Southside Specialist Dementia Care Ltd

Southside

Inspection report

1653 Stratford Road
Hall Green
Birmingham
West Midlands
B28 9JB

Tel: 01217448811
Website: www.southsidecare.co.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 05 and 06 December 2017 and was unannounced. The service was last inspected in December 2015 and was rated as Good overall, but requires improvement in the domain of Well Led.

Southside provides accommodation and care for up to12 people with working age dementia. At the time of our inspection there were 12 people living at the home.

At the time of our inspection there was a registered manager in post. 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 providers auditing and quality assurance processes and systems were not consistently effective.

The provider had ensured there were sufficient numbers of staff to provide a service, and that they were recruited and trained safely and to the needs of the service.

People were kept safe by staff who understood how to identify when they were at risk of harm and abuse. People received their medicines on time and as prescribed.

People received care and support that was delivered in a person centred way to meet their individual needs. People and relatives were consulted on how they received their care and support.

People's dignity was maintained and their rights to privacy were respected by the staff.

People had a variety of food, drinks and snacks available throughout the day. They were able to choose the meals that they preferred to eat.

People were supported to stay healthy and had access to health care professionals as required. They were treated with kindness and compassion and there were positive interactions between staff and the people living at the location.

Relatives and staff were confident about approaching the registered manager if they needed to and they responded to complaints and concerns appropriately.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

People were kept safe by sufficient numbers of staff to provide care and support.

People were receiving their medicines as prescribed.

People were supported by a staff team who understood how to protect them from abuse.

People were supported by staff who were recruited safely.

Is the service effective?

Good

The service was effective

People and relatives were consulted on how their care and support was delivered.

Staff had the skills and knowledge to support people effectively.

People's consent was sought by staff.

People were supported appropriately to ensure their nutritional needs were met.

Is the service caring?

Good

The service was caring

People were supported by a staff team who were kind and caring towards them.

People's privacy and dignity was upheld and their independence was promoted.

People were supported to maintain relationships that were important to them.

Is the service responsive?

Good

The service was responsive

Relatives felt that staff were responsive to their family members care and support needs.

Relatives knew how to raise complaints as and when required and the provider had systems in place to process them.

People receiving end of life care were cared for effectively.

Is the service well-led?

Requires Improvement

The service was not consistently well-led

Auditing systems and processes were not always effective.

Staff understood their roles and their responsibilities.

Feedback was sought from stakeholders and used to drive forward service delivery

People and staff had access to the registered manager when required.

Southside

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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 05 and 06 December 2017 and was unannounced. The inspection team comprised an inspector and an expert by experience with professional and personal experience of supporting people with dementia on the first day of the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day the inspection was carried out by an inspector only.

As part of the inspection we reviewed the information we held about the service. We looked to see if statutory notifications had been sent by the provider. A statutory notification contains information about important events which the provider is required to send to us by law. The provider had submitted a Provider Information Return (PIR) form prior to our inspection visit. The PIR is a form that asks the provider to give some key information about the service, what the services does well and improvements they plan to make. We sought information and views from the local authority. We also reviewed information that had been sent to us by the public. We used this information to help us plan our inspection.

During the inspection we spoke with two people who used the service, five relatives, three members of staff, an external training provider, the registered manager, the deputy manager and the in-house trainer. Most of the people living at the home did not have capacity to discuss their experiences of living at the home and the two people who did have capacity, did not want to engage fully in the inspection, so their feedback was limited. To help us understand the experiences of people we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people living at the service. We also carried out observations across the service regarding the quality of care people received. We looked at four people's care records, records regarding medicines management and records relating to the management of the service; including recruitment records, complaints and quality assurance records.

Good

Is the service safe?

