Barchester Healthcare Homes Limited

Southerndown

Inspection report

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Ratings

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

Overall summary

We inspected Southerndown on the 17 August 2015. Southerndown provides residential and nursing care for older people over the age of 65, a number of the people living at the home were living with dementia. The home offers a service for up to 87 people. At the time of our visit 75 people were using the service. This was an unannounced inspection.

We last inspected in May 2013 and found the provider was meeting all of the requirements of the regulations at that time.

There was a registered manager in post on the day 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.

People were not always protected from the risks of infection and staff did not have access to equipment and facilities to prevent the spread of infectious diseases.

Summary of findings

People told us there was not always things to do and that life in the home could be boring. Some people went periods of time without any contact with care staff. There was an activity co-ordinator in post, and another activity co-ordinator was due to start at the home shortly.

People were supported and cared for by kind, caring and compassionate care staff. Staff knew the people they cared for and what was important to them.
Staff supported people to stay as independent as possible.

People received their medicines as prescribed. Staff kept an accurate record of where people had received their medicines.

Staff protected people from the risks associated with their care. Staff had clear guidance to protect people from pressure area damage.

There were enough staff deployed by the provider to meet people's needs. Staff received the training and support they needed to meet people's needs. Staff had clear leadership to ensure people received personalised care daily.

The provider was aware of improvements which were needed in the home, and had made arrangements to improve the quality of service, including the recruitment of staff. The registered manager had effective systems to monitor the quality of service people received.

People told us they felt safe in the home, staff had a good understanding of safeguarding and the service took appropriate action to deal with any concerns or allegations of abuse.

People and their relatives told us their complaints were acted on by the management team. Relatives felt staff were approachable.

People had access to appropriate food and drink and were supported to access external healthcare services.

Staff had good knowledge of the Mental Capacity Act and Deprivation of Liberty Safeguards. People who were being deprived of their liberty were being cared for in the least restrictive way. However, where people had given consent around their care, this had not always been documented.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe. People were not always protected from the risk of infection and staff did not have the facilities they needed to prevent the spread of infectious diseases.

People told us they felt safe, and staff had a good understanding of safeguarding and their responsibilities to report concerns.

There were enough staff deployed to meet people's needs. Staff ensured people were protected from the risks associated with their care.

Is the service effective?

Good

The service was effective. Staff had the skills they needed to meet people's needs. Staff had access to training, effective supervision and professional development.

People were supported with their nutritional and healthcare needs. Where people were at risk of malnutrition, staff took appropriate action.

Staff had good knowledge of the Mental Capacity Act and Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring. People spoke positively about the care they received from care staff. Care workers knew the people they cared for and what was important to them.

People were treated with dignity and kindness from care workers and were supported to make choices.

Care workers respected people and ensured that their dignity was respected during personal care.

Is the service responsive?

Requires improvement

The service was not always responsive. People told us there was not always enough things for them to do. Where people had given their consent for certain decisions, this had not always been documented.

People's care plans were current and accurate. People and their relatives were involved in reviewing their care plans.

People and their relatives views were sought by the registered manager and provider. People knew how to complain and felt their concerns were responded to and acted upon.

Summary of findings

Is the service well-led?

Good

The service was well led. People, their relatives and staff spoke positively about the registered manager.

The registered manager and provider monitored the quality of the service and took action to improve the service people received.

Staff were supported to make decisions and spoke positively about the culture within the home.

Southerndown

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 checked 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.

This inspection took place on 17 August 2015. This was an unannounced inspection. The inspection team consisted of four inspectors, a specialist advisor in nursing care and two expert by experiences. 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 visit we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. This enabled us to ensure we were addressing potential areas of concern. We spoke with local authority safeguarding and contracts teams.

We spoke with 23 of the 75 people who were living at Southerndown. We also spoke to 11 people's relatives and visitors. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with three registered nurses, nine care workers, two domestic workers, the activity co-ordinator, the home's chef, the deputy manager and the registered manager. We looked around the home and observed the way staff interacted with people.

We looked at 17 people's care records, and at a range of records about how the home was managed. We reviewed feedback from people who had used the service and their relatives.

Requires improvement

Is the service safe?

Our findings

People were not always protected from the risk of infection. Staff told us that they had to use the same body sling to assist two people with their mobility. Staff were unable to wash the sling in between assisting people and were concerned about the risk of cross infection. We discussed this with the registered manager, who told us they had been made aware of this concern and had requested action be taken. This action had been left with senior staff while the registered manager was on annual leave and had not been carried out. The registered manager informed us they would take immediate action.

