

Southview Home Care Ltd

# Southview Home Care

## Inspection report

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## 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 

# Summary of findings

## Overall summary

### About the service

Southview Home Care is a domiciliary care service, supporting adults in the community who require assistance with personal care. At the time of our inspection, everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene. Where they do, we also consider any wider social care provided. At the time of our inspection there were eleven people using the service.

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

People's individual risks were identified through initial assessment. However, the necessary risk assessments, associated with these risks, were either incomplete or missing from people's care files. Despite this, staff had an understanding of people's care and support needs and no one had been placed at risk.

People were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible and in their best interests. However, the policies and systems in the service did not support this practice.

People's mental capacity was not assessed in line with the Mental Capacity Act (MCA) and Southview Home Care's own policy. For people who were subject to restrictions, mental capacity assessments and best interest decision making processes had not been carried out. This meant care was not being provided in line with the MCA.

We found evidence staff were supportive and ensured people had control and choice in their lives. For example, people making their own choices on how their care and support should be carried out.

Systems and processes were not robust enough to ensure good oversight of the service as a whole. They had not identified the issues found during this inspection. Although staff had enough information to provide safe care, they had to go to several sources to get a complete picture of the person they were supporting. We found no evidence of harm caused by this, and all the information was available to staff whenever they needed it via an electronic system.

Health and social care professionals raised concerns about poor communication from the service and felt the provider was not always proactive in developing professional relationships with them. One comment included, "[Provider's name's] heart is in the right place... QAIT (Quality Assurance and Improvement team) involvement has been offered in the past but declined by the provider." Local authority QAIT support services to implement robust systems and processes to ensure people receive appropriate person-centred care and support. Following our inspection, the provider requested contact details for QAIT, and told us they would work with them.

People felt safe and supported by staff in their homes. Comments included, "The carers are wonderful. I am very happy with them. They keep me safe." A relative commented, "The carers keep [person's name] safe." Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have.

Initially, when the service began, there had been issues with missed visits. This was due to issues with staffing and the provider taking on too many care packages. An advisory notice was put in place by the local authority as a supportive mechanism. This advisory notice has since been lifted. Lessons had been learnt by the provider and they were more mindful of the services' capacity and capability to meet people's care and support needs.

People confirmed that staffing arrangements met their needs. They confirmed that there had been issues at first, but these had now improved. They were generally happy with staff timekeeping and confirmed they always stayed the allotted time.

People's medicines were managed so they received them safely. Infection control measures were in place. There were effective staff recruitment and selection processes in place. People received effective care and support from staff who were trained and competent.

People said staff were kind and caring. People commented, "The care is brilliant" and, "The staff are amazing, kind and compassionate." Staff treated people with dignity and respect when helping them with daily living tasks.

People received personalised care and support specific to their needs and preferences. Their views and suggestions were taken into account to improve the service. People were supported to maintain a balanced diet.

Staff spoke positively about communication and how the registered manager worked well with them and encouraged their professional development.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 9 August 2021 and this is their first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective and Well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Southview Home Care

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 24 November 2022 and ended on 15 December 2022. We visited the location's office on 24 November and 1 December 2022.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information

providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We visited/spoke with three people using the service, four relatives and six members of staff, which included the registered manager.

We reviewed a range of records. We looked at a variety of records relating to the care and support provided. This included three staff files in relation to recruitment, and various audits/reports relating to the quality and safety of the service. We requested a variety of records were sent to us relating to staff training and regards the management of the service.

#### After the inspection

After our visit we sought feedback from relatives and health and social care professionals to obtain their views of the service provided to people. We received feedback from two further relatives and three health and social care professional. We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- People's individual risks were identified through initial assessment. However, the necessary risk assessments, associated with these risks, were either incomplete or missing from people's care files.
- For example, for one person with a history of falls, there was no detailed falls risk assessment. A person with an identified risk around skin care did not have the necessary risk assessments to guide staff on the signs to look out for if there was a deterioration in their skin integrity. Body maps had not been completed in line with care plan information about citing skin deterioration.

We found no evidence that people had been harmed. However, the service had not ensured thorough risk assessments were in place to ensure people received safe care and treatment. This is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite this, staff had an understanding of people's care and support needs and no one had been placed at risk.
- The service ensured people had the necessary equipment available to support a person's independence and ability to take informed risks.
- Where there were changes in people's care and support needs, there was evidence of the involvement of other health and social care professionals. For example, occupational therapist, physiotherapist and community nurses.

### Systems and processes to safeguard people from the risk of abuse

- People felt safe and supported by staff in their homes. Comments included, "The carers are wonderful. I am very happy with them. They keep me safe." A relative commented, "The carers keep [person's name] safe."
- Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. For example, staff knew how to report concerns within the organisation and externally, such as to the local authority, police and the Care Quality Commission (CQC). Staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people.
- The registered manager demonstrated an understanding of their safeguarding role and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an on-going basis. There were clear policies for staff to follow. Staff confirmed they knew about the safeguarding adults' policy and procedure and where to locate it if needed.

