Care Quality Commission

Beechcroft Care Homes Ltd

Southbourne Care Home

Inspection report

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Date of inspection visit: 2 December 2015
Date of publication: 04/03/2016

Ratings

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

Overall summary

This inspection took place on 2 December 2015 and was unannounced. It started at 06:30am to allow us to meet with the night staff, and observe a handover to the morning staff.

Southbourne is a care home, registered to provide accommodation for up to 21 people needing personal care. People living at the home are older people, most of whom are living with dementia. Some people at the home were receiving intermediate care. These people were being supported by community staff with a view to returning to their own home.

The home had a registered manager. 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. The registered manager for Southbourne visited the home regularly, but the person in day to day charge at the home was a trainee manager, who was previously the home's deputy manager. They told us they were working towards becoming the next registered manager.

Summary of findings

The home was previously inspected on 17 and 18 November 2014 in response to concerns we had received. We identified a number of concerns in relation to keeping people safe, staff training, staffing, and staff recruitment. Breaches of legislation were identified in relation to quality assurance, person centred care, cross infection and records. Following the inspection the provider sent us an action plan telling us what changes they intended to make. We met with the provider to discuss the improvements that needed to be made.

This inspection was undertaken to review the progress the home had made in relation to the concerns and breaches. We found that although there had been improvements there were still areas that caused us concern. The provider and registered manager had not robustly completed all areas of their action plan.

Recruitment procedures at the home were not always safe or robust enough to protect people.

People were supported by sufficient numbers of staff. However, staff did not always receive the support and training they needed to do their job. Staff understood their responsibilities with regard to safeguarding people, and told us they would act upon any concerns that they had. However not all staff had received training in how to protect people from abuse. People were not always being asked for their consent to care and we saw staff did not always speak with staff before carrying out tasks that affected them.

Medicine practices were not always safe or clear. For example, we identified concerns over a lack of clear guidance for staff about the administration of some "as required" medicines. One person's care plan contained contradictory information about the administration of a prescribed item.

Risks to people were being assessed, and actions taken to minimise the risks of harm. People had access to community healthcare services to meet their needs.

The trainee manager was working to develop a positive culture at the home and had a good understanding of the standards they wanted to achieve. However the home had not been assessed against best practice in dementia care or current legislation, and some records were still not well maintained or had not been updated. Some improvements to the systems for quality and risk management had been put in place. However, the systems for governance, including assessing and managing the quality and risks at the service and maintenance of records were not yet effective in ensuring standards were maintained and risks were mitigated.

People's needs were assessed prior to their admission and care plans were reviewed regularly. However plans did not always accurately record people's needs consistently or reflect the impact of their dementia across all aspects of their care. Improvements had been made to the provision of activities at the home, with daily activities underway. People told us they enjoyed these.

People were consulted about the operation of the home and how improvements could be made. Some quality assurance systems were in place, including questionnaires for stakeholders to enable them to have a say in how the home was run. Complaints and concerns were managed with systems and policies in place.

Work was under way to improve the premises and further adapt it to make it suitable to meet the needs of people living with dementia. This included some areas of cleanliness and odour control, as well as improved signage and access. Significant work had been undertaken to provide an internal lift, improved garden areas and some internal décor.

We found a number of breaches 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 home was not always safe.

Recruitment procedures at the home were not always safe or robust enough to protect people.

Medicine practices were not always safe or clear.

Risks to people were being assessed, and actions taken to minimise the risks of harm.

Staff understood their responsibilities with regard to safeguarding people, and told us they would act upon any concerns that they had.

People were supported by sufficient numbers of staff.

Is the service effective?

Requires improvement

The home was not always effective.

Staff did not always receive the support and training they needed to do their job.

Staff were not always including people in decisions about their care or seeking their consent.

People who were at risk of poor food or fluid intake were being monitored to protect their health, but records regarding their nutrition were not always being completed in enough detail. People had access to community healthcare services to meet their needs.

Work was under way to improve the premises and further adapt it to make it suitable to meet the needs of people living with dementia. This included some areas of cleanliness and odour control.

Is the service caring?

Good

The home was caring.

Staff were sensitive to people's needs. They told us they liked supporting people living with dementia.

Staff understood people's needs, and were thoughtful about the care they delivered. People told us the staff were caring.