The sluices on each floor of the home were not being kept clean. Bedpans were left on sluice floors and were visibly dirty with faeces. The hand washing sinks in the sluices had cleaning materials stored in them which prevented staff from using them to wash their hands. People and staff were at risk of infection as staff did not have access to the facilities they needed. We showed the registered manager our concerns and they assured us they would take action to ensure people and staff were protected from risk.

These concerns were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe in the home. Comments included: "I've not always felt safe before coming here. I am here and I feel safe and secure. Carers understand me", "I've been here for a long time and I feel safe and happy" and "It's safe here because people take time to sit and make sure that you are alright." Relatives also told us their loved one's were safe in the home. Comments included: "It all seems safe here. They look after [relative] very well and he seems quite well looked after. He has even put some weight on", "My [relative] has been here for a few months. I know that he is safe and secure" and "She has settled in and I know that she is safe."

Staff had knowledge of types of abuse, signs of possible abuse which included neglect, and their responsibility to report any concerns promptly. Staff told us they would document concerns and report them to the registered manager, or the provider. One staff member said, "We always notify our nurse." Another staff member added that, if they were unhappy with the manager's or provider's response, "I would raise any concerns to CQC or safeguarding." Staff told us they had received safeguarding training and were aware of the local authority safeguarding team and its role.

The registered manager raised and responded to any safeguarding concerns in accordance with local authority safeguarding procedures. Since our last inspection the provider had ensured all concerns were reported to local authority safeguarding and CQC. They also ensured all action was taken to protect people from harm.

People had assessments where staff had identified risks in relation to their health and wellbeing. These included moving and handling, mobility, social isolation and nutrition and hydration. Risk assessments enabled people to stay safe. Each person's care plan contained clear and detailed information on the equipment and support they needed to assist them with their mobility. For example, staff ensured people's pressure relieving mattresses were set in accordance with their needs.

Where people were at the risk of falls staff ensured they were protected from harm. Staff ensured people were referred to local healthcare professionals to ensure the support they provided was safe and effective. One person was at risk from falling form their chair, staff had sought advice from healthcare professionals. The person had a specialist chair which ensured they were comfortable and protecting them from the risk of falling.

People told us there were enough staff to meet their needs. Comments included: "When I need help they can take a while to get to me but usually they are with me quickly", "If you wake up in the night and you want something or you don't feel well then there are always staff around" and "Staff are always around when needed and they like to come in for a chat when they can."

There was a calm atmosphere in the home on the day of our inspection. Staff were not rushed and had time to assist people in a calm and dignified way. Staff had time to spend talking to people throughout the day. Staff told us they had enough staff, one member of staff said, "we have enough staff, we can meet people's needs."

The registered manager had a system for ensuring there were enough care workers deployed to meet people's needs. The provider had a tool which the registered manager used to assess how many staff were needed to

Requires improvement

Is the service safe?

meet people's need. The registered manager told us the amount of staff deployed would depend on people's needs. Staff rotas showed the numbers of staff required were on shift.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and disclosure and barring checks (criminal record checks) to ensure staff were of good character.

People received their medicines as prescribed. We observed a nurse assisting people to take their medicines. The nurse gave people time to take their medicines and supported them with care and patience. One person told us, "They take time giving me my medicines, I get what I need."

All medicines were securely stored in line with current and relevant regulations and guidance. People's medicine records accurately reflected the medicine in stock for each person. Medicine stocks were checked monthly by nursing staff. These checks showed staff monitored stock to ensure medicines were not taken inappropriately and people received their medicines as prescribed.

Where medicines were administered covertly, nursing staff did not always have clear guidance to follow to ensure people received their medicines. One person had a covert medicines guidance sheet. This document contained no information on how medicines should be administered or details on the person. We discussed this concern with the registered manager who took immediate action and ensured an immediate review of the person's medicines were arranged. We were content that action had been taken to ensure the person was protected from harm.

Good

Is the service effective?

Our findings

People and their visitors spoke positively about care staff and told us they were skilled to meet their needs. Comments included: "They are very helpful and good at personal care and dressing me", "Staff are very nice and thoughtful. They do ask what you want and they check that if it is alright to do something" and "The staff know me, my needs and how to help me."

