that people had signed their care plans where appropriate. We found that capacity assessments had been completed for people who lacked capacity to make certain decisions. The best interest checklist had been applied in the event people lacked capacity to make their own decisions. In some cases the outcome of the best interest decision had not been clearly documented and the registered manager confirmed they would ensure this was done in future. People's relatives told us they had been involved in decisions about their relation's care when appropriate. The registered manager confirmed that details were kept about which relatives had the authority to provide consent on their relations behalf and we saw that this information was applied when appropriate.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that the service had made a number of applications for people who had been identified as being at risk of being deprived of their liberty and was therefore acting in accordance with legislation to protect people's rights. We saw that the service sought to provide care in the least restrictive way possible and people were supported to access the community by staff and that people's movement around the service was not restricted.

We looked at the care records for four people who had Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) forms in place which had been completed by the person's doctor. It was not clear whether two of these were still valid at the time of our inspection. We reported this issue to the registered manager who took appropriate action to ensure that the forms were valid.

People were supported by staff who were provided with training and support. One person's relative told us, "They (staff) are very professional what I see of them. I always get an answer. Everybody knows [Relation] well; in fact I'd give them 200% for making an effort." Another person's relative told us, "All staff are very good, no complaints."

Staff told us that they had received an induction to the service which included training relevant to the role they would be undertaking. One recently recruited member of staff told us they had the opportunity to 'shadow' experienced staff when they commenced their employment until they became confident in their role. All staff had been enrolled on the 'Care Certificate' to ensure that they could carry out their roles effectively. The Care Certificate is a national qualification for staff working in health and social care to equip them with the knowledge and skills to provide safe, compassionate care and support. We received a copy of training records following our inspection which evidenced that staff had received training in a number of areas relevant to their role with systems in place to identify when training updates were required.

Staff told us they were supported in their roles via an annual appraisal. One member of staff when asked about the contents of their appraisal said, "[Registered Manager] is fair and honest. She asks us what areas we would like help with." Staff felt there were improvements being made as to how they were supported through supervision. The registered manager told us they had plans to improve how staff supervision was recorded in future so that this showed discussions held about their work practice and training needs.

People told us that they enjoyed the food at the service and we saw that a choice of food and drinks were available throughout the day. One person said, "The food is very good" whilst another person told us, "It's very good, the meals are on time, they are very good."

We observed the lunchtime meal in all three floors of the service. Menus were available on each floor and we were informed that people had given their choices earlier in the day. Efforts were made to create a pleasant environment for people to eat their meals, such as there were well presented tables and people were offered condiments. Where people needed support to eat, this was provided by staff in a dignified and supportive manner. The meals looked appetising and nutritious. Where people needed a special diet, such as a soft diet, this was provided and efforts were made to present the food in an appealing way. We saw that people were offered alternatives if they said they did not like the menu choices. We did see one person who required prompts and encouragement to eat did not receive much encouragement to eat on our first day of inspection. We spoke to the registered manager and saw that the person was supported to eat their meal the following day. We checked records and saw that the person's food intake was being monitored in accordance with their care plan.

People's care records contained nutritional risk assessments and care plans which identified people's support needs and preferences. A diet notification sheet was given to the cook so that they were aware of people's preferences and dietary needs. We spoke with the cook who informed us how they met the needs of people who required a specialist diet, such as fortified meals. We observed that people received the support they required in line with their care plans. We found that people were weighed in line with the guidance in their care plans and food and fluid charts were in place if anyone needed their nutritional input to be monitored. We looked at the care records of one person who had difficulties swallowing and saw that a speech and language therapist (who provides advice on swallowing and choking issues) had been involved.

People and their relatives told us that that they were supported with their healthcare and to see healthcare professionals if required. One person's relative described how staff were, "Continually on the phone" to external healthcare professionals if their relation needed it.

People were supported to maintain their health, have access to healthcare services and receive on-going healthcare support. People's care records confirmed that they had access to their doctor and were supported with healthcare appointments. Records evidenced that referrals were made to other healthcare professionals such as community nurses, advanced nurse practitioners, chiropodists and opticians when

required. Care plans contained guidance for staff on how people's healthcare should be monitored and records showed staff followed guidance in care plans. We spoke to three visiting healthcare professionals during our inspection who told us that staff were knowledgeable about people's medical conditions, asked for advice, and followed guidance given to them.

Good

Is the service caring?

Our findings

People told us that they were treated with kindness by staff and we observed that positive relationships between people and staff had been developed. One person told us, "The staff are very kind and helpful." Another person's relative said, "[Relative] has been here for a number of years and been in several homes. Here is just amazing, they go way beyond. They actually care."