Summary of findings

People's privacy and dignity were respected. Records were maintained confidentially and showed respectful language was used to describe people's care.

Is the service responsive?

Good

The home was responsive.

People's needs were assessed prior to their admission and care plans were reviewed regularly. Plans did not always accurately record people's needs consistently or reflect the impact of their dementia across all aspects of their care.

Improvements had been made to the provision of activities at the home.

Complaints and concerns were managed with systems and policies in place.

Is the service well-led?

Requires improvement

The home was not always well-led.

The provider and registered manager had not met all areas of their action plan.

The trainee manager was working to develop a positive culture at the home and had a good understanding of the standards they wanted to achieve. However the registered manager had not assessed the home against best practice in dementia care.

Some records were not well maintained.

People were consulted about the operation of the home and how improvements could be made. Some quality assurance systems were in place, including questionnaires for stakeholders to enable them to have a say in how the home was run.

Southbourne 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 registered provider was 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. It was also to look at improvements that had been made to the home since our last inspection of the home in November 2014. At that time we had identified a number of concerns about the home. Following the inspection the provider sent us an action plan telling us what changes they intended to make. We also met with the provider to discuss our concerns.

This inspection took place on 2 December 2015 and was unannounced. It was carried out by one adult social care inspector.

We spent time observing the care and support people received, including staff supporting people with their moving and transferring and being supported to take their medicines. Many of the people living at the home were living with dementia, and were not able to discuss with us directly their experience of care at Southbourne. We spent several short periods of time carrying out a SOFI observation. SOFI is a specific way of observing care to help us understand the experiences of people who could not communicate verbally with us in any detail about their care. On the inspection we also spoke with three of the 19 people who lived at the home, four visitors, a visiting GP, a visiting Speech and Language Therapist and five members of both day and night staff. We spoke with the staff about their role and the people they were supporting.

Before the inspection we contacted the local authority quality team and three visiting professionals who had been involved in supporting people at Southbourne to gather their views about the service.

We looked at the care plans, records and daily notes for five people with a range of needs. We looked at other policies and procedures in relation to the operation of the home, such as the safeguarding and complaints policies. We reviewed four staff files to check the home was operating a full recruitment procedure, as well as their training and supervision records. We looked at the accommodation provided for people and risk assessments for the premises, as well as for individuals receiving care and staff providing it.

Requires improvement

Is the service safe?

Our findings

At our last inspection of Southbourne on 17 and 18 November 2014 we identified concerns in relation to safety at the home. The home was rated as Inadequate for safe at that time. We had identified some concerns about failures to assess risks to people including from choking, and pressure area care, management systems for the safe use of equipment, infection control practices and staffing levels not always meeting people's needs. Breaches of regulations were identified in relation to Regulations 17 and 12 of the Health and Social Care Act (Regulated Activities) Regulations 2010. Following the inspection we met with the provider to discuss our concerns. The provider recently provided us with an updated action plan. At this inspection we looked to see what had changed.

On this inspection we saw some improvements had been made. However, people were still not always being protected from risks at the home. We identified concerns that staff recruitment procedures were not always robust enough to ensure people were protected. Some improvements were needed to the systems for medicine administration.

A recruitment process was in place that was designed to identify concerns or risks when employing new staff. We reviewed three staff files, and identified concerns with all of these in relation to the recruitment process. Records showed staff were working unsupervised and counted as working members of staff delivering personal care on the home's rota before their full disclosure and barring service (police) check had been returned to the home. Certain risks had not been identified or addressed by the recruitment process. For example, one staff member's job application contained gaps in their working history that had not been explored by the provider. Another staff member had supplied pre-written references in relation to their work which the home had not followed through to check they were accurate. One of these was not dated. This meant that the provider could not assure themselves they were an accurate reflection of the staff member's previous work or character. Prior to the inspection the provider had told us in their action plan that "All staff will not complete unsupervised shift prior to receipt of DBS".

This was a breach of Regulation 19 (2) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Following the inspection the provider told us that they had changed their procedures to ensure that staff did not start working at the home until their DBS had been returned and assessed.

