Southfield Health Care Limited

Southfield Care Home

Inspection report

Belton Close
Great Horton
Bradford
West Yorkshire
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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

Southfield Care Home has a total of 54 beds and provides personal care to older people and people living with dementia. The home is situated in Great Horton on the outskirts of Bradford. A total of 36 people were living at Southfield Care Home at the time of inspection, including one person admitted for respite care.

Southfield Care Home is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Since the last inspection the registered manager had resigned and the deputy manager had been appointed to the post of manager and was in the process of being registered with the Commission (CQC). 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.

This inspection took place on 19 December 2018 and the 11 January 2019 and was unannounced. Our last inspection took place on 24 October 2017 and at that time the service was rated 'Requires Improvement' overall with no breaches or regulations. This rating was made because although the service was on a journey of improvement, it was too early for the provider to be able to demonstrate the improvements made could be sustained over time. At this inspection we found the provider had succeeded in ensuring the new policies and procedures were now fully embedded and they had a clear vision about the future direction of the service.

Policies and procedures ensured people were protected from the risk of abuse and avoidable harm. Staff had regular safeguarding training and were confident they knew how to recognise and report potential abuse. Where concerns had been brought to the manager's attention, they had taken appropriate action to make sure people were protected.

The manager and staff were observed to have positive relationships with people living in the home. People were relaxed in the company of staff and there were no restrictions placed on visiting times for friends and relatives.

Staff were respectful to people, attentive to their needs and treated people with kindness and respect. The atmosphere in the home was calm and relaxed. Staff knew individual people well and were knowledgeable about their needs, preferences and personalities.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Care plans were person centred and sufficiently detailed to ensure staff provided appropriate care and treatment. People's care and support was kept under review and wherever possible people were involved in decisions about their care and treatment. Risks to people's health and safety had been identified, assessed and managed safely. Relevant health and social care professionals provided advice and support when people's needs changed.

There were enough staff to support people when they needed assistance and people received support in a timely and calm manner. There was a robust recruitment procedure to ensure new staff were suitable to care for vulnerable people and arrangements were in place to make sure staff were trained and supervised.

Medicines were managed safely and people had their medicines when they needed them. Adequate aids and adaptations had been provided to help maintain people's safety, independence and comfort. People had arranged their bedrooms as they wished and had brought personal possessions with them to maintain a feeling of homeliness.

There were a range of leisure activities for people including events in the home and in the local community and it was apparent people enjoyed a full and active social life. People told us they enjoyed the food and there was a good choice at every mealtime.

There was a complaints policy available which detailed the arrangements for raising complaints, responding to complaints and the expected timescales within which a response would be received.

There was a quality assurance monitoring system in place that was designed to continually monitor and identified shortfalls in service provision. Audit results were analysed for themes and trends and there was evidence that learning from incidents took place and appropriate changes were made to procedures or work practices if required.

Further information is in the detailed findings in the full version of the report.

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.

The staff recruitment and selection procedure was thorough and ensured only people suitable to work in the caring profession were employed.

Staff knew how to recognise and respond to allegation of possible abuse correctly and were aware of the organisation's whistleblowing policy.

People received their prescribed medicines and medicines were managed properly and safely.

Is the service effective?

Good

The service was effective.

People received a varied and nutritious diet and people told us the enjoyed the meals provided.

People received support from healthcare professionals to maintain their health and wellbeing when it was required.

The service was compliant with the legal requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring.

The staff were caring and helpful and people said they liked living at the home.

People were involved in care planning and had consented to their own care, treatment and support.

Staff were careful to protect people's privacy and dignity and people told us they were treated with respect.

Is the service responsive?

Good

The service was responsive

People's care plans reflected their individual needs and were reviewed and updated as people's needs changed.

There was a range of activities for people to participate in, including activities and events in the home, and in the community.

There was a complaints procedure in place and people felt confident that if they made a complaint it would be dealt with appropriately and in a timely manner.

Is the service well-led?

Good

The service was well-led.