Staffing and recruitment; Learning lessons when things go wrong

- Initially, when the service began, there had been issues with missed visits. This was due to issues with staffing and the provider taking on too many care packages. An advisory notice was put in place by the local authority as a supportive mechanism. This advisory notice has since been lifted.
- Lessons had been learnt by the provider and they were more mindful of the service' capacity and capability to meet people's care and support needs.
- People confirmed that staffing arrangements met their needs. They confirmed that there had been issues at first, but these had now improved. They were generally happy with staff timekeeping and confirmed they always stayed the allotted time.
- Staff confirmed that people's needs were met. The registered manager explained staffing arrangements matched the support commissioned and people were matched with staff who had the skills to meet their individual needs. They added that people received support from a consistent staff team. This ensured people were able to build up trusting relationships with staff who knew their needs.
- There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks, which included references from previous employers and Disclosure and Barring Service (DBS) checks, were completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People received varying levels of staff support when taking their medicines. For example, from prompting through to administration.
- Staff had received medicine training and competency assessments to ensure they were competent to carry out this task. Staff confirmed they were confident supporting people with their medicines. The registered manager checked medicine administration practice whilst working with staff in the community and by reviewing records. This was to ensure staff were administering medicines correctly.

#### Preventing and controlling infection

- Staff had received training in infection control. This helped them to follow good hygiene practices during care and support. Everyone said staff were following good personal protective equipment (PPE) guidelines in relation to the COVID-19 pandemic.
- The provider supplied staff with masks, gloves and aprons to use when supporting people with their personal care. This helped to minimise the risk of infections spreading.



# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's mental capacity was not assessed in line with the Mental Capacity Act (MCA) and Southview Home Care's own policy.
- For people who were subject to restrictions, mental capacity assessments and best interest decision making processes had not been carried out. This meant care was not being provided in line with the MCA.
- Mental capacity assessments were not carried out to check if people had capacity to sign their care plans.

The provider failed to act in accordance with the Mental Capacity Act 2005. This is a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We found evidence staff were supportive and ensured people had control and choice in their lives. For example, people making their own choices on how their care and support should be carried out.
- People's support needs and preferences were assessed.
- Face to face assessments were carried out before the service offered to support people. This ensured people's needs could be met by the service.

Staff support: induction, training, skills and experience

- Staff were trained and competent in their jobs. Comments included, "Great, staff, they know what they are doing" and "They (staff) are well trained and competent. I have no concerns."
- Staff had completed an induction when they started work at the service, which included training. The induction required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles before working alone. The induction formed part of a probationary period, so the organisation could assess staff competency and suitability to work for the service and the people who used it.
- Staff received training, which enabled them to feel confident in meeting people's needs and identify changes in people's health. They recognised that in order to support people appropriately, it was important for them to keep their skills up to date.
- Staff received training on a range of subjects including, moving and handling, first aid, infection control and a range of topics specific to people's individual needs. For example, dementia and end of life care.
- Staff had also completed nationally recognised qualifications in health and social care, including the Care Certificate, which encouraged them to provide safe, compassionate care. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff received on-going supervision in order for them to feel supported in their roles and to identify any future professional development opportunities. Staff confirmed they felt supported by the registered manager.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff knew how to respond to people's specific health and social care needs. For example, recognising changes in a person's physical health.
- Staff were able to speak confidently about the care they delivered and understood how they contributed to people's health and well-being. For example, how people preferred to be supported with personal care.
- People were supported to see appropriate health and social care professionals when they needed to meet their healthcare needs. We saw evidence of health and social care professionals' involvement in people's individual care on an on-going and timely basis.

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

- Those people who needed assistance with meal preparation were supported to maintain a balanced diet. Staff helped people by preparing main meals and snacks.
- Staff recognised the importance of good nutrition and hydration.
- Staff recognised changes in people's eating habits and in consultation with them contacted health professionals involved in their care.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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; respecting equality and diversity

- People said staff were kind and caring. People commented, "The care is brilliant" and, "The staff are amazing, kind and compassionate."
- Staff relationships with people were caring and supportive. Through our conversations with staff it was clear they were very committed and kind and compassionate towards people they supported. They described how they observed people's moods and responded appropriately.
- The service had received positive feedback shared directly with the Care Quality Commission. It stated, 'My Dad is end of life... he's had several care home companies looking after him during that time but Southview Home Care based in Holsworthy has been far the best, not only in caring for my Dad but in supporting my Mum also. Southview Home Care are just AMAZING - they went above and beyond in the support they provided. They not only were carers but became friends. Anyone who is lucky enough to get Southview Home Care as their carers are very, very lucky people.'