Our findings

People were protected and safe from the risk of harm or abuse. A person we spoke with told us that when they went out in to the community alone, they had the registered manager's telephone number, should they need to call them. They also told us that the registered manager calls them, if they have not returned to Southside at an agreed time. A relative we spoke with told us that they felt their family member was safe and well looked after. Another relative said, "I'm happy with how they [staff] look after mom. I've got no concerns, I know she's safe here". Another relative said, "I've never heard anything that's concerned me with the staff. I haven't got a bad word to say about them, they're angels". During our inspection we saw that staff were supporting people in a safe way. We saw them supporting people to move around the home safely, including where the use of equipment was required to help people stand or transfer from one chair to another. Staff we spoke with told us that they understood how to keep people safe from abuse and avoidable harm, and were able to give us examples of the different types of abuse. A staff member we spoke with told us that if they suspected that a person living at the home was being abused, they would report their suspicions to the registered manager. Staff told us that they understood the provider's whistle blowing policy and how to escalate concerns if they needed to, via their management team, the local authority, or CQC. This demonstrated to us that staff were aware of how to keep people safe and their responsibilities in reporting any concerns.

We saw that staff acted in an appropriate way to keep people safe and were knowledgeable about the potential risks to people. A member of staff we spoke with told us, "Some people are at risk of falling, so if I see any cables or wires on the floor I'll tidy them away, to keep them [people] safe". They went on to explain how some people living at the home had specialist equipment to prevent them from hurting themselves, for example; protective head gear and protective mats. We saw that the provider carried out regular risk assessments and that they were updated regularly in care plans to minimise future incidents. The provider had systems in place to ensure that all accidents and incidents were recorded and acted upon. We saw that measures were in place to reduce the risk of reoccurrence and to improve the service to ensure that people remained safe.

There were sufficient numbers of staff in place to keep people safe. A relative told us, "Yes there are always plenty of them [staff] around if we need them. During our visit we saw there were sufficient numbers of staff in place to keep people safe from harm. We confirmed with the registered manager that there were systems in place to assess the staffing levels that were required within the service. The registered manager told us that they identify which members of staff work well together, in line with the needs of the people living at the location. We saw from the information in the Provider Information Return form [PIR] that the home had sufficient numbers of staff to support people safely.

We looked at how the provider ensured that staff members were recruited safely for their roles. We saw a range of pre-employment checks were in place and were completed prior to new employees starting work in the service. These included identity, reference and Disclosure and Barring Service (DBS) checks. DBS checks enable employers to review a potential staff member's criminal history to ensure they are appropriate for employment.

People received their medicines safely and as prescribed. A relative we spoke with said, "They're on the ball with her [person's] medicines". They went on to explain how effectively staff had monitored their family members health during a period when her medicines were being altered. We saw that the provider had systems in place to ensure that medicines were managed appropriately. This included how medicines were received, stored, recorded and returned when necessary. We saw that daily records were maintained by staff showing when people had received their medicines as prescribed. We saw medicines were stored safely in the service and systems were in place to record medicines given to people on medicines administration records (MAR). We found stock levels of medicines in the service reflected the amounts outlined on people's MAR charts.

The provider had systems in place to ensure that people were protected by the prevention and control of infection. A relative we spoke with told us, "They [staff] keep the place spotless". Another relative said, "The place is always clean and so is mom. She's washed and her clothes are nice and clean". We saw that the deputy manager was responsible for ensuring that the home was protected from risk of infection. They told us that staff carried out daily cleaning tasks as well as a weekly 'deep' clean. We saw that records were maintained for all infection control duties. From our observations of the home and individual rooms we could see that the provider was maintaining a clean environment for people to live in.

Good

Is the service effective?

Our findings

The provider ensured that people and their relatives were consulted and involved in the care planning process. A relative we spoke with told us, "Yes I was involved in her [person's] care plan and we check it every now and then to make sure it's as it should be". Another relative told us, "If I had any issues about her [person's] care plan, or the care she's receiving, I'd let them [provider] know". We looked at people's care plans and identified that they contained information needed for staff to provide appropriate care and support. We also saw that people and their relatives had been actively involved in the care planning process.