Care workers told us they had the training and skills they needed to meet people's needs. Comments included: "We all have the training we need, it enables me to help out in more ways", "Training is always available" and "I feel we have access to the training and support we need." Staff told us they had the training they needed when they started working at the home, and were supported to refresh this training. Staff completed training which included safeguarding, fire safety and moving & handling.

Staff told us they had been supported by the registered manager and provider to develop professionally. Two care workers told us they were supported to complete their Qualifications Credit Framework (QCF) level 4 diploma in health and social care. Another care worker was currently taking QCF level 3 in dementia care.

Staff had access to supervision and appraisal from the manager. Staff supervision records showed staff were supported. Supervision records showed the registered manager used supervisions to understand staff concerns and make changes where necessary. Supervision included discussing training opportunities, one staff member said supervision was, “What we’d like to do”. Care workers told us they felt supported by the registered manager, the provider and other senior staff. Comments included: "It's a very supportive place to work" and "very supportive and open."

Staff we spoke with had undertaken training on the Mental Capacity Act (MCA) 2005 (MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time). They showed a good understanding of this legislation and were able to cite specific points about it. One staff member told us, “It's decision specific. Someone might not be able to decide if they wanted to go to hospital for a reason, however they could pick there clothes and food. We can't assume anything.” Another staff member told us “It’s protecting someone’s rights” and that “We have to treat people as individuals.”

The registered manager ensured where someone lacked capacity to make a specific decision, a best interest assessment was carried out. For one person a best interest decision had been made as the person no longer had the capacity to understand the risks to their health if they left the home without support. The manager made a Deprivation of liberty safeguard (DoLS) application for this person. DoLS is where a person can be deprived of their liberty where it is deemed to be in their best interests or for their own safety.

The registered manager had identified a number of people who they believed were being deprived of their liberty. They had made DoLS applications to the supervisory body. These applications included the reason they have made the application, which referred to the individual person's safety. People's care plans also contained mental capacity assessment information for specific decisions such as consent to care and accommodation.

Staff supported people who could become anxious and exhibit behaviours which may challenge. One person's care plan stated they could be anxious and aggressive. The person's care plan provided clear guidance on how staff should reassure the person to protect them and other people from harm. This included talking to them and reassuring them during personal care. Another person's care plan documented signs staff should be aware of and things they could do to prevent this person from becoming anxious, this included sitting with them and stroking their hand. A member of staff said, "I have been trained to deal with challenging behaviour, triggers and hope to support people. I use the Alzheimer’s website for further information."

The service sought the advice of community psychiatric nurses (CPN) to ensure people were kept safe and received effective care. People's care plans contained clear guidance on the support people needed. Staff had sought advice for one person who was particularly anxious. A meeting was held with CPN's, the person's family and GP to discuss how best staff could support them. A clear plan of action was in place which staff were following.

Good

Is the service effective?

People were supported to maintain good health through access to a range of health professionals. These professionals were involved in assessing, planning, implementing and evaluating people's care and treatment. These included GPs, psychiatrists, district nurses, community mental health nurses and speech and language therapists.

Four people were supported by care workers with thickened fluids because they were at risk of choking. These people had been assessed as at risk and speech and language therapist (SALT) guidance had been sought and followed. We observed staff prepare people's drinks in line with this guidance. Where care staff had concerns over people losing weight they contacted the person's GP. People were supported with dietary supplements and were given support and encouragement to meet their nutritional needs. One relative told us, "When he [relative] came in he was very underweight and he was seen by the SALT team who recommended that he had a soft to pureed diet. Since he has been on it and he has been given food supplements, he has even put some weight on."

People spoke positively about the food and drink they received in the home. Comments included: "The meals are very good and they know what I like, they know my preferences", "The meals are very good here" and "There is always plenty to eat and drink."

The atmosphere at lunch time was calm and pleasant. Staff talked to people in a respectful way. Staff asked if people wanted clothes protectors and respected people's wishes if they chose not to. People who needed assistance with their meals were supported by care staff and were supported to make choices. Staff assisted people as they provided them their meals, to ensure people had a good experience and to ensure their meal did not get cold. Staff were organised in ensuring all people had their meals in a safe and dignified way.

The home's chef and staff were all aware of people's dietary needs and preferences. The chef told us they had all the information they needed and were aware of people's individual needs. People's needs and preferences were also clearly recorded in their care plans.

Good

Is the service caring?