People were not always protected against the risks associated with medicines. We identified devices to help people use their inhalers more easily were not being cleaned adequately in accordance with the manufacturer's instructions. Instructions for "as required" medicines were not clearly recording when people might need to be given medicines, in particular to manage people's behaviours or anxiety. This could lead to people being given medicines inconsistently. However we saw these had been used very infrequently. The home did not use tools to support staff to understand when people who might not be able to communicate with them verbally might be in pain and require pain relief. However we did not identify any instances where people had not received the pain relief they needed, and staff were able to tell us how they would understand if people were in pain.

On the last inspection there had been significant concerns over cleanliness of the home and infection control practices. These had been substantially addressed, with cleaning schedules and audits being in place. Although there were still some areas that had an odour problem this was markedly improved on the previous inspection, and the trainee manager and cleaning staff were working to improve this with specialist cleaning products. The home's management had implemented cleaning routines and charts to ensure everyday cleaning tasks were undertaken. Carpets were being cleaned regularly and improvements had been made to the décor in some communal areas and bedrooms. Staff wore aprons and gloves when supporting people with their care and separate disposable aprons when dealing with food. Infection control audits had been put in place and information was available on the management and control of cross infection risks. Some chairs in the lounge needed additional cleaning or replacement, and there was some clothing in the boiler room that we asked be removed to keep the area clean and clear. Wall mounted dispensers were in place for anti-bacterial soaps and gels in bathrooms. Staff told us that gloves and aprons were freely available to them.

Risk assessments had been undertaken for people's care needs, such as risks associated with choking, nutrition, pressure damage to skin and moving and handling using a

Requires improvement

Is the service safe?

risk assessment tool. Action plans were in place to reduce the risks. For example several people had been assessed as being at risk of choking by a speech and language therapist and an assessment made of suitable dietary adaptations needed to reduce the risk of choking, for example a fork mashable or pureed diet and thickened fluids. This information was recorded in people's care plans, with their medicine records and in a file kept in people's rooms to record daily food and fluid intake. Information was also kept in the kitchen to remind staff when preparing foods. Staff were aware of the support people needed with their meals and with eating. A visiting speech and language therapist told us their experience was that the home followed through instructions they had been given about people's eating and choking risks and they had no current concerns.

Risk assessments were undertaken for care or safety needs, such as for the management of oxygen within the home. People had individual evacuation plans in place in case of fire. Where people had been assessed as being at risk of skin damage due to prolonged pressure, assessments had been made of equipment needed, such as for pressure reliving mattresses and cushions. These were correctly adjusted to the person's weight and this was checked and recorded every day to ensure they were still effective.

People's weights were being regularly assessed and where people were at risk of weight loss additional high calorie supplement drinks were being provided. We saw actions taken with regard to one person's nutrition had meant their weight loss had stabilised and their health outcomes had improved.

Risks to the environment had been assessed, including for fire and water safety. Fire and other equipment such as hoists and lifts were being serviced regularly, and escape routes were clear and clearly marked. Contact numbers were available for staff in case of emergencies, including access to senior and management staff. Specific risk assessments were undertaken in relation to staff safe working practices, for example in pregnancy.

Systems had been put in place to assess incidents and accidents to identify if there were any trends or learning to be achieved. An incident where a person had fallen and injured themselves had been reported to the appropriate agencies.

Systems were in place to ensure staff understood what to do to identify and report any concerns about people's well-being. Staff told us they knew how to find information on where to report concerns further if the home's management did not respond to alerts made. Policies and procedures were available to remind staff of what actions to follow in case of concerns in safeguarding and whistleblowing policies. At the time of the inspection the home was working with the safeguarding team from the local authority who were investigating the care of a person who had lived at the home. The home management had co-operated with the investigation and had carried out their own internal investigation into what had gone wrong with the person's care. They had accepted responsibility for the issues identified and taken action to ensure it did not happen again.

During the inspection a person raised a concern with a family member. We discussed this with the trainee manager, who reported this to the registered manager for further action and investigation.

Relatives told us they felt their relation was safe at the home. One told us "I am in and out all the time and I know (person's name) is happy here. I would know if they weren't even if they can't tell me". Another said "If I didn't think they were safe and happy they wouldn't be here. But I can see how well they are doing".