The provider ensured that staff had the skills and knowledge required to support people effectively. A relative we spoke with told us that they thought staff were well trained to do their job. They told us that the regularly observed informal training sessions or staff receiving guidance from senior members of staff. A member of staff we spoke with told us, "Yes we get enough training and if there's anything we think we need, we ask the manager and they respond". We saw that the provider had systems in place to ensure that staff were trained to meet the needs of the people they were caring for. The provider employed an in-house trainer to deliver learning and development sessions on site. The registered manager told us that staff had access to training at the providers other locations if they were unable to attend designated training at Southside. Information received from the providers PIR supported the information we gathered on the day of the inspection, highlighting that there was a robust training programme in place.

Staff we spoke with told us they received regular supervision to discuss work based issues. A member of staff told us, "I'm happy that I get to say what I need to, to the [registered] manager". Another member of staff said, "Yes, I'm happy with the supervision I get. We [staff] can also discuss things at staff meetings". The registered manager informed us that they carry out supervisions with staff every three months. They told us that they operate an open door policy if staff need to discuss anything with them. We saw that the registered manager and the deputy manager were visible and available to staff throughout the day, for guidance and support if it was required.

People had access to food and drink they enjoyed. A relative we spoke with told us, "The food's homely". Another relative said, "The food's fine, always good sized portions and it looks nice". A third relative told us, "She [person] gets all the nourishment she needs". A member of staff we spoke with told us the importance of ensuring people drank fluids throughout the day, and that they recorded when and how much they had to ensure that they were hydrated. Another member of staff gave us an example how they ensured people had enough to eat. They said, "[Person's name] can't eat a full meal in one go, so we [staff] give her small portions on the hour, every hour". There was a good selection of food available and people's dietary needs were supported throughout the day. We saw that there was involvement from health care professionals where required relating to people's dietary needs and staff monitored people's food and fluid intake, where necessary.

We saw that the provider supported people's care and treatment by sharing information with staff and relevant services when applicable. A relative we spoke with told us how staff had supported their family

member when they moved from another home to Southside, "The staff were keen to get to know him [person] and to work with the professionals involved. This helped the transition period as the staff were so 'on board". Another relative told us, "The psychiatrist had suggested some calming lighting may help". They went on to tell us how the provider had installed an appropriate lighting system to ensure that their family member's needs were supported. A third family member told us that the home had regular visits from GP's, district nurse teams and occupational therapists and we saw records of visits and compliments from health care professionals in the comments book. We recognised that the provider had developed a positive information sharing culture to support people's care needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw the provider had made appropriate applications to the local authority to deprive people of their liberty where this was required to keep them safe. The provider held records of who the Relevant Persons Representative [RPR] was for people who were subject to a DoLS applications. An RPR is a friend or family member who will ensure that the rights of a person being deprived of their liberty are protected. In cases where no friend or family member is willing or eligible, a paid representative will be appointed. Members of staff we spoke with told us that they had received MCA and DoLS training and they understood what it meant to deprive someone of their liberty.

The majority of people living at the home did not have capacity to consent to their care. A relative we spoke with told us that staff talk to their family member when they are providing care and support. We observed a member of staff administering medicines to a person who was unable to communicate verbally. The member of staff spoke to the person throughout and asked permission before raising the person's bed and then giving them their medicine. We could see from the person's body language that they were happy to receive their medicine. A member of staff told us how the gain consent from a person who was unable to communicate verbally. They told us, "I explain what's happening and ask if it's okay. I look for facial expressions, behaviours and sounds". Throughout our visit we observed staff talking to people and gaining consent before they offered care and support.

Good

Is the service caring?

