Holmleigh Care Homes Limited

Southfields Residential Care

Inspection report

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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?	Good

Summary of findings

Overall summary

This inspection took place on 31 March 2017 and was unannounced. Southfields Residential Care provides accommodation and personal care for up to nine people with a learning disability or autistic spectrum disorder. There were nine people living at the home on the day of our inspection. The home is set over two floors with a large open plan lounge/dining area and secure back garden.

At the last inspection in October 2014, the service was rated Good. At this inspection we found the service remained Good.

People received individualised care which reflected their personal preferences, wishes and routines. People were supported to have maximum choice and control of their lives. Staff support them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's care records were kept up to date with their changing needs. By closely working with health care professionals the risks to people's health and well-being were reduced. People were supported to eat and drink. They were encouraged to make choices about their care and support and to be as independent as possible. People were treated with dignity, respect and kindness.

People were supported by staff who had access to training and support to acquire and maintain the skills and knowledge they needed to meet their needs. Staff were supported to develop in their roles through individual and staff meetings.

People's views were sought as part of the quality assurance process to drive through improvements to the service. A range of quality assurance systems monitored the standards of care provided. The registered manager valued the feedback from people, their relatives and staff and acted on their suggestions.

Further information is in the detailed findings below.

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Southfields Residential Care

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 31 March 2017 and was unannounced.

Before the inspection the provider completed a Provider Information Return (PIR). 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 examined other information that we held about the provider, previous inspection reports and any notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about.

We looked around the home and talked with three people. Some people were unable to communicate with us due to their complex needs. However we saw how staff interacted with these people. We also spoke with three members of staff, the deputy manager and the registered manager. We looked at the care records of three people and records which related to staffing including their recruitment procedures and the training and development of staff. We looked at a selection of records in relation to the management of the home including the quality and monitoring audits. After the inspection we spoke with two relatives by telephone and three health and social care professionals.

Good

Is the service safe?

Our findings

People were safe living at Southfields Residential Care Home. People and their relatives told us they felt staff were kind and they assisted people to manage their risks and protect them from harm. Where there had been concerns about people's safety, the registered manager had been open and transparent and informed CQC and the local authority safe guarding team of their concerns. They wrote to us and explained the actions they had taken to safeguard people. At this inspection we followed up on these actions and were assured that the registered manager had acted promptly to ensure people's safety had not been compromised.

People's health and well-being risks were assessed, monitored and reviewed. Clear guidance was documented on how staff should support people to reduce their risks such as supporting people with their physical and mental health risks. For example, guidance was in place for people who had been identified as at risk of choking. Staff were working with new people to put strategies in place to support them. For example, one person had been identified as being at risk in the community. The home had been made aware of the person's risk based on their background and history. Control measures had been put into place to support the person and these measures were reviewed on a regular basis. There was recorded evidence that staff had referred people to other health care professionals to gain additional advice and support where needed.

People were supported by sufficient numbers of staff. The registered manager had reviewed the staffing levels and adapted them to meet people's changing needs. They implemented a staggered start time for staff in the morning which supported people's choice to get up at different times. We were told that staff rotas were planned in advance to ensure people were supported by a consistent and regular staff team. Where there had not been enough staff to meet the desired staffing levels of the home, staff had picked up extra duties or the home had used bank staff. The deputy manager carried out regular care duties and the registered manager also volunteered to be part of the care team when required. They told us this helped them to keep up to date on people's progress and needs and also to monitor staff.

Good recruitment processes were in place. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure staff were suitable to work with vulnerable adults. Any queries regarding the employment history of new staff or irregularities in the recruitment process were discussed during their interview although not always documented. The home had recently recruited new staff members whose backgrounds were currently being checked.

People's medicines were managed safely. People were given their medicines on time and appropriately. Staff responsible for administering medicines had received training. Medicines Administration Records (MAR charts) had been completed appropriately with no gaps in the recording of administration on the MAR charts. Staff carried out regular stock checks of people's medicines. One person had recently been prescribed controlled drugs (medicines which could be misused by others) which were being stored securely. Plans were in place to regularly check the balance of the controlled drugs to ensure they were

accurately being administered and accounted for. Some people had been prescribed medicines to be used 'as required'(PRN). Whilst protocols were in place which guided staff when the medicines should be used, other options of support which may be considered before the administering of the medicines were not recorded although staff were aware of these options.

Staff had taken appropriate steps to ensure people lived in a home which was cleaned adequately and free from clutter. Where possible, people were encouraged to take part in the cleaning and tiding of their bedrooms and the home's communal areas.

Good

Is the service effective?

Our findings

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Staff were positive about the training and the support they had received. We received comments such as, "It's a good home. We are well trained, we know what we are doing" and "I'm really impressed with the training to be honest." Relatives also commented that they thought that the staff were suitable skilled and trained to carry out their role. Where staff training had expired or there were gaps in staff knowledge or observed poor practices staff were required to undertake additional training. New care staff were expected to attend a corporate and home induction programme which included training in all aspects of health and social care. New staff also had the opportunity to shadow more experienced staff to learn and to observe their practices before becoming part of the shift team. Senior staff and the managers met with new employees and observed their skills and knowledge during their probation period. The registered manager had acted promptly when poor practices had been identified.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 and whether any conditions on authorisations to deprive a person of their liberty were being met. 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 found that staff were aware of the principles of the MCA and applied them to their care practices. For example, we heard staff offering people choices regarding their care or meals and found their decisions were respected. Where people were unable to express their views, staff provided them with care in their best interests based on the knowledge and previous preferences of people such as their choice of drink or food.

The managers had assessed if people had the mental capacity to make significant decisions about their care such as to consent to receive their medicines and other treatment. Although their care plans stated that if people have refused any treatment, a best interest decisions should be made. We discussed with the deputy manager the principles of the MCA and were reassured that they were aware that best interest decisions would only be made if people had been assessed as not having the mental capacity to make a specific decision about their treatment.