Our observations confirmed what people had told us. We observed staff interacting with people in a caring manner and the people who could communicate appeared to have a good relationship with staff, interacting in a friendly and light hearted manner. We saw that efforts were made by staff to provide reassurance for people. For example, we witnessed one person being assisted with their mobility. The person was anxious whilst receiving support and staff were patient and kind throughout. When the person apologised, a member of staff stated, "Don't ever be sorry for something that's not under your control." We saw that the person responded positively to the warm and caring nature of the two staff members supporting them. We witnessed another person living with dementia being treated with kindness and patience by staff and reassured about the whereabouts of their relatives on a regular basis.

Staff we spoke with were knowledgeable about the people they were supporting, including their interests and life history and spoke about people warmly. The care records we accessed containing details such as activities the person liked to engage in, their work history, significant people and life events. Staff told us that they had time to read people's care records to learn more about the people they were supporting. Significant events for people were celebrated within the service, such as birthdays and a party was arranged when a person was awarded an MBE. One person's relative commented, "They (staff) go the extra mile, treat people as equal, but special too, like birthday celebrations." People were also supported with their religious needs and we observed that some people attended communion during our inspection.

People, or their relatives when appropriate, were involved in planning and reviewing their care. Care records had been signed by people or their relatives to evidence their agreement and documentation demonstrated they had on-going involvement in regular care reviews. One person's relative was attending their relation's care review on the day of our inspection and told us, "I've just gone through a care review, there is an in depth care plan and they know [Relation] well."

We saw that staff communicated appropriately with people when giving explanations or information and used communication aids if appropriate. For example, one person had a written prompt card to remind them of information and staff frequently referred the person to the information to provide reassurance and explanation. Information about people's communication needs was contained within their care records which guided staff on the best way to communicate with the person and ways the person might react to indicate their wishes.

People were supported to access advocacy services if required. The registered manager was knowledgeable about local advocacy services and information was available to people living at the service. One person was currently using an advocate and records showed that they visited the person at the service. Advocates are

trained professionals who support, enable and empower people to speak up.

People were supported to maintain their privacy and dignity. People told us they were able to move around the service freely and some people opened their own mail and had keys to their room. We observed interactions between staff and people who used the service were respectful and dignified. For example, we saw that staff responded discreetly if people required support with their personal care and adjusted people's clothing during support with mobility to ensure people's dignity was maintained. We witnessed a number of relatives visiting people throughout the day to spend time with their relation either in private or in different communal areas within the service. We spoke with staff about how they would respect people's privacy and dignity and staff showed they knew the appropriate values in relation to this. A member of staff was identified as a dignity champion and we saw information about dignity principles throughout the service. Dignity Champions commit to speak up about dignity to improve the way that services are organised and delivered.

Good

Is the service responsive?

Our findings

People were supported by staff who knew their individual needs and preferences. One person's relative told us that staff had sought information and learned about their relative's medical condition, stating, "They have learned all about it." Another person's relative told us, "I think they (staff) are very good. They are interested. They have sat down and asked about (relative)."

Our discussions with staff showed they had a good knowledge of the people they cared for. Staff told us that they kept up to date with people's needs through reading care plans and attending handover meetings. The records we accessed contained a good level of detail for staff about people, their medical conditions and the support they required. One staff member told us that if they had been off work for a period of time, they received a thorough handover to update them on the needs of people living at the service. They told us that they received, "A good level of information" which enabled them to care for people in a person centred way.

People could be assured that their individual preferences as to how they wished to receive support would be recorded and acted upon. People's care records contained a 'Preference sheet' which had been completed by either the person or a relative. This provided staff with information such as where people preferred to spend their time, whether they liked their window open and how many pillows they wanted on their bed. We saw that people's preferences were respected by staff. We saw that one person had expressed a wish for a female carer to accompany a male carer if they entered the person's room; this had been documented and was respected.

People's care plans had been signed by the person, if able, to indicate that they had participated in care planning. When the person was unable to sign their care plans, there was evidence that people's relatives had been consulted. People's relatives confirmed that they had seen copies of their relation's care plans if appropriate and felt able to express their views. Care plans had been reviewed monthly and updated as necessary. For example we reviewed accident and incident forms and found that people's care plans had been updated to reflect action taken in response to incidents.

People were supported to maintain their independence and their choices were respected. For example, care plans contained information about what people were able to do for themselves and what they required support with. One person had expressed that they would like to make their own meals and assist with cleaning which was facilitated. People were involved in supporting staff with activities within the service if they wished to be. We witnessed one person assisting a member of staff with the snack trolley, selling snacks and drinks to people, visitors and staff. It is evident that the person was fully engaged with the activity and enjoying the experience.