Our findings

Relatives we spoke with told us that care staff in the service were kind and caring towards their family members. A relative we spoke with told us, "The staff and the manager are very attentive, always willing to help, nothing's too much trouble". Another relative we spoke with told us how when their family member was taken in to hospital, the deputy manager had remained with them all night so that they had someone familiar with them. The relative thought they went 'above and beyond' their duties. We saw that there was good interaction between staff, people living at the home and their relatives. We saw that people were relaxed in the presence of staff and appeared to be happy. We saw that staff were attentive and had a kind and caring approach towards people and spoke to them affectionately.

Relatives we spoke with told us they were consulted on how their family member preferred to receive their care and support. A relative we spoke with told us, "We [relative and provider] have lots of conversations about what she likes and how she likes things doing. They're so good at giving her the specific care she needs". Another relative told us, "They [staff] talk to us about mum's care all the time, if there were any concerns I know they'd sort them out". A third relative said, "His [person's] clothes are all matching and that's important to him. I feel very lucky to have found this place, it's not regimented and it's totally set to [person's name] timetable". A member of staff we spoke with told us how they got to know about the people they supported. They said, "We [staff] read their care plans. Look at how they like to live, what they did for a job, when their birthday is". We found care staff understood people's preferences and people were offered choices and prompted where appropriate about decisions connected to their day to day care.

Relatives told us that care staff treated their family members with dignity and respect. A relative told us, "They [staff] treat her in a dignified way, they respect her as a person". A member of staff we spoke with said, "We make sure that when we're providing personal care, that all blinds and curtains are closed. Never make them [people] feel uncomfortable, they must feel in control". Throughout the day we saw care staff respected and upheld people's dignity and privacy when providing care and support. A person we spoke with told us how they were supported to be as independent as possible. They said, "I make all my own choices about how I live my life". We saw staff encouraging them to shower and shave which they did independently. Another person we spoke with had their own key to their room, they left the location when they wanted to and were responsible for their own finances. Throughout the day we saw staff supporting people to make decisions for themselves, where practicable, regarding what they wanted to do thus promoting their independence.

Relatives told us they were able to visit their family members at any time. A person we spoke with told us that their friend visited them regularly. A relative we spoke with said, "I can visit anytime I like, there's no restrictions". Another relative said, "They [provider] keep me well informed about how she's [person] doing. I don't visit as much as I used to, but I talk to them three or four times a week". We saw relatives visiting people throughout our time at the home, which showed us that people had access to visitors when they needed.

Good

Is the service responsive?

Our findings

Staff supported people with care that was responsive to their needs. A relative told us, "They're [staff] really on the ball. If she's [person] not well they make sure she gets whatever medical help she needs". Another relative we spoke with said, "My husband is no longer able to communicate [verbally] but the staff are able to recognise when he's in discomfort and they get him his paracetamol". A third relative we spoke with said, "We [relative and provider] have lots of conversations about what she [person] likes and how she likes things doing. They're so good at giving her the specific care she needs". Throughout our time at Southside we saw examples of staff responding to people's needs. For example; we observed a person bending to sit down unaided. Staff went over and helped the person sit down safely. The person then changed his mind and staff were on hand to support him to his feet again. We saw that care plans were person centred and showed staff how people preferred to be supported, so that they could receive care that was responsive to their individual needs. We saw that people had access to food and activities that were focussed on their individual cultural and spiritual needs.

People living at Southside had access to activities that were meaningful to them. The registered manager told us that due to the level of dementia the majority of people at Southside were living with, most of the activities had moved from being activity based, on to a more therapeutic model. A relative we spoke with told us that their family member enjoyed a certain type of music and that staff ensured that it was provided. We saw that care plans identified stimulating images, sounds and smells that people liked. For example; we saw one person's room ceiling with a forest theme, as this was what the person liked to look at. Another person's room had butterflies, again, because this was what they liked to look at. A member of staff we spoke with told us, "Some people like music playing in their rooms, some enjoy ball therapy or a 'sing-a-long". Another member of staff we spoke with told us, "[Person's name] likes animals, so she has a CD with animal noises, which she enjoys". The registered manager told us that people always had a member of staff available to provide one to one stimulated interaction when they needed it. The home had also ensured that people had access to dementia friendly activities, for example; we saw one person using a 'fidget blanket'. A fidget blanket is a blanket covered in different textures and colours, aimed at offering stimulation to people living with dementia. We saw that the provider also took people on trips out, including holidays to a hotel that specialises in supporting people with learning disabilities. There were activity days planned every day at homes run by the provider, which people could attend if they wanted to.