Our findings

People and their relatives spoke positively about staff and their caring nature. Comments included: "The girls are very kind and I am so pleased that they look after me well", "I feel very well cared for by nice kind people" and "They are a nice set of girls and I get on well with them." One relative told us, "Excellent care! Mum was in another home before coming here and the care here is so much better. They are a great team. Mum is clean, well dressed and her hair is done. Staff treat people with respect here." Another relative said, "Brilliant care! Carers are so good and they look after us very well always bring us tea when we arrive."

Since our last inspection the provider received a number of compliments. One family wrote “We’ve been humbled to experience the level of care, skill, love, calmness and companionship that runs through the entire building.”

One relative told us how their relative had always had pride in their appearance and care staff supported the person to maintain this. They said, "Care is magnificent. They will always give her a shower and do her hair. She has clean clothes everyday and they always make sure they are all matching." We observed this person and saw they were happy with their appearance. The relative also told us, "The care is immaculate. I can bring [relatives] friends and there is always an air of peace and quiet. It is very non-confrontational with lots of support."

Staff showed concern for people's well being. One person was agitated and was walking with purpose around the home. Care staff were aware of this and supported the person to have a drink and be comfortable. The staff member knew the person liked cars and music and used a toy car and cd player to engage and reassure the person. The person's care plan showed what was important to them, and how they liked to be supported.

Staff clearly knew the people they cared for, including their likes and dislikes. When we discussed people and their needs, all staff spoke confidently about them. One staff member spoke to us about one person, what was important to them. They told us it was important to know this information, especially if the person or their relatives asked for an update. Another staff member told us about one person who called staff by the same name. Staff were good natured, respected the person and knew the reason why the person did this.

We observed staff speak to people in a polite, friendly and respectful way. One staff member was assisting a person with their lunch. The person liked to eat their lunch in their own room. The staff member knocked on the person's door and ensured they were happy to have a lunch of their choice. They talked to the person throughout, telling them what they were eating. The person was happy throughout their time with the member of staff.

Staff took time to reassure people before they became anxious. Staff knew signs and indicators to be aware of, which included the person being restless. Staff spoke positively about how they would assist people before they became anxious. One staff member said, "Talking to them, being happy with them, it helps us care for them."

One person was becoming agitated and wanted to phone their relative. Staff had the persons contact details, however they did not have their work number. The person told staff where their relative worked and the receptionist organised the call for the person. The person told us they were happy and we saw they were not agitated.

Staff told us how they used people's life histories to care for them and engage with them. One person walked around the home cleaning hand rails and doors. One member of staff told us, "I give them a duster. They like to be occupied, and if I give them a duster it also protects their hands."

One person was asked for their views of where they would wish to be treated in the event of their health deteriorating. The person, with support from their family had decided they wished to be cared for in the home. A Do Not Attempt Cardio Pulmonary Resuscitation form was in place which stated they did not want to receive active treatment in the event of heart failure. The person and their family's wishes around their end of life care had clearly been recorded.

People were treated with dignity and respect. We observed staff assisting people throughout the day. One person liked to spend most of their day in their room. Staff checked on this person, knocking on their door and introducing themselves. When staff assisted this person with personal care they ensured their room door and curtains were closed to ensure their dignity was protected. People were asked if they preferred a male or female care worker providing their personal care. Their preferences were recorded in care plans and people told us their choices were always respected.

Requires improvement

Is the service responsive?

Our findings

People had mixed views on activities and engagement in the home. Comments included: "There isn't always things for me to do", "There are things to do if you want to. We had a lovely trip the other day. the pictures are on the wall" and "I enjoy the activities. I like reading the paper with staff." One relative told us, "Since the Memory lane activity co-ordinator left there is nothing for the residents to do they just sit around doing nothing."

People who stayed in their room told us there was not always enough for them to do. Some people went without access to meaningful stimulation from care staff or structured activities. In the home's memory lane unit four people walked around the home. There were no structured activities in this unit which benefitted people with dementia.

The home currently had one activity co-ordinator who worked across the home. While the activity co-ordinator provided group activities, people told us there was limited one to one activities. The registered manager was aware of this concern, following feedback from people and their relatives as well as quality assurance visits. They informed us a second activity co-ordinator had been recruited and would be starting work at the home shortly.

We spoke with the incoming activity co-ordinator who told us they planned to extend the range, scope and number of activities. They were keen to develop the use of IT with people. They also hoped to arrange for the introduction of WiFi in the home, and also recruit more volunteers to ensure people were protected from the risk of isolation.