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

- Staff adopted a strong and visible personalised approach in how they worked with people. Staff spoke of the importance of empowering people to be involved in their day to day lives. They explained it was important people were at the heart of their care and support needs.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect when helping them with daily living tasks. People commented, "They (staff) are very good, respectful and trustworthy" and, "I really appreciate how they come to my home, respect it and follow my personal care routine. They are very positive in attitude."
- Staff told us how they maintained people's privacy and dignity when assisting with personal care. For example, asking what support they required before providing care and explaining what needed to be done so that the person knew what was happening.
- Staff adopted a positive approach in the way they involved people and respected their independence. For example, encouraging people to do as much as possible in relation to their personal care.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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 received personalised care and support specific to their needs and preferences.
- Care plans included personal information and identified the relevant people involved in people's care, such as their GP and social worker.
- Preferences (for example preferred gender of staff) were identified and appropriate staff were available to support people.
- People's likes and dislikes were taken into account in care plans.
- Staff acknowledged that the electronic care planning system needed to be improved. This had been as a result of changing to a new system. However, they confirmed that they knew people's individual needs well as they supported a small amount of people. Staff told us that they found the care planning information helpful and were able to refer to it at times when they recognised changes in a person's physical or mental health. Daily notes showed care plans were followed.

### 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.

- The service understood people's communication needs and adapted the way they communicated based on the individual's needs.
- Staff were able to communicate with and understand each person's requests and changing moods as they were aware of people's known communication preferences. Care records contained communication details explaining how people communicated their wishes.

### Improving care quality in response to complaints or concerns

- There were regular opportunities for people and people that mattered to them to raise issues, concerns and compliments. This was through on-going discussions with them by staff and members of the management team. When they started using the service, people were made aware of the complaints system. They said they would have no hesitation in making a complaint if it was necessary. The complaints procedure set out the process which would be followed by the provider and included contact details of the provider and the Care Quality Commission. This ensured people were given enough information if they felt they needed to raise a concern or complaint.

- The service had not received any formal complaints. However, the provider recognised that if they received a complaint, they would attend to it in line with the organisation's procedure.

#### End of life care and support

- At the time of inspection, no-one in the service was receiving end of life care. If that changed, the registered manager told us they would consult with the person, their relatives and health professionals to ensure they received care in line with their needs and preferences. A relative commented, "The end of life care was unbelievably good. Staff were respectful and patient in their approach. They made the situation different."

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Systems and processes had not identified the breaches of regulation found during this inspection.
- Systems and processes were not robust enough to ensure good oversight of the service as a whole. For example, the provider had not operated effective systems and processes to ensure the correct application of the Mental Capacity Act 2005. This meant people might not have their rights protected or be protected by best interest decision making processes where needed.
- Systems and processes to identify risks in relation to people's care and support needs were not robust to guide staff on how to manage and mitigate risks. For example, risk assessments were either incomplete or missing from people's care files.
- Although staff had enough information to provide safe care, they had to go to several sources to get a complete picture of the person they were supporting. We found no evidence of harm caused by this, and all the information was available to staff whenever they needed it via an electronic system.
- Health and social care professionals raised concerns about poor communication from the service and felt the provider was not always proactive in developing professional relationships with them. One comment included, "[Provider's name's] heart is in the right place... QAIT (Quality Assurance and Improvement team) involvement has been offered in the past but declined by the provider." QAIT (Quality Assurance and Improvement team) involvement has been offered in the past but declined by the provider." Local authority QAIT support services to implement robust systems and processes to ensure people receive appropriate person-centred care and support.

The provider did not operate effective systems and processes to assess and monitor the quality and safety of the service. This is a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Audits were completed as part of monitoring the service provided. These checks reviewed medicines, incidents, accidents and health and safety. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported.
- Spot checks were also conducted on a random but regular basis. These enabled the registered manager to ensure staff were arriving on time and supporting people appropriately in a kind and caring way.
- The service was open, honest and transparent with people when things went wrong, for example regards

to the services' capacity and ability to meet people's care and support needs.

- The provider recognised their responsibilities under the duty of candour requirements and followed the services' policies.
- Following our inspection, the provider requested contact details for QAIT, and told us they would work with them.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff spoke positively about communication and how the registered manager worked well with them, encouraged team working and an open person-centred culture. A staff member commented, "I love every single day of my job. Amazing. Issues are resolved and [registered manager] adopts an open-door policy."
- Staff confirmed they were kept up to date with things affecting the overall service via team meetings, memos and conversations on an on-going basis.
- The service sought feedback from people who use the service to identify areas for improvement. All comments were positive. This demonstrated the organisation recognised the importance of gathering people's views to improve the quality and safety of the service and the care being provided.
- People's equality, diversity and human rights were respected. The service's vision and values centred around the people they supported. The organisation's statement of purpose documented a philosophy of maximising people's life choices, encouraging independence and people having a sense of worth and value.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider failed to act in accordance with the Mental Capacity Act 2005. This is a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>We found no evidence that people had been harmed. However, the service had not ensured thorough risk assessments were in place to ensure people received safe care and treatment. This is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not operate effective systems and processes to assess and monitor the quality and safety of the service. This is a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>