Relatives told us they were aware of how to raise a complaint if they needed to. A person we spoke with told us, "I've never had to complain, but [registered manager's name] is great and I know I could talk to her about anything if I needed to". Staff we spoke with understood how to support people to raise a complaint with the provider if and when required. A member of staff we spoke with said, "I'd tell the [registered] manager if there was a complaint and they'd sort it out. There are complaint forms available and they can be put in a confidential box". We saw the provider had systems in place to record complaints and provide an appropriate response when required. We saw that complaints and concerns were monitored and used to improve service quality and were provided in an accessible format.

We saw that a number of people living at the home were receiving end of life care. We saw that people and

relatives had been consulted on how people should be cared for in a dignified way. Staff we spoke with understood how to ensure they remained as pain free and comfortable as possible. Information gathered in the providers PIR identified people who had made advance decisions about their care, including decisions about End of Life Care and decisions relating to resuscitation.

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in post which meant that the conditions of registration for the service were being met. A registered manager has legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run. The provider had a history of meeting legal requirements and had notified us about events that they were required to by law. The provider had systems in place to ensure that the home ran smoothly if the registered manager was off site.

We found that the provider had processes in place for auditing and reviewing care plans, risk assessments and medicine recording sheets. We noted that the majority of audits and quality assurance checks were being carried out effectively, however, some were not always carried out in a timely manner. For example, we identified that care plan audits had not been completed since June 2016. We also noted that infection control audits had not been completed since July 2016. We discussed this with the registered manager who informed us that they would address the situation immediately. We saw that this omission had no relevant impact on people living at the home as care plans were up to date and accurate, and regular infection control checks were taking place. However, this demonstrated to us that the service quality performance of the home was not always managed effectively.

We saw that staff were clear about their roles and responsibilities to ensure that people received the appropriate care and support. We saw that the provider had regular staff meetings to inform them of any issues or changes that they needed to be aware of to carry out their duties effectively. A relative we spoke with told us, "It's a good home. Mum couldn't be anywhere better really. It's run very well and I can talk to [registered manager's name] anytime". Another relative we spoke with told us, "[Registered manager] often makes unscheduled visits in the middle of the night, to check on the residents [people] and staff. An absolute rock, fantastic". A member of staff we spoke with told us, "I'm happy working here. If there's any problems, [registered manager's name] is so good, she helps with everything".

We saw that people and their relatives were consulted about how the service was run. We saw that that surveys and questionnaires were carried out and feedback used to develop and drive the service forward. We saw records of satisfaction surveys from stakeholders, with actions for developing service delivery. A relative we spoke with told us, "They [provider] ask me for my opinion on how they're doing as a home, and I tell them that there's no concerns from my point of view". This showed us that the provider was open to suggestions of how to develop service delivery at the home.

We saw that the provider was working closely with external organisations to drive the development of the service forward. We saw evidence that the location was working in partnership with the Hall Green Mental Health team and The Rare Dementia Team, both of whom offered specialist support in relation to the people being supported at the home. The registered manager informed us that they were involved in partnership working with other local care homes in the provider's network, to share information and develop combined activities.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found that the provider was working in accordance with this regulation within their practice. We also found that the management team had been open in their approach to the inspection and co-operated throughout. At the end of our site visit we provided feedback on what we had found and where improvements could be made. The feedback we gave was received positively.