People were supported by sufficient numbers of staff on duty. The home was busy and active, but there were enough staff on duty to identify and meet people's needs in a timely way on the day we visited. There were two waking night staff, who also had responsibility for carrying out some cleaning tasks. Staff were working well as a team and were cheerful and positive in their approaches to people. The trainee manager assured us that if they could demonstrate to the provider a need for additional staff then they would be provided, for example in the case of deteriorating health. There had been a significant turnover of staff at the home since the last inspection and some staff had been moved to work at Southbourne from other homes operated by the same provider. The trainee manager told us that this had in part been positive, allowing for the recruitment of a more experienced staff team.

We observed a member of staff giving people their medicines, and saw this was done with sufficient time and explanations to help them understand what they were

Requires improvement

Is the service safe?

taking. The staff member understood how the systems for the safe administration, storage and recording of medicines worked and had received appropriate training and assessments of their competency both by the home and from the supplying pharmacy. Where people required regular health monitoring due to the use of specific medicines there were effective systems in place to ensure, for example that regular blood tests were carried out. Regular audits were carried to ensure the administration of medicines was carried out safely.

The home had implemented an improved dress code for staff, which covered any potential infection risks such as the wearing of jewellery and piercings that had been identified at the previous inspection. The home had been rated four out of five for food safety by Torbay Councils environmental health department.

Requires improvement

Is the service effective?

Our findings

At the last inspection we had not identified breaches of legislation under the Effective domain. However we did identify that improvements were needed to the environment of the home to make it more suitable for people with dementia. We found some improvements had been made in this area at this inspection. However we also identified concerns in relation to staff training, and inconsistencies with people being asked for their consent or being involved with their care.

The home's training matrix demonstrated staff were not all up to date with training they needed to do their job. For example, only one person of the fifteen staff employed had received training in bowel and bladder care and seven had completed dementia training beyond their induction. At the last inspection staff had not received training in the safeguarding of vulnerable adults, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff generally asked people for their consent and spoke with them throughout the care task they were carrying out. However we also saw an instance where three staff supported a person to prepare to attend a hospital appointment. A staff member tilted and then moved the person in their chair without discussion with the person or informing them what was happening. This startled the person, and had a negative impact on them. Staff did not re-assure them or speak with them until they had moved into another room. This told us that staff did not always seek people's consent or involve them in their care.

Food and fluid balance charts were being completed daily by staff for people at risk, however these were not always being totalled at the end of each day, and there were no target amounts identified to maintain the person's health. This meant that it was not easy for staff to assess and compare how much fluid each person had received each day, and could lead to people not receiving the fluids they needed. Concerns over one person's fluid output were discussed at the handover and a referral was made to the person's GP that day for medical assessment.

Staff files recorded the training staff received when starting at the home and on a regular basis throughout the year. The registered manager outlined the induction process new staff followed when they started working at the home. This was substantially completed in one day, followed by several days of shadowing more senior staff. Less experienced staff were expected to complete the Care Certificate, which is a national programme for induction practice across the care sector. We were not able to see these files as staff had them at their homes; however a member of staff we spoke with confirmed they were undertaking the course. Some entries on the induction programmes were not dated so it was not possible to see when they had been completed with the staff member in relation to their starting work at the home.

Staff told us they felt they had received the training they needed to do their job. One told us "There is always lots of training here. I think I have had what I need, but you don't always know what you don't know".

Staff had started to receive supervision and appraisals, which included observations of their competency in the practical delivery of care tasks, as well as group supervision and appraisals. Staff understood their roles, were organised and staff handovers included a review of each person, the day's work and planning to ensure all tasks were covered.

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. Where people who lived at the home were not always able to make decisions on their own behalf assessments had been made of their capacity to make decisions to ensure this was correct. Then arrangements had been made to ensure that 'best interest' decisions were made on their behalf in relation to consenting to care or medicines.

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 applications had been submitted where appropriate under the DoLS and these were awaiting a decision from the local authority.

Requires improvement

Is the service effective?

People's risk of poor hydration and nutrition was assessed. We could see actions were taken where people where people were identified as needing support with eating or drinking enough to maintain their health. This had been effective in stabilising the person's weight loss and maintaining their health. Staff told us people were given drinks throughout the day and we saw this in practice.