The manager provided staff with leadership and direction and was proactive in ensuring wherever possible both people who lived at the home and staff were involved in all aspects of service delivery.

The provider had systems in place to monitor the quality and safety of the services provided and to ensure action was taken to deal with any shortfalls identified.

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

This unannounced inspection took place on 19 December 2018 and 11 January 2019. The inspection team consisted of two adult social care inspectors.

We spent time observing care in the lounges and dining room. We usually use the Short Observational Framework for Inspections (SOFI), which is a way of observing care to help us understand the experience of people using the service who could not express their views to us.

We looked at five people's care records, medicines administration records (MAR) and other records which related to the management of the service such as training records, staff recruitment records, maintenance records and policies and procedures.

We spoke with nine people who were living in the home and four relatives. We also spoke with the manager, deputy manager, six care staff including senior care assistants and catering, housekeeping and maintenance staff.

As part of the inspection process we also looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences which put people at risk of harm. We refer to these as notifications. We reviewed the notifications that the provider had sent us and any other information we had about the service, to plan the areas we wanted to focus on during our inspection. We also spoke with the local authority commissioning service.

We usually ask providers to complete 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. However, on this inspection we did not request a PIR.

Good

Is the service safe?

Our findings

At the last inspection we found the provider had implemented new policies and procedures to ensure people received safe care and treatment. However, at that time it was too early for them to be able to demonstrate they were fully embedded and that these improvements could be sustained over time. On this inspection we found clear evidence the policies and procedures were now fully embedded and the provider, manager and staff team were working together to ensure people received appropriate care, treatment and support.

People were kept safe from abuse and improper treatment. Without exception everyone who used the service, their relatives and friends told us they felt people were safe living at the home. One relative said, "It's a lovely place and although (Name of person) has not been here long I am absolutely sure they are well cared for and safe. When I leave after visiting I have peace of mind knowing they are not alone and there is always staff around to help and assist them." Another relative said, "I have every confidence in the manager and staff I know they will make sure people are safe and happy."

Staff had completed safeguarding training and said they would not hesitate to report concerns to the manager. The manager had made appropriate referrals to the safeguarding team when this had been needed and the manager and deputy manager had recently attended a two-day training course about safeguarding vulnerable adults facilitated by the local authority for service managers.

People were protected from any financial abuse. The manager held some money for safekeeping on behalf of people who used the service. Records of monies held were kept and receipts for any purchases were obtained.

Records showed safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. This included checks prior to people commencing employment such as references from previous employers and a satisfactory Disclosure and Baring Service (DBS) check. The DBS check helps employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people.

There were enough staff on duty to care for people safely and keep the home clean. This was confirmed by people who used the service and their relatives. One person said, "There always appears to be plenty of staff around and you never have to wait long if need assistance." Another person said, "I don't think staffing is an issue, there are always plenty of staff on duty including cooks and cleaners and they all know your name and stop and talk to you so you never feel lonely."

During the inspection we saw there was a good staff presence around the home and people's requests for assistance were responded to in a timely way. The staff we spoke with confirmed there were always sufficient staff on duty to meet people's needs and staffing levels would be increased if people were poorly or on end of life care.

Medicines were stored, managed and administered safely. The senior care workers took responsibility for administering medicines and we saw them doing this with patience and kindness. They explained to people what their medicines were for and stayed with them until the medicines had been taken. We looked at a sample of medication administration records (MARs) and saw people were given their medicines as prescribed.

Protocols were in place that clearly described when medicines prescribed for use 'as required' should be administered. Some people were prescribed medicines, which had to be taken at a specified time in relation to food and we saw there were suitable arrangements in place to make sure this happened.

Care records contained risk assessments relating to activities of daily living such as mobility, eating and drinking, continence and personal care. The risk assessments and care plans had been reviewed monthly and where an issue had been identified, action had been taken to address and minimise any identified risk. For example, we saw some people had specialist pressure relieving equipment in place to reduce the risks of them developing pressure sores.

