

Southview Care Home Limited

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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

Southview Care Home Limited (referred to as Southview hereafter) is a residential care home for up to three people. It specialises in the care of people who have a learning disability and associated conditions such as autism. At the time of the inspection the service supported three people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People told us they felt safe living at the service, and that staff were kind and caring. People's voice was heard and valued, and they benefited from attentive and person-centred support. There was a positive and inclusive culture, which was derived from the providers values of: 'Integrity, caring, and commitment - life is for living'.

Staff told us they felt well supported, received training to be able to meet people's needs and that the service was well managed.

There was an open and transparent culture, which meant when things went wrong the registered manager and staff used it as a learning opportunity.

There was a governance system in place, which was effective in helping to identify where improvements were required.

The provider worked in close partnership with other agencies, to the benefit of people who used the service.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

More information is in Detailed Findings below.

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

Please see the action we have told the provider to take at the end of the report.

Rating at last inspection (and update)

The last rating for this service was Good (published 29 August 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will 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.

Southview Care Home Limited

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 team consisted of one inspector.

Service and service type

The service had two managers 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. One registered manager managed the day to day running of the service, whilst the other had a business and human resource focus.

Notice of inspection

This inspection was announced.

We gave the service two days' notice. This was so the service could spend time supporting people to understand the purpose of our visit.

What we did before the inspection

We looked at statutory notifications the provider had made to us about important events. In addition, we reviewed all other information sent to us from stakeholders for example the local authority and members of the public.

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 spoke with three people, two members of staff and the registered manager.

We looked at, two care plans for people who used the service, medicine records for one person, policies and procedures, action plans, training records, auditing and monitoring checks and internal survey results.

After the inspection

We contacted two relatives for their views of their loved one's care. In addition, we contacted Plymouth City Council adult social care commissioning team, and Healthwatch Plymouth for their feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also contacted a social worker.

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.

Assessing risk, safety monitoring and management

- Risks relating to people's behaviour, communication, health and lifestyle were documented and understood by staff. Professionals, family and advocates were involved in discussions about managing risk.
- People were supported to take positive risks to maximise their independence and choice.
- People's plans guided staff as to how to support them to manage their behaviour safely and in line with best practice. Staff were trained to support people with their behaviours and worked with specialist agencies when appropriate.
- Staff and management had a good understanding of people's behaviours and how they needed to be supported. Staff were also sensitive to how people's behaviours could affect others living within the service. For example, by providing awareness, offering advice, support and solutions.
- People who were at risk of falls were supported effectively. Falls were monitored, with themes identified and then action taken. For example, one person had moved rooms to help reduce falls re-occurrences, and a bathroom had been redesigned.
- The building was assessed for its safety with regular health and safety checks carried out, and weekly fire tests completed. The registered manager told us a fire drill was carried out twice a year and told us, "We are getting quite good at it!"

Staffing and recruitment

- Staff were recruited safely. Recruitment checks were carried out to ensure staff were suitable to work with vulnerable people.
- People were supported by the same regular staff. The registered manager told us, "It takes time to build a relationship. We have a consistent team, we don't use agency staff."
- There were enough staff to meet people's needs. One to one time, which was individual to each person, occurred in line with funding authority contractual arrangements.

Using medicines safely

- People's medicines were stored and managed safely.
- Since our last inspection, medicine storage had changed to enable a person-centred approach to medicines management. One person showed us where their medicines and records were stored.
- Records were robust, and monitoring systems were in place to highlight where improvements were required.
- The provider had signed up to STOMP (stopping over medication of people with a learning disability, autism or both with psychotropic medicines). Because of this, one person's quality of life had significantly improved. They were no longer unnecessarily sedated. Instead, their behaviour had been managed in a

holistic way. Their relative told us, "It's unbelievable, she's like a different person."

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the service.
- People were relaxed in staff's presence.
- Personal safety and safeguarding were talked about frequently, and people were able to freely express how they were feeling daily to staff, their key worker, or at house meetings. For people, who were unable to verbally communicate, 'easy read' pictorial images were used so people could express their emotions.
- Staff received safeguarding training and had a good understanding of what action they should take, if they suspect someone was being abused, mistreated or neglected. Safeguarding was a dedicated topic within staff meetings.
- Managers had undertaken a managerial safeguarding course with the local authority, enabling them to have a higher-level of understanding.