Meals at Southbourne were not cooked at the home but at another home operated by the same provider. They were then transported to Southbourne in a sealed system. We discussed this with the home's staff and management. They told us there was always sufficient food available and the home had access to food at other times if needed, for example if someone wanted a sandwich in the middle of the night. People told us they were happy with the meals served to them. Some people needed their meals pureed or softened, and staff were clear about what support people needed with their meals. People were offered their breakfast individually when they got up, which meant people did not have to wait for their meal. People told us they enjoyed their meals, and staff took care to ensure they had what they wanted. Where staff had concerns that meals needed to be made warmer they could do this in a microwave at Southbourne.

People had access to healthcare services in the community. This included dentists, podiatrists, speech and language therapists, psychiatric nurses and GPs. Some people who were at the home for intermediate care received considerable input and rehabilitation from community healthcare staff with a view to returning to their own home. District nurses came to the home if needed to review and support the home with people's pressure area care and to manage any nursing needs. We spoke with a visiting GP and speech and language therapist on the inspection. They told us they were satisfied with the standards at the home and felt they were called in early enough to help support and manage any concerns about people's health. They felt they had a good working relationship with the home.

Southbourne is a period villa in a residential area of Torquay. At the last inspection concerns were identified about the premises. Some areas had not been clean, and there was limited evidence of environmental adaptation for people with dementia. Since the last inspection there had been improvements. A passenger lift had been installed which meant people had improved access to the first floor, and there was a clearer layout to the ground floor. This made it easier for people living with dementia to orientate themselves, as there was a clear front door and entrance. The entrance hall had been re-located to the side of the building, through a secure gate and garden area. This meant that in the summer people would have safe unescorted access to outside space if they wished. There had been improvements with cleanliness and odour control, although some areas still needed attention. Signage and décor had also improved. People had signs on their doors to enable them to orientate themselves and give a pen picture of their interests, strengths and qualities. Location signs were improved, helping people orientate themselves to access toilets. The trainee manager had plans to develop this further in line with good practice in dementia care.

The home's handyman showed us the systems for reporting any concerns about the maintenance of the premises so they could be addressed without delay.

Good

Is the service caring?

Our findings

Relatives told us the staff were caring towards people living at the home. People told us "The staff here are very caring. They always go that extra mile" and "Best staff so far at the moment – they are very good with (person's name). The staff are lovely with (person's name), lots of banter." One person told us their relation was not happy at the home but this was not due to any fault on the home's part "It's just not where they want to be."

Staff knew people's needs well, and told us they enjoyed working with people who were living with dementia. People's privacy was respected and personal care was provided in private. Staff knocked on people's doors before entering and supported people in communal areas in a discreet manner. For example staff asked people discreetly if they wanted to go to the toilet and helped them to keep clean in ways that respected their dignity. Staff told us they ensured people were dressed and presented well, and their clothing was clean and co-ordinated where this was possible. A relative told us how important they felt it was for their relation to be dressed in the way they would have chosen to do themselves, and how they appreciated the efforts made to make them look smart.

Staff spoke kindly about people they were supporting. The records that we saw were written in a respectful way and used appropriate terminology.

Some but not all of the care files contained information about people's life history prior to their admission to the home. This gave staff information about people's lifestyle choices and helped them engage with people. It also helped staff provide conversation and stimulation that met their interests. The trainee manager told us that they had tried to gather information about people but that relatives had sometimes been reluctant to share this or the person did not have anyone who knew them well enough. For people who did not have relatives the trainee manager told us that staff were careful to record any new information they found out about the person.

Staff supported people to celebrate and acknowledge special or significant events in their lives. For example on the day of the inspection it was a person's birthday. The home had prepared a cake and staff sang to the person as they blew out the candles. Christmas decorations were being put up and the trainee manager told us about arrangements they were making to ensure everyone had a present, even though they might not have any friends or family outside of the home.

The trainee manager told us about work she had been doing supporting people who were living with dementia to engage with dolls and toys. She had found this had significantly improved the well-being of some people, and resulted in them experiencing reduced anxiety levels. A relative also confirmed this had been positive.

A relative told us that they appreciated that Southbourne was "homely and that I always get offered a cup of tea when I come. (Person's name) has been in several other homes but they like this one the best. I come every day and I have no concerns what so ever".

Good

Is the service responsive?