Some people who used the service at times presented with behaviours which challenged. There were risk assessments and care plans in place to guide staff on how to manage such behaviour. However, we found the care plans were not always as detailed as they could be and did not fully reflect the interventions we observed staff using. We discussed this with the manager and by the second day of inspection the matter had been addressed.

Accidents and incidents were recorded and analysed to see if any themes or trends could be identified. Records showed what action had been taken following any accident or incident to reduce or eliminate the likelihood of it happening again. For example, increased monitoring from staff.

Good

Is the service effective?

Our findings

The manager completed needs assessments before people moved into the home. The assessment considered people's needs and choices and the support they required from staff, as well as any equipment which might be needed.

The care staff we spoke with told us they received a comprehensive induction to the service and then spent time shadowing more experienced colleagues, until they were deemed competent and felt confident to work unsupervised. Staff told us they received the training needed to carry out their roles effectively and felt well supported by the manager. One staff member said, "The training provided is very good and I have learnt a lot since joining the staff team." Another staff member said, "I recently completed a course about living with dementia, it was really good as it made me think about all the different signs and symptoms and how they affect people differently."

We looked at the training matrix and found staff completed a range of mandatory training and other training specific to the needs of the people they supported. We saw individual staff training and personal development needs were identified during their formal one to one supervision meetings with their line manager. We saw supervisions were structured and all members of the staff team had an annual appraisal which looked at their performance over the year.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the service was acting within the Mental Capacity Act. People's capacity to consent to their care and support arrangements was assessed. Where people lacked capacity and it had been assessed that the accumulation of restrictions amounted to a deprivation of liberty, appropriate DoLS applications had been made.

Staff understood how to help people make choices on a day to day basis and how to support them in making decisions. They told us if people needed additional support with making decisions the manager would request an advocate to assist them. An independent advocate is person who has training to support people with decisions they may need to make about their life.

People's nutrition and hydration needs were met. We observed people enjoyed their meals and if they required assistance to eat their meal this was provided appropriately. People who used the service told the food was very good and there was always a good choice at mealtimes. One person said, "The food is really

tasty." Another person said, "There is no problem with the food here, it's all nicely cooked and they will always make you something different if you don't want what is on the menu."

We spoke with the cook who was very enthusiastic about their role and had a good understanding of people's dietary needs and preferences. The cook confirmed the manager kept them up to date with any changes in people dietary needs and they felt an integral part of the staff team.

We saw people who had been assessed as being nutritionally at risk were weighed regularly. Records were maintained of what they were eating and drinking. We found these records were well completed and showed people were being offered high calorie snacks and drinks in line with their care plans.

Staff were using 'best practice' guidance to calculate how much fluid some people should be drinking daily, to ensure they were kept well hydrated. The records showed people were meeting or exceeding their individual targets.

There were choices available for every meal. People were offered plenty of drinks and throughout the day, this included milkshakes in the afternoon. There was finger food, such as chocolate and mince pies, left out in bowls and we saw one person helping themselves to a mince pie.

People's healthcare needs were being met. People's care records showed the service worked with other agencies to support people to meet their healthcare needs. People who used the service had been seen by a range of healthcare professionals. These included GPs, nurse practitioners, community psychiatric nurses, district nurses, dieticians, speech and language therapists, chiropodists and opticians.

Hospital passports were in place and contained detailed information about people's needs and preferences. This helped to ensure people would continue to receive effective care and treatment in the event of being admitted to hospital.

There were picture signs to help people identify different parts of the home and find their way around. The bedrooms in the annex had memory boxes outside, these are used to help people find their own rooms by displaying pictures or other items such as ornaments which people will recognise. Some of the memory boxes had very little in them to help people identify their own rooms. This was discussed with the manager who told us they were aware this was an area they needed to improve.

We found the building was adequately adapted for the needs of people who used the service and a programme of planned refurbishment was in place to improve the environment. The providers quality monitoring systems had identified they needed to make further improvements to the environment to make it more dementia friendly.