People were supported to maintain their interests and were mostly either proactively or responsively engaged with by staff. On a few occasions, people's needs were not responded to in a timely way. One person expressed that they were hot but this was not responded to by staff. We spoke to the registered manager about the monitoring of temperature on one floor of the service as staff confirmed it is regularly hot. The registered manager told us of the action already taken in respect of the temperature on another

floor and confirmed that further monitoring had been introduced following our inspection to determine whether further action was required.

We observed a number of activities provided for people on all three floors of the service throughout the afternoon on both days of our inspection. Information about activities available at the service was on display and these took place as planned and appeared to be well staffed and resourced. People's views regarding activities were sought at regular residents meetings an incorporated into planning. We saw that people had access to newspapers, games and a library.

People's access to their relatives was encouraged. The provider told us in their Provider Information Return (PIR) of efforts made to maintain contact with people's relatives who lived overseas and thereby avoid isolation. We observed staff spending time with people when delivering mail and talking to them about the mail which had been received and showing genuine interest in people's lives. We observed that friendships had been developed between people living at the service and that people spent time in the company of others as they wished.

People could be assured that complaints and concerns would be recorded and responded to. Information was displayed within the service about how people could make a complaint. Although not all of the people who used the service were aware of how to make a complaint, all of the relatives felt confident that action would be taken in the event of a complaint or concern being raised. One person's relative told us, "Any worries I can speak to the deputy managers or manager. I can't fault them. If anything is wrong it is responded to straight away."

Staff were aware of what action to take in the event that a complaint was made and were confident that appropriate action would be taken and relevant information passed on to staff. One member of staff told us, "We don't get many complaints but when we have one [registered manager] comes and talks to us about it at handover." We looked at complaints that had been received by the service and noted that appropriate action had been taken in response to complaints. For example, actions taken included; staff supervision and referrals to external agencies. We saw that the person making the complaint had received a response.

Good

Is the service well-led?

Our findings

At our last inspection on 22 and 23 April 2014, we asked the provider to take action to ensure that they acted upon information which would improve the service people received. This was because monitoring systems to address concerns and complaints, accidents and incidents and quality audits had not been effective in identifying issues or result in improvements being made where required. On this inspection, we found that the required improvements had been made.

Internal systems were in place to monitor the quality of the service provided. We saw that these were being completed on a regular basis and were effective in identifying issues and action plans had been produced where required. We checked whether a couple of the actions had been completed and found that they had been. The registered manager had also taken action in response to external audits relating to medicines management and infection control.

People could be assured that action was taken when required to reduce the risk of harm. The provider's representative received regular information from the registered manager and also carried out quality monitoring audits at the service. The registered manager collated information on a monthly basis in relation to areas such as accidents and incidents, safeguarding referrals, weight loss and falls. The information was analysed for trends and action taken where required, for example, weight monitoring charts were implemented, people's medication was reviewed and referrals made to outside agencies, such as the falls prevention team, when required. We found that complaints were investigated and used as an opportunity to improve the service by taking appropriate action and sharing outcomes with staff. This meant that the registered manager and the provider were actively monitoring the service to identify action required to keep people safe and make improvements.

People confirmed that they liked living at the service. One person told us, "On the whole it's very nice," whilst another person said, "It's good, I spend my time as I wish." All of the relatives we spoke with felt that the registered manager was approachable and maintained a visible presence within the service. One person's relative told us, "[Registered manager] I know her, she's good, everyone wants to help," whilst another person's relative said, "[Registered manager] the door is always open, she's been a huge support, people like that make my job easier." People's relatives told us they were kept informed about their relation, one relative told us, "[Staff] ring and let you know how [Relation] is. Ask anything and they will tell you. I'm very impressed."

At the time of our inspection there was a registered manager in post who was aware of their responsibilities. We reviewed our records and records at the service and found that we had been notified of events at the service as required. We observed staff working well as a team and they told us they were motivated to deliver a good quality service to people. One member of staff said, "Staff that work here are here because they love the work. The atmosphere is good on the whole. Everyone is nice and supportive of each other." Staff told us that the registered manager was approachable and two staff members gave us examples of requesting additional training which had been arranged.

People, their relatives and staff were involved in the development of the service. The provider in their Provider Information Return (PIR) informed us that the service had links with a local further education college whose students had submitted designs for a new sensory garden. Following a presentation, the winning design would be decided on by a vote by people living, working and visiting the service.

People were supported to attend regular resident meetings and to comment on the running of the service via a survey. We looked at the results from a quality monitoring survey which had been completed by people living at the service. Some people had made suggestions for improvements via the form and we confirmed through talking to people and observations that action had been taken in response to some of the suggestions made. Staff, relatives and professionals had also completed surveys about the running of the service which showed a high level of satisfaction. The results of quality monitoring surveys had been collated and an action plan produced which demonstrated the provider was responsive to the views of people using and accessing the service.