Preventing and controlling infection

- People were encouraged to protect others from the spread of infections. For example, by prompting the use of tissues when sneezing. People seemed grateful for the advice given by staff.
- People lived in a clean and odour free environment.
- People were empowered to take part in the cleaning of their home and had their contribution and efforts recognised and valued. One person enjoyed hoovering and they were observed to be encouraged to do so.
- An infection control audit was used to help highlight areas requiring improvement. For example, since our last inspection, the provider had decided to relocate the laundry area to take account of best practice.

Learning lessons when things go wrong

- There was an open and transparent culture, which meant when things went wrong the registered manager and staff used it as a learning opportunity. For example, a change to medicines practice had occurred in response to an error taking place.
- The registered manager was very visible and had a 'hands on' approach within the service, so was aware of emerging trends and themes, so immediate action could be taken.

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 question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People told us staff had the right skills to meet their needs.
- Staff received an induction and relevant training. One member of staff told us "I do loads of training."
- The provider sourced training which was accredited, meaning it was of a high quality.
- Staff were asked to complete the Care Certificate if they did not have experience in working within the sector. Care certificate modules were also used to enhance staff ongoing knowledge. The Care Certificate is a national set of induction standards helping to bring consistency to the health and social care sector.
- Training was managed in line with Skills for Care guidance. For example, they had increased the frequency of safeguarding training, and positive behaviour support.

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

- People's needs were assessed before they started using the service. This helped ensure their expectations and needs could be met.
- Assessments and support plans were robust and detailed a range of health and social care needs. Information about people's past was gathered, documented and used to help inform their care plan arrangements. Since our last inspection, care plans were now typed so changes could be made easily.
- Staff understood how people's past experiences could impact on their current health and well-being and used this knowledge in the planning and delivery of their care.

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

- People were consulted about their views regarding the meals, a resident meeting detailed, "[...] thinks the food it lovely", and "[...] would like more sausages."
- People were supported by staff to do their weekly shopping.
- When a person had individual needs regarding their nutrition, external professionals such as speech and language therapists had been consulted. Care plans were put into place and accurately followed.

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

- Staff were observant of people's changing needs and consulted external professionals for support. For example, to support with positive behavioural management.
- When people moved between services staff ensured their support needs continued to be consistently and effectively met. Hospital passports were completed, which detailed important information about the person should they require an admission to hospital or other healthcare facility.
- When people were admitted to hospital or had appointments, staff worked in close partnership with the

hospital learning disability team, so people could be effectively and sensitively supported. This helped to ensure their care was joined up and people's anxieties were managed

- People had annual health checks to help monitor their ongoing health. One person told us, "If any of us are not well they phone the doctor, who will either come to us, or we go to them." The registered manager told us, "We have a good doctor's surgery."

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

- People were supported to live healthy life styles, by promoting healthy eating choices and exercise.
- One person wanted to start jogging again. Staff had been helping the person to improve on their fitness to enable them to do it, by supporting them with realistic and achievable goals. A member of staff told us, "Their fitness level has come on in leaps and bounds."
- People frequently attended the gym or swimming pool.
- One person explained how with the support of staff, and external professionals their risk of diabetes had been discovered. But with help and guidance, they were no longer at risk. They explained to us how they had made lifestyle changes, telling us "I now always buy the sugar free stuff, it's much better."
- There was a health and wellbeing champion who linked with the local authority, to disseminate relevant information to the staff group.

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 when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff received training in the Mental Capacity Act 2005 (MCA) and had a good understanding of what it meant in their day to day role.
- The registered manager shared an example of how they had used the legislative framework to ensure a decision about a person's medical health was in their best interest.
- People's care plans detailed their mental capacity in decision making.
- The registered manager had a system in place to identify when a DoLS application was due to expire, so contact could be made promptly to the supervisory authority for review.
- Advocates were used when required, to help people understand their rights, express their views and wishes, and to help make sure their voice was heard.

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

- Prompts about people's daily activities and useful reminders such as to wash their hands after using the bathroom were displayed.
- Each person had their own distinctive bedroom. All rooms were furnished and decorated to a good standard and to people's individual preferences.
- A bathroom had been redesigned in recognition of people's changing mobility needs.
- One person told us about the handyperson who helped with DIY jobs, they told us "If you want anything done, he will do it."