Good

Is the service caring?

Our findings

People who used the service, their relatives and friends spoke positively about the service. One relative told us they were very happy with the care and support, they said, "Mother is well cared for and loved." Another relative said, "Although (Name of person) has only lived at the home a short time they have really settled in which is due to the caring attitude of the staff. The home was recommended by a friend and I am really pleased we took their advice. I really do not think (Name of person) could receive better care."

A visitor told us they visited twice a week and felt people who used the service were well looked after. They said they were always made to feel welcome and offered refreshments.

We observed care and support within the home and saw positive interactions between staff and people who used the service. We observed good humour, appropriate touch and an understanding of specific communication needs. This showed staff had a genuine regard for people's wellbeing and treated them in a respectful and dignified manner.

Throughout the inspection we observed staff supporting people in a calm manner. Staff responded promptly to people's needs and requests, but also found time to sit with people providing friendly conversation or just company. We heard staff speaking to people in a way that showed they knew them well and cared about them. Staff smiled and said hello to people when they walked into the room, they engaged them in conversation and took an interest in what they had to say.

We found a person-centred culture within the service with people continuously given choices as to what they ate, where they sat and what they did. Staff patiently awaited people's responses before assisting them. Staff adapted their approach depending on people's communication skills, for example by spending a little extra time with a person who was distressed and unclear about what they were asking them to do.

Mealtimes were relaxed and social occasions. Staff were attentive and encouraged people to eat and drink but also allowed people time to do things for themselves. For example, one person said they thought they did not want any pudding. Staff served them some pudding and gently encouraged them to try a little bit. Staff then left the person to eat at their own pace and when they had finished and eaten all the pudding the person said how much they had enjoyed it.

Most people's care records included information about their past lives and interests. This helped staff to get to know people as individuals and supported the development of caring relationships.

People were consulted about their care and treatment and about how the service was run. The manager told us they did not have meetings for people who used the service as these had not been effective. Instead they engaged with people on a one to one basis. This was recorded and summarised and people were given feedback about actions taken in response to their comments in the form of 'You said, we did' notices. For example, in November some people had said they would like to play dominoes more often. This had been discussed with staff and during the inspection we observed staff playing dominoes with one person who

lived at the home.

Through talking to staff and members of the management team, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

We saw the service had policies and procedures in relation to protecting people's confidential information which showed they placed importance on ensuring people's rights, privacy and dignity were respected. Staff had received information about handling confidential information and on keeping people's personal information safe. There were robust arrangements for the management and storage of data and documents. Records and reports relating to people's care and welfare were stored securely and data was password protected and could be accessed only by authorised staff.

Good

Is the service responsive?

Our findings

The service was responsive to people's changing needs. People and their relatives were involved in planning and reviewing their care needs. People were supported as individuals, including looking after their social interests and well-being.

We saw people's needs were assessed prior to admission to the service to determine their care and support needs. Plans of care were formulated to reflect these needs and reviewed monthly. We found the care records contained information about people's past and current lives, their family and friends and their interests and hobbies. We saw specific information about people's dietary needs and the social and leisure activities they enjoyed participating in. Care records were detailed and contained a good level of information; such a people's likes, dislikes and personal history which helped staff get to know them as individuals.

However, we found only basic information about people's end of life care wishes was recorded. This did not include detailed information about how they wished to be cared for and what they wanted to be in place at their end of life. This was discussed with the manager who told us they had already identified this as an area for improvement and was in the process of introducing new documentation. We saw evidence of this on the second day of inspection.

People's communication needs were assessed and support plans put in place to help staff meet their needs. This showed the provider was taking account of the Accessible Information Standard (2016). The Accessible Information Standard requires staff to identify record, flag and share information about people's communication needs and take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it.

Staff were very vigilant and reacted quickly when a person needed support. For example, one staff member realised a person needed the toilet; they discreetly asked them if they needed to go to the toilet and escorting them there. We saw staff remained patient and compassionate whilst people living with dementia sought constant reassurance and asked them questions repetitively.

