

Southlea Limited

# Southlea Residential Care Home

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Good



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 was unannounced and took place on 29 September and 1 October 2015. The last inspection of Southlea took place on 4 April 2014 when it was found to be meeting all the regulatory requirements we looked at.

Southlea is registered to provide accommodation for up to five people who have mental health needs and require support with personal care. There were five people living at the home on the day of our inspection.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. There were two registered managers for the home who shared the role, one of whom was the provider.

# Summary of findings

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to staff training and support and also quality monitoring of the service provided at the home.

You can see what action we told the provider to take at the back of the full version of the report.

The people we spoke with told us that they got on well together and they felt safe at the home. One person we spoke with told us, "I feel safe. If I have any worries or concerns I can speak to any of the staff. They would listen and do something about it."

Support workers told us they had received training in the safeguarding of vulnerable adults. This was confirmed by staff training records we looked at. Support workers we spoke with told us what action they would take if they witnessed an abusive incident or if a person disclosed information of concern to them.

The relationships we saw between people who used the service and support workers were warm and friendly. The atmosphere was calm and relaxed.

People who used the service had the capacity to make decisions about what they did with their time. They chose which individual activities they wanted to be involved in, for example, going out shopping for clothes and lunch, bus rides, going to the gym and meeting up with family and friends were appropriate.

People who used the service had access to information about who they could contact if they had concerns that they had been harmed or were at risk of being harmed. We saw that safeguarding had been discussed with people at a residents meeting.

Medicines were seen to be well managed and where appropriate people were supported to take their medicines independently.

We saw that the house was comfortable, homely, clean and tidy. People had ensuite showers which they were happy with because meant they did not have to share facilities with anyone else.

The staff we spoke with had a good understanding of people's risks, individual needs and personal preferences so that they could support people effectively.

We saw that to ensure people's right to privacy they had keys to their bedrooms; however some people chose not to use them because they thought their belongings were safe.

We spent time looking at the care and support records of two people who used the service. People confirmed that they had been involved with the development of their support plans.

Staff members we spoke with said that the registered manager was approachable and supportive.

# 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?

The service was safe.

Support workers had received training in the safeguarding of vulnerable adults and told us what action they would take if they witnessed an abusive incident or if a person disclosed information of concern to them.

Medicines was well managed and where appropriate people were supported to take their medicines.

We saw that there were recruitment and selection procedures in place to protect people who used the service from coming into contact with potential staff who were unsuitable to work with vulnerable people.

Good



### Is the service effective?

The service was not always effective.

Staff training records showed that a small number of staff had not received all the training they needed to support people safely and effectively.

Most people had the capacity to freely express their views and opinions and make decisions about what they wanted to do in their day to day lives. Staff were aware that due to people's health conditions their ability to make decisions could fluctuate.

People were supported to maintain good physical and mental health through attendance at routine appointments for example with doctors, dentists, chiropodists and opticians. Where people required additional support this had been arranged, for example, a psychiatrist.

Requires improvement



### Is the service caring?

The service was caring.

The relationships we saw between people who used the service and support workers were warm, frequent and friendly. The atmosphere was calm and relaxed.

The staff members we spoke to could show that they had a good understanding of people's different individual needs and how best to support them.

Good



### Is the service responsive?

The service was responsive.

People we talked with told us that they were able to make their own choices about daily activities and that they could choose what they wanted to do, where to spend their time and with whom.

Good



# Summary of findings

We found people who used the service were encouraged to maintain their independence as much as they were able to.

## Is the service well-led?

The service was not always well led.

Systems were in place to regularly assess and monitor health and safety at the home. However improvements were needed in relation to the monitoring of the quality of the service provided, to include the views of people who used the service about the care and support they received.

People who used the service and staff told us that the registered manager was approachable and supportive.

**Requires improvement**



# Southlea Residential Care Home

## Detailed findings

### Background to this inspection

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

Before our visit we asked the provider to complete a Provider Inspection Return (PIR) form and this was returned to us. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed all the information we held about the service including notifications the provider had made to us.