Our findings

At the last inspection there were concerns over care planning for people, and the lack of opportunities for involvement from relatives in planning for people's care as well as how activities were managed. We found that some improvements had been made. However not all care plans were accurate or person centred and did not always reflect the impact of how living with dementia impacted on the person concerned.

Care files showed each person had had their needs assessed before they moved into the home. This was to make sure the home could meet their needs and expectations. Assessments included information from previous care providers, relatives and the person themselves, as well as information about people's life history where available. Care plans were then written based on the assessments undertaken.

Plans were being reviewed regularly, and although some were still "work in progress" we saw there had ben significant improvements. One plan we saw contained contradictory information and had had not been updated through all areas of the plan following changes to the person's care in hospital. This was altered while we were at the home to ensure it was clear.

People's care files contained summaries of their care needs, history and routines. Some files did not contain significant information on how living with dementia affected the person's well-being across all areas of their care, for example, with eating, communication and ability to co-operate with care tasks. The trainee manager was working to address this with further improvements, and had a clear understanding of what was needed. Files did contain some information on people's preferred daily routines for example some people chose to get up early, while staff told us other people enjoyed a lie in with breakfast in bed served later in the morning. Staff understood people's care needs, and could tell us about how people liked things to be done. They used the care plans throughout the inspection for reference.

Some people were at the home receiving intermediate care with a plan to return them to their own home. Their care plans reflected the support they needed, which was substantially being provided by community professionals such as physiotherapists and nurses. Intermediate care staff wrote in the home's records so the home's staff were clear about what actions were being carried out for people by the other professionals supporting their care.

Staff were able to tell us about how they would understand and interpret people's behaviours if they were unable to communicate verbally about their health or care needs. One person had recently been admitted with a 'hospital passport' in their file. This contained information in case they needed to go to hospital in an emergency. The trainee manager hoped to expand this tool for everyone at the home, as they had recognised it was good practice. A relative told us "Staff can communicate well with (person's name) and keep me up to date with everything I need to know."

Relatives could not all remember being involved in the initial care planning for their relation. Others told us they had been asked for their views and felt able to discuss anything with the trainee manager if they needed to. Records showed they had been invited to meetings to discuss people's needs.

At the last inspection there had been a concern over a lack of appropriate activities for people to follow. On this inspection the home had an active programme to support people with activities. During the day we saw items for people to engage with were put out in the dining room for people such as games, puzzles and magazines. One person played dominoes with staff. Other people had magazines or papers. Some people watched television and there was a steady flow of visitors and health professionals. In the afternoon there was a visiting guitar player, who sang with people able to request songs they enjoyed. This was really enjoyed by people. Other regular activities included singers, a harpist, piano player and a visiting animal service.

Care files contained some information on people's individual preferences for activities, hobbies and interests, although this information was not always available from the person or their supporters. Where these had been identified efforts had been made to engage people with them. For example, one person was seen by staff as being helpful, and enjoying taking part in household activities such as washing up. The person was given a bowl of water

Good

Is the service responsive?

and helped wash some dishes in the dining room. Although these were washed again afterwards the activity was successful in making the person feel they were valued and useful.

There was a policy in place for dealing with any concerns or complaints and this was made available to people and their families. Relatives said they would speak with the senior staff on duty or the manager if they had any concerns. Where concerns had been received the registered manager ensured a full investigation as carried out and feedback given to the person who raised the concerns. We looked at the complaints log and records of a relatives meeting. We saw there were some areas that had occurred repeatedly, such as the management of laundry. The trainee manager was aware of the issue and was trying to resolve this through re-organisation of some of the laundry systems. The trainee manager could demonstrate to us the system used to audit concerns and respond to people, with the actions that were being taken to resolve issues.

Requires improvement

Is the service well-led?

Our findings

At the last inspection in November 2014 we had identified concerns over management and leadership, maintenance of records and quality assurance systems at the home. The home was rated as 'requires improvement' in this area, and the provider sent us an action plan setting dates for actions to address the concerns. On this inspection we identified that although improvements had been made the home was still not always being well led. Records that we saw were not all well maintained or up to date, and some audits had not taken place. This meant it was not always clear the home's management was monitoring the home's performance to ensure standards were being maintained and people had high quality care and support, or that risks were being managed.