People who lack the mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). One person had a DoLS in place which was due to expire. The registered manager was working with the local authority to ensure that the conditions in line with the authorisation of DoLS had been adhered to.

People were supported to maintain a healthy and well balanced diet. Staff knew people well and knew people's preferences and choices in their meals. People told us they liked the food and were able to make

choices about what they had to eat. People who had special dietary needs or risks around their eating and drinking were supported and catered for.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. Health care professionals spoke highly of the care and support people received in the home.

Reasonable adjustments had been made to the home to ensure it met people's individual needs. Ramps and a stair lift were in place for those people who were unable to use the stairs. People had been involved in choosing the décor of their bedrooms and the lounge/dining area. People had access to accessible wetroom and bathrooms.

Good

Is the service caring?

Our findings

We received a lot of positive comments from people's relatives about the care provided by staff at Southfields. Relatives expressed the views with comments such as: "Southfields is very good. The staff are wonderful" and "They do a good job. I have no problems with the staff. They have always treated (name of person) with kindness." Relatives told us they were welcomed into the home and told us communication between the home and relatives was excellent. One relatives said, "They always ring me up if there are any problems, I'm always kept in the loop and informed if there are any changes."

We observed staff interacting with people during our inspection. Staff cared for people respectfully. We saw many warm exchanges between people and staff. Staff addressed people by their first names in a friendly and respectful way. Staff were passionate about their role. They spoke fondly of the people they cared for. They showed concern and empathy for people's well-being. Staff knew people well and their individual ways of communication. When we spoke with some people, staff helped us communicate with people and to understand their views and opinions. Staff chatted with people throughout the day and asked people about their day. People looked relaxed and confident amongst staff and confidently asked them for their help.

People's religious needs had been identified and supported. Staff understood that people's diversity and religious beliefs was important and something that needed to be upheld and valued. For example, staff had assisted two people to attend a course at the local church which allowed people the opportunity to explore and question the Christian faith. This helped them to make an informed decision about their faith. We were told this helped to improve the links with the local church and community. People's sexual health and relationships were explored with them during their initial assessment as part of their application to join the local GP surgery. We were told that people would be supported to have a relationship with another person if they expressed the desire to do so.

People were supported to retain and improve their levels of independence. Staff encouraged people to participate in activities of daily living and activities in the community. People were supported to access advocacy services if required and if they did not have family or other representatives who could speak on their behalf when making important decisions about their life.

Good

Is the service responsive?

Our findings

People's care plans identified their needs, objectives and support requirements. Staff were knowledgeable about people's individual needs. They told us how they adapted their approach depending on the support needs of each person. For example, one staff member said, "Some people like time to themselves. Others like you to have a chat with them. The staff team here are good. We share information at handovers to ensure all staff are up to date with the resident's needs." People's care records provided detailed profiles about their personal information such as their backgrounds or personal interests. Some people had pictorial care plans to assist them with understanding their care plans. People's care records were regularly reviewed to reflect any changes in their support. They gave staff the information they needed to provide the support people required and requested. For example, details of people's personal hygiene routines, preferences for a specific staff gender to assist them with their personal hygiene. People's mobility and hoisting support and requirements had been identified and documented to reflect their needs. However some people's care records and daily notes did not always record people's mental well-being and the support staff gave people with their emotional needs and reassurances.

Staff were supporting some people who were new to the home to establish a routine and understand their needs. Some people required continued reassurance. We observed staff supporting them and distracting them from their anxieties. They talked with the person and agreed a time frame for their activities. Staff were liaising with people's families and other health care professionals with the aim of working towards individual care plans that reflected people's needs and providing them support in the least restrictive way.

The managers explained that some previous placements of new people had not been successful as they had not been compatible with the existing people who lived in the home. Staff told us how they had also supported people during their transition to their new accommodation.

People had access to a wide range of activities in the home and in the local community. Staff had supported people to continue their interests and achieve their goals such as watching football and rugby games and being a passenger in a sports car.

People had the opportunity to talk to staff about any concerns or raise them at the home's resident meetings. The registered manager told us that people and their relative's feedback was valued. Their opinions had been sought during a recent survey. Staff shared with people the action they had taken as a result of the survey. Any concerns and complaints were encouraged, explored and responded to in good time.

Good

Is the service well-led?

Our findings

Southfields Residential Care Home had a registered manager who was supported by a deputy 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 was aware of their responsibility in respect of notifying the Care Quality Commission about notifications and incidents affecting the well-being of people living in the home. The registered manager was supported by the provider. The registered manager met with other registered managers working for the provider to share and discuss best practice and changes in legislation and other guidance.

People had a positive and well-established relationship with the registered manager. The registered manager divided their time between Southfields Residential Care Home and another home run by the provider. The registered and deputy manager had a 'hands on' approach to the running of the home and knew staff and people well. Staff felt supported and were confident in the management and process of the home and the provider. They told us the manager's office door was always open if they needed support or advice and they had the opportunity to attend staff meetings. People and their relatives told us they were able to speak with the registered manager on a regular basis and knew them well.

Regular internal monitoring and checks took place within the home to ensure it was running effectively. Records showed that a representative of the provider also carried out regular checks on the quality and safety of the service. These checks covered various areas of service provision including the safety of the premises, staffing and risk management. Any shortfalls or areas of concern found in the checks were acted on but not consistently recorded to show that the work had been completed.

People benefited from staff who understood and were confident about using the whistleblowing procedure. Where there had been concerns about staff performance, the registered manager had acted promptly and had investigated. Records showed that appropriate recommendations had been made and acted on where staff had fallen below the expected conduct.