We had contact with the local authority safeguarding team and the commissioners of the service to obtain their views about the service. We were told by the local authority quality assurance team that there were concerns about the time taken by the home to action the improvements they had requested following a quality assurance review.

This inspection was unannounced and carried out by an adult social care inspector.

We visited the home on 29 September and 1 October and spoke with four people who used the service, the registered manager and two support workers.

During the inspection we spent time with people who used the service and support workers. We also looked at a range of records relating to how the service was run; these included two people's care records as well as medication records and audits for health and safety.

# Is the service safe?

## Our findings

The people we spoke with told us that they got on well together and they felt safe at the home. One person we spoke with told us, "I feel safe. If I have any worries or concerns I can speak to any of the staff. They would listen and do something about it."

We were told by people who used the service that people got on well together. A person said, "We have our ups and downs now and again but I know that this is because they are not well." Another person who had recently moved into the home said, "I feel safe. I do. If not I could talk to the boss." "I get on with everyone. I hope I will be stopping. So far so good touch wood!"

The term safeguarding is a word used to describe the processes that are in place in each local authority to help ensure people are protected from abuse, neglect or exploitation. We saw that information about safeguarding was displayed on the notice board for people to see and who to contact if they had any safeguarding concerns.

Support workers told us they had received training in the safeguarding of vulnerable adults. This was confirmed by staff training records we looked at. Support workers we spoke with told us what action they would take if they witnessed an abusive incident or if a person disclosed information of concern to them.

They were also familiar with the term whistleblowing in relation to witnessing poor practice by colleagues. Support workers told us they would raise any concerns with the registered manager or if necessary the local authority and CQC. They were confident they could raise any issues and discuss them openly with the registered manager and the provider.

There had been no new staff employed at the home since our last inspection visit apart from the registered manager. We looked at the recruitment file of the registered manager. We saw there were recruitment and selection procedures in place which met the requirements of the current regulations. For example a criminal record check and references to help ensure that people were supported by staff that were suitable to work with vulnerable adults.

When we arrived at the home there was a waking night staff preparing to go off duty and a support worker was on site. There was always one member of staff on duty or two if the

registered manager was carrying out of duties or people needed additional support, for example, to attend a healthcare appointment. No outside agency staff were used by the home. Existing staff covered sickness and leave absences to help ensure that people received consistent support.

When we asked people if they thought there were enough staff on duty to support them. A person we spoke with told us that, "Staff are on the ball. I don't have to wait for anything."

The staff we spoke to thought there were enough staff on duty though this might change if the needs of people increased. Support workers told us, "I love it here. It is brilliant. I get on with everyone. They told us they felt safe to work alone."

Staff were responsible for the administration of people's medicines except for two people who were self-medicating. One person confirmed, "I take my own meds." And another said, "I take my own tablets but sometimes I take painkillers but the staff keep them." People showed us where they kept their medication. We saw that risk assessments had been carried out to help ensure that people could administer their medicines safely.

We saw that medicines administered by staff were stored securely in a medicines trolley in the office which was locked when not in use. No controlled drugs or 'when required' PRN medicines used to help people to manage their behaviours were being used.

We saw systems were in place to record what medicines people had taken. We looked at the Medicines Administration Record (MAR) charts for people who used the service and found these were fully completed. The MAR chart included a photograph of the person and information about their doctor and any allergies they may have in relation to medicines.

We looked around communal areas of the home. We saw that the house was comfortable, homely, clean and tidy and no malodours were detected. The bedrooms we saw were personalised with people's belongings. A person said "I like my room and the en suite shower. It is handy not having to share." And "My room is very clean and I like having my own toilet and shower. Staff give me a hand to keep my room clean."

## Is the service safe?

It was the support workers responsibility to keep the house clean but people who used the service were also involved to varying degrees in household tasks. A person who used the service said "I like helping out. It passes the time. Staff always appreciate what I do." We saw that there was a daily cleaning schedule available which staff signed to show what household tasks had been completed.

The home had a food safety inspection the day before our inspection visit and we were told that the home had received a 5 star rating. The kitchen was seen to be clean, tidy and well organised. We saw that there were systems in

place to prevent the spread of infection around the home, for example, colour coded mops and buckets were used in different areas of the home such as the bathrooms and kitchen.