The home's activity co-ordinator provided structured group activities which were important to people. They arranged for group singing sessions, bingo and art and crafts. Individual staff took time to spend with people and discuss newspapers and the days events. One person told us, "I love the choir, lots of the songs I know. I'm not much of a singer but I love joining in."

People's care plans included information relating to their social and health care needs. They were written with clear instructions for staff about how care should be delivered. They also included information on people's past work and social life as well as family and friends. The care plans and risk assessments were reviewed monthly and where changes were identified, the plans were changed to reflect the person's needs.

People's care plans were often personalised and contained information on people's life histories and preferences. We saw detailed life histories which care staff used to understand what was important to people. People told us their preferences were respected. One person said, "If I ask for anything or want something done differently they are very good and will change things."

Relatives told us they were involved in planning their relatives care. We also saw, where appropriate, people's relatives signed documents in their care plan which showed they wished to be involved. One relative explained how they were involved in discussing their relatives changing care needs with staff. They told us, "They are very good at keeping in touch, if they [relative] had a fall they will always ring me. I am kept well informed and I think they are comfortable and content here."

The service ensured where people had appointed Powers of Attorney (PoA) this was recorded and relevant people were involved in their care. PoA is where one person is appointed to act on another person's behalf for either their health and wellbeing or finances and affairs. PoA's were involved in people's care reviews and heavily involved in planning the person's care. One PoA had clearly recorded what was important to the person and how they liked to be supported with their care.

People and their relatives told us they knew how to raise complaints. Comments included: "I am very blessed to be here. I have no complaints", "I am very satisfied, nothing to complain about at all. If I was concerned then I would see the manager and I know that she would deal with my concern" and "I have no complaints about here."

There was a complaints policy which clearly showed how people could make a complaint and how the provider would respond to this complaint. Copies of the Home's complaints procedure were clearly displayed around the building. Complaints had been responded to in accordance with the provider's complaints policy. The registered manager had not received any complaints since November 2014.

Good

Is the service well-led?

Our findings

The registered manager had effective systems in place to monitor and improve the quality of care people received. They operated a range of audits such as care plan audits, medicine audits, kitchen audits and observations within the home. Where audits or observations identified concerns, clear actions were implemented. The registered manager had identified there was a need for a sling to be available for each person and for a new activity co-ordinator to be appointed. These were actions the registered manager was working on.

We discussed concerns with the registered manager around the lack of moving and handling slings for each person. The registered manager was concerned that this had not been actioned. They had also identified the need for a new lead nurse, to enable the deputy manager to carry out their management duties. They informed us a new lead nurse had been recruited.

The registered manager sought people and their relative's views about the service. This information was used to make changes to and improve the quality of service people received. People told us they had suggested changes to activities and menus. People and their relatives told us action had been taken and they felt their views were respected. Relatives also told us that the actions taken and the outcomes of meetings were reported back to people via a letter or by word of mouth to relatives and to anyone who were unable to attend the meeting.

A regional manager employed by the provider carried out quality first visits. These visits identified concerns which informed the homes action plan. Issues identified included medicine storage, care records and the home's internal quality assurance processes. Clear actions were set which included who was responsible for the action, and when the action needed to be completed. One visit had identified Power of Attorney details were not stored on people's records. Action had been taken and this evidence was available during inspection.

The provider carried out their own regulatory visits of the service. They found some concerns which informed the home's action plan. Clear actions had been taken following this visit such as implementing 'as required' medicine protocols. This action had been completed and the service had 'as required' medicine protocols.

People and their relatives spoke positively about the registered manager. Comments included: " I have met the manager a couple of times and they are OK", "They are very approachable and nothing appears to be too much of an issue" and "The manager is very good. Before Dad came in she went to visit him to make sure that this was the right home for him- very caring." A healthcare professional told us, "The manager is fantastic, she's always available, talks to you, and knows all of the residents."

Staff spoke positively about the manager. A staff member told us the manager was "The manager's door is open. She's always saying that." Another staff member described the manager as "Very supportive and approachable".

Staff told us they had the information they needed. The registered manager arranged daily team meetings to ensure all staff had the information they needed to assist people. These meetings discussed issues, good practice and the responsibilities of staff. For example, the unit manager asked for DNR forms to be collected from the GP who had reviewed these. They also announced the 'resident of the day' for both units of the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: People and staff were not protected from the risk of infection as there were not effective arrangements to prevent the risk of infection spreading. Regulation 12 (h)