Southbourne had a registered manager, but the person in day to day charge at the home was identified as the trainee manager, who had been the deputy manager until August 2015. The registered manager holds the legal accountability for the service. We were told they attended the home very regularly to support the trainee manager, and that it was hoped that the trainee manager would become the registered manager in due course. However we did not identify a clear development plan was in place to support the trainee manager with their new role. We found that although the transitional arrangements for the trainee manager were working well, there was no evidence of a strategy to support developments in their practice or the trainee manager keeping up to date with best practice.

The home had not completed their action plan thoroughly enough in relation to the findings of the last inspection, and the registered manager was not aware of some of the areas requiring improvement identified on this inspection. In the home's action plan the provider had told us "All staff to attend safeguarding of vulnerable adults, MCA and DoLS course" and "All staff to have in house training regarding MCA and DoLS". We found this had not happened in the year since the last inspection, although the trainee manager had recently begun to deliver training to night staff in house on protecting people and safeguarding. The provider told us this was because they had not managed to secure places on the local Care Trusts courses.

The trainee manager was now carrying out some regular audits of practice at the home, such as for infection control, but there was no formal system for assessing the home against best practice in dementia care, despite the service providing care for people with dementia. Assessments had not been carried out of the service's compliance with legislation relating to care, such as the Health and Social Care Act Regulations or the Fundamental standards and guidance on how providers should comply with legislation.

When walking around the home we identified some risks, including razors and liquids such as bath foams left out in communal bathrooms or in people's rooms that had not previously been identified through the home's own quality assurance or quality audit systems. These could present risks to people with dementia if these were accidentally ingested or misused. They were removed immediately during the course of the inspection.

At the last inspection there had been concerns over the quality of the records being maintained. At this inspection we found that systems had not been put into place to ensure that records were up to date, comprehensive or fully completed. For example some of the policies we sampled referred to previous legislation or guidance on compliance that had been superseded. Care plans were not all accurately completed and the home's pre-employment and recruitment records were not robust. Fluid balance charts were not being completed properly by staff to protect people from the risks of poor hydration and maintain their health.

This told us that systems for governance, including assessing and managing the quality and risks at the service and maintenance of records were not ensuring standards were maintained and risks were mitigated.

This is a breach of Regulation 17 (1) and (2) (a) (b) and (c) of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was a repeat breach of this regulation, so we are taking further action to ensure improvements are undertaken and maintained.

Staff told us the trainee manager was "doing a good job" at moving standards forward at the home, and felt that they were making lots of improvements. The trainee manager had a clear vision for the future development of the home and told us that although they accepted they had a lot to learn, they felt they knew the areas they wanted to focus on now that they had achieved a stable staff team, and were discussing those with the registered manager. They told us they felt supported by the registered manager. They were enthusiastic to develop the home further based on best

Requires improvement

Is the service well-led?

practice guidance from dementia care organisations. However, we found at times the trainee manager worked alongside care staff to fill in gaps on the rota and support individuals who had more complex care needs. This meant that they were not able to attend to their management duties for periods during the day.

There had been staff and relatives meetings to introduce the new care team and discuss the future development of the home. The home was recruiting a new deputy manager which was still a vacant post at the time of the inspection.

Questionnaires had been sent to relatives and other supporters of people who lived at the home in January 2015 to gather their views about the service. These had been collated and feedback made available to people who had participated on the outcome. We saw that some actions had been taken as a result, for example improvements to the garden and improvements to the heating in one person's room. A new cycle of questionnaires was due to go out in January 2016.

During the inspection we identified an event that should have been notified to the Care Quality Commission. This had not been done but was completed during the inspection.

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	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Regulation 19 (2) of the Health and Social Care Act (Regulated Activities) Regulations 2014. How the regulation was not being met: People were not being protected because the provider had not carried out a full recruitment process when employing staff.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 (1) and (2) (a) (b) and (c) of the Health and Social Care Act (Regulated Activities) Regulations 2014 How the Regulation was not being met: People were not being protected because there was not an effective system for assessing, monitoring and improving the quality and safety of the services provided. An accurate and complete record was not maintained for each person; staff recruitment and training records were not robust and records related to the management of the service were not up to date.

The enforcement action we took:
We issued the provider and registered manager with a warning notice in relation to the repeat breach of regulation 17.