We saw valid maintenance certificates for portable electrical appliances, electrical fittings such as plug sockets and light switches and a gas safety certificate.

Environmental risk checks were also carried out regularly including weekly health and safety checks of people's bedrooms and monthly infection control audits. Staff had access to personal protective equipment (PPE) such as disposable gloves and aprons they needed to help prevent the spread of infection.

# Is the service effective?

## Our findings

We talked with two support workers about the training and support they had received since they had started to work at the home to help them to support people safely and effectively. They told us about the training they received and were able to demonstrate they had the skills and knowledge to support people in a person centred way.

We were told that the majority of the training undertaken by staff was e-learning training. We received from the registered manager a copy of the staff team training matrix dated 25 September 2015. The record showed that all staff had received training in medication, first aid, fire safety, food safety, health and safety, infection control, moving and handling and safeguarding training. The staff team training record also showed that two staff had not undertaken the mental health awareness training and four staff had not undertaken training in nutrition and diet and MUST training, which was a specific health need of a person who lived at the home.

The record showed that the registered manager had undertaken National Vocational Qualification (NVQ) Level 4 in health and social care and also the Registered Managers Award. Two support workers held NVQ Level 3 and a fourth member of staff was undertaking a diploma in leadership and management.

We looked at the supervision records of four staff. We saw that staff were given positive feedback from the registered manager, for example, "Very pleased in general with work performance. Good team player and very reliable." Supervision sessions also included a review of practice such as what to do to reduce the risk of slips, trips and falls, rights and choices, the Mental Capacity Act (MCA) and DoLS. We noted that there were gaps in one support worker's supervision record and the registered manager was aware that they needed to address this with them.

These were breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment to ensure that staff providing care or treatment have the qualifications, competence, skills and experience they need to support people safely and effectively.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. There were no DoLS in place at the time of our inspection visit.

All the people who lived at the home had the capacity to make their own decisions about their day to day lives. One person had consented to a restriction being put in place around their money. They said this restriction had been put in place to help protect them and manage their money over a week.

Staff we spoke with told us that they had received training in MCA and DoLS and we saw that there was information and guidance available for staff to refer to on the staff noticeboard. Staff told us that they were aware that some people's capacity could fluctuate depending on their changing health needs. Most of the staff team had undertaken recent training in dementia awareness.

One person told us, "The food is champion. I get a breakfast, have a snack and fruit at lunch and a proper meal at teatime. If you are not keen we can have something else." The menu's we saw confirmed this. Another person said, "The food is very nice. I usually eat all mine up."

We saw that there was plenty of food available to eat and people confirmed that was always the case. People told us they could go to the local shops if they ran out of anything. The kitchen was always accessible for people to use to get a drink or a snack.

We looked at the records of a person who had lost weight following a hospital admission. We found that there were two sets of records, which included a Malnutrition Universal Screening Tool (MUST) and two sets of scales being used which did not tally in weight. The registered manager took immediate action to remedy the issue by introducing a new MUST record, checked the person's body mass index (BMI) and removed an old pair of weighing scales in the person's room.

A person told us, "I have a doctor and a dentist and the optician comes here." Another person who had recently moved into the home said, "[The staff] have registered me with a new doctor and are sorting out a dentist. I will go back to my own optician."

We talked with the registered manager about a recent issue at the home where a person's health had deteriorated. We

## Is the service effective?

received a notification about this matter and from discussion we saw that staff had taken the right action to ensure the person received the health care support they needed.

We saw that visits to see health care professionals such as doctors, dentists and opticians for routine check-ups were recorded. People told us they were supported by staff to attend these appointments.

# Is the service caring?

## Our findings

The atmosphere at the home was calm and relaxed. All the people who lived at the home had the capacity to freely express their views and opinions about the service they received.

We saw there were frequent and friendly interactions between people who used the service and the staff supporting them. People we spoke with told us, “Staff are kind and polite. Everything is fine.” And “The staff are alright. No problems.”