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; equality and diversity

- People told us the staff were kind and caring. One person told us, "They are all helpful." A relative told us, "I admire them for what they do, she loves it there"; and "Made her life a lot better she always needs attention and she gets that in abundance."
- There was a warm, homely and family atmosphere within the service. We observed positive interactions between people and staff. People were at ease in staff's presence, and there was respectful humour and banter between each other. A member of staff told us, "As a home, it has a caring environment, it is really lovely, everyone does the best for the people who live here."
- Staff spoke fondly of the people they supported and showed the upmost respect, commenting "It is nice for them to let us come into work, they are allowing me to come in and be part of their life" and, "It has to be a two-way thing."
- People were supported as individuals in line with the Equality Act 2010. A member of staff told us, "Everyone is an individual person."
- One person who had been fearful of shopping and visiting cafes, was now able to, because of staff taking the time to help build their trust and confidence.

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

- People were supported to make their own choices and decisions. But staff explained how they provided encouragement and helpful explanations when a person may be at risk of making an unsuitable decision.
- People were supported to understand and be more sensitive towards the needs of others so they could live together more harmoniously. For example, one person was invited to attend staff autism training. They told us they could now empathise better with how others might be feeling and moderate their responses. The person attended and explained to us how they could now empathise with how they may be feeling, at times.
- People were paired with a key worker, who was part of their regular care review. Key workers were chosen and matched with people's personal interests, so a positive relationship could be fostered.

Respecting and promoting people's privacy, dignity and independence

- People's bedrooms were their own private space, they had a lock or a key. Staff knocked on people's doors prior to entering. A member of staff told us, "If they want to be on their own that is fine. ... you treat them as you would want to be treated yourself."
- People's independence was promoted. For example, people were encouraged to participate in meal preparation. We saw one person make individual breakfast choices by selecting cereals out of the cupboard

and helping staff to make a jelly of their choice.

- People's personal records were kept securely within their own rooms. Staff were mindful when they were talking in shared areas, not to disclose personal and confidential information.

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.

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.

- Staff undertook training in communication and were aware of how to adapt their own communication to effectively communicate with others.
- Records were available in different formats, some of which had been created by using an 'easy read' pictorial format.
- People, where required, had communication boards in their bedrooms to remind them what they were doing that day and which staff would be supporting them.

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 encouraged and supported to maintain relationships with friends and family.
- People's achievements were valued and celebrated. A family party had been arranged to celebrate one person's achievements across the year.
- Staff were observant to listen to what people mentioned, that had the potential to lead to a personal interest. For example, one person kept mentioning their love of flowers. Staff assisted the person to try flowering arranging, the person loved their new hobby and was found to have a hidden talent. A member of staff told us, "We want to help empower somebody to achieve something."
- One person was supported to visit their family grave, so they could continue to pay their love and respects.

Improving care quality in response to complaints or concerns

- Staff were observant of people's body language which could indicate they may be unhappy.
- People were asked if they had any concerns or complaints during each house meeting, and pictures were used to help people to express how they were feeling.

End of life care and support

- People's wishes for their end of life care had been sensitively discussed, and people had created care plans.
- People had been supported to invest in funeral policies.
- The registered manager had a link with the local hospice.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager demonstrated strong leadership. Staff told us, "[the registered manager] manages it really well" and "She [the registered manager] loves this place."
- There was a comprehensive understanding of regulatory requirements and an emphasis on researching and implementing best practice.
- There was a governance system in place, which helped to identify where improvements were required. The registered manager told us, "We are all checking each other, checking, checking, and checking."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- There was a positive and inclusive culture, which was derived from the providers values of: 'Integrity, caring, and commitment - life is for living'. All of which was embedded within the management and leadership of the service and underpinned in staff's practice.
- A relative told us, "We couldn't speak more highly of what they do."
- There was an open and transparent culture. The registered manager was aware of their responsibilities in line with the duty of candour.

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

- People were involved in the development of the service. Quality surveys were completed with action being taken because of people's feedback. One family had requested they applied for additional one to one support to help further enhance their relative's life. Action was taken, and the person was now in receipt of it.
- The voice of each person was valued and respected. People had asked if they could adopt chickens, so three chickens were purchased, and each person named their chicken.
- People were involved in the recruitment of potential new employees. A member of staff told us, "[person's name] takes the lead in the interview – thinks about questions. We use their questions in the interview.... Things that are really important to everyone. Management then add their additional information...it's about them having the say about who they want to support."

Continuous learning and improving care; Working in partnership with others

- There was a culture of learning and reflection, to the benefit of people living at the service.
- An external professional commented in their 2019 quality survey: "The team at Southview are receptive to input from professionals. They are committed to maximising the quality of life of people they support. Friendly and approachable environment. The staff are well-led and supported."