The manager told us people were supported to maintain relationships with their family and this was confirmed by the relatives we spoke with. Relatives told us they were in regular contact with the home and were kept informed of any issues regarding their relative. They told us they were invited to care plan reviews and were always informed of any changes in their relative's general health or welfare.

Although the service did not employ an activities co-ordinator people were offered the opportunity to take part in a range of activities both individually and in groups by the care staff. These included coffee mornings, karaoke, hand massage and nail painting, watching films, cake decorating, bingo and visiting entertainers. The people we spoke with told us they enjoyed the activities provided. One person said, "There is always something going on if you want to join in." Another person said, "We have a laugh with the staff when we do activities, it's what it is all about, having fun and not being miserable." The home also had two cats and

during the inspection we heard one person telling their visitors how much they enjoyed watching the cats.

There was a complaints procedure in place. People were given information about the complaints procedure and a large print version was available for people who were visually impaired. The records showed complaints were dealt with appropriately. We saw examples of how the service used complaints positively to improve the service. For example, following a recent complaint about a missed hospital appointment they had put a new system in place to monitor appointments thereby reducing the risk of recurrence.

Good

Is the service well-led?

Our findings

At the last inspection we concluded the service was being well managed and that significant improvements had been made to the governance and audit systems. However, whilst it was clear the service was on a journey of improvement, it was too early for the provider to be able to demonstrate the new processes were fully embedded and improvements could be sustained over time. At this inspection we found the provider had succeeded in ensuring the new policies and procedures were now fully embedded and they had a clear vision about the future direction of the service.

Since the last inspection the registered manager had left the service and the deputy manager had been promoted to the post of manager. At t the time of inspection they were in the process of completing their registration with the Commission (CQC). The newly appointed manager had worked at the home for several years in the role of deputy manager and therefore well placed to continue to implement the programme of continued improvement.

On the day of inspection, the manager was a visible presence throughout the home and visitors spoke positively about the way the home was managed and how approachable the manager was. One relative said, "I had no idea (Name of manager) had only recently been promoted, they are very good and so knowledgeable about the people who live here." Another person said, "I am sorry the last manager left but very happy (Name of manager) was promoted. They know the home and people living here very well, which is important."

Staff told us they felt well supported by the manager and there were clear lines of communication and accountability within the home. One staff member said, "We are a good team, we all work together well and (Name of manager] is very approachable and I know I can talk to them at any time if I have a problem. "The staff we spoke with told us they were regularly consulted and involved in making plans to improve the service.

We saw there was a quality assurance monitoring system in place designed to continually assess, monitor and improve the service. Audits were being completed, which were effective in identifying issues and ensured they were resolved. These covered all aspects of the service including care plans, medication, premises, accidents/incidents, safeguarding and complaints. We saw if any shortfalls in the service were found action had been taken to address any issues.

Annual surveys questionnaires were sent out to family and friend to seek their views of the service and facilities provided. The manager confirmed that once returned they were analysed and an action plan put in place to address any concerns identified. We saw survey questionnaires had also recently been sent out to other healthcare professionals involved in people's care and support and the responses received had been positive.

We saw evidence the service worked effectively with other organisations to ensure co-ordinated care which provided the manager with a wide network of people they could contact for advice.

The manager told us they were well supported by the provider and an external consultant employed by the service and weekly meetings were held. These meetings focused on meeting legal requirements and the fundamental standards. We saw evidence of provider visit reports on the day of inspection.

In addition, we saw the provider had an improvement action plan in place which showed their commitment to continuing to develop the service. We therefore concluded the service was being well managed and the provider and manager had succeeded in maintaining the significant improvements made to the audit and governance systems noted at the last inspection.

Providers are required by law to notify The Care Quality Commission (CQC) of significant events that occur in care settings. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found the service had met the requirements of this regulation. It is also a requirement that the provider displays the quality rating certificate for the service both in the home and on their website if they have one, we found the service had also met this requirement.