It was clear from discussions with support workers that they had a good understanding of people’s individual needs and how people wanted to be supported. A support worker told us “[the people who lived at the home] are like family to me and I look after them like I would my own family.”

People looked well cared for and were well dressed. We saw that some staff had received training in dignity.

We saw that personal information about people was stored securely which meant that they could be sure that information about them was kept confidential. People told us that people did not enter their bedrooms without permission. One person said, “I have a got a key to my room but I choose not to lock it.” Another person indicated that they kept there room locked.

We saw that a person’s needs were changing. From discussions with staff it was clear that they wanted to support the person, who had lived at the home for many years, to the end of the person’s life.

# Is the service responsive?

## Our findings

A person we spoke with said, “I know that my care plan is downstairs and they ask me about it.” A new person told us, “They talked to me about my support plan.” They told us their family had been involved in the decision of ensuring the home was suitable for them to move into.

We looked at two sets of care records, which related to a person who was new to the home and a person whose needs had changed. We saw in one of the care records we looked at there were copies of a community care assessment and care plan that had been undertaken by health and social care professionals. This should help ensure staff were able to respond appropriately to people’s needs. We saw that an assessment was carried out by the home before a person moved in and from that a care plan and risk assessments were developed with the person, where appropriate, and were kept under review.

People we spoke with told us there was a range of activities available for them to participate in both in the home and in

the local community. They chose which individual activities they wanted to be involved in, for example, going out shopping for clothes and lunch, bus rides, going to the gym and meeting up with family and friends where appropriate.

People said, “I am very independent. I see my family when I chose.” And, “I like going out on the bus to different places.” “I like to watch TV and films. I have just watched a John Wayne war film. I like knitting and reading.”

People were encouraged to maintain their independence with support being given when the person was not able to do something for themselves due to fluctuating needs. One person was supported by staff to go out as and when they were well enough to attend activities that they enjoyed.

One person we spoke with told us, “I have got no complaints I get the help I need.” We were told that there had been no formal complaints made at the home. We saw that there was a complaints, comments and compliments book in the entrance hall. In the book we saw that a request had been made for water to be boiled in light of problems highlighted in the media in a nearby area. The request had been respected and action had been taken to carry out the task.

# Is the service well-led?

## Our findings

The service 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service and staff we spoke with told us the registered manager was approachable and supportive. A support worker told us that the registered manager always encouraged them to do more to increase their skills and abilities.

Services which are registered are required to notify the Care Quality Commission of any safeguarding incidents that arise. We checked our records and saw that the registered manager for the service had done this appropriately when required.

We saw that the registered manager completed a wide range of audits to help monitor health and safety around the home. These included daily health and safety checks, medication and infection control audits and checking that care records were up to date.

We had requested the service to complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to

make. This was returned to us by the service. The information that we received was brief and we discussed with the registered manager the documents available to them to help complete the form more fully in the future.

Monitoring of the standard of care provided to people funded by the local authority was also undertaken by the local contract and the quality assurance teams. This was an external monitoring process to ensure the service met its contractual obligations to the council. We were informed by the local authority following our visit that they had carried out a quality assurance monitoring visit and shortfalls had been found. They also expressed concern about the time it had taken to make the necessary improvements, which had led to a D grading by them.

We asked the registered manager to show us what they had done so far to meet the shortfalls identified. They were able to show us a number of improvements that had been put into place however they were still working on completion of the action plan, which included addressing the shortfalls identified in training.

The registered manager told us that the home did not hold residents meetings with people who lived at the home but talked with them on a regular basis to get their feedback. A quality assurance review had not been undertaken but a relative had made a positive comment in the complaints, comments and compliments book about the home.

These were breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance in relation to quality assurance.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>People who use services and others were not protected against the risks associated with unsafe or unsuitable care because staff had not received all the training they needed to support people safely and effectively.</p> <p>Regulation 12 (2) (c).</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>People who use services and others were not protected against the risks associated with unsafe or unsuitable care because of the lack of monitoring of the quality of service provided that includes the experience of people who use the service.</p> <p>Regulation 17 (2) (a).</p>