Care Quality Commission

Vorg Limited

Southwoods Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Good

Overall summary

This inspection took place on 23 November 2015 and was unannounced. The service was last inspected on 16 May 2014 and was found to be compliant with the regulations we assessed at that time.

Southwoods Nursing Home is registered to provide care with accommodation for up to 38 older people. At the time of our inspection 33 people lived at the service. The service is registered to provide general nursing care to people in the user band 'older people'. The service is situated close to the centre of Northallerton, with its local amenities close by.

The service had a registered manager, who had been registered with us since October 2013. 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.

Summary of findings

Medicines were safely stored and there was evidence that people received the medicines they had been prescribed. However, we saw two examples of potentially unsafe administration practice during our visit and have required that the registered manager make improvements.

Staff were recruited safely. People who used the service told us that sometimes care staff were busy and they had to wait a little while for assistance. However, observations, discussions with staff and review of rotas showed that safe numbers of staff were on duty.

People using the service, and their relatives, told us they felt safe at the service. Staff knew how to report any concerns about people's welfare and had confidence in the registered manager taking action if needed. People had individual risk assessments in place which helped ensured staff were aware of the risks relevant to each person's care. Maintenance contracts and checks were in place to help ensure the premises were safe.

Staff were supported to have the skills and knowledge they needed through relevant training. Staff felt supported and received support through formal supervision and staff meetings.

The service was following the principles of the Mental Capacity Act 2005. At the time of the inspection six people were subject to a Deprivation of Liberty Safeguards (DoLS) authorisation. The registered manager understood DoLS and when they were needed.

People told us that the food was good. People's dietary needs were assessed and monitored and support was requested from relevant health care professionals if there were concerns about people's nutritional wellbeing.

People told us that they were cared for and usually treated with dignity and respect. We saw some good examples of person centred care and a caring attitude by staff members.

People had their needs assessed and all but one person had detailed care plans in place. Care staff knew people well and were able to describe people's individual needs. We have recommended that the registered manager reviews care planning arrangements to ensure that they are always in place and up to date.

People had access to some activities and social events, but feedback from people using the service was that this area of their care could be improved. We have recommended that the registered manager reviews arrangements for activities and social stimulation, to ensure that people's individual interests and preferences are recognised. Visitors were made welcome and could visit when they wanted.

A complaints procedure was in place and information about this was available in the reception area. The registered manager encouraged feedback from people who used the service and their relatives, through meetings, surveys and making themselves available for discussions.

Audits and checks were completed and the registered manager was supported by the company director, who visited the service regularly.

We identified one breach of regulations relating to safe care and treatment, in particular the proper and safe management of medicines. You can see what action we told the provider to take at the back of the full version of the report.

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?

Requires improvement

The service was not always safe.

Staff had not always followed safe medicine administration guidelines.

Appropriate and safe numbers of staff were on duty. People told us that they sometimes had to wait for staff to assist them, but systems were in place to ensure that call bells were answered within a maximum waiting time of 6 minutes.

Staff were recruited safely and knew how to safeguard people from avoidable harm.

People who used the service and their families told us they felt safe. People had individual risk assessments in place so staff knew how to manage risks to people.

Is the service effective?

Good

The service was effective.

The service followed the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff were provided with training relevant to their roles and felt supported by the registered manager.

People's dietary needs were assessed and regular meals, snacks and drinks were provided.

The service sought advice and support from other professionals when needed.

Is the service caring?

Good

The service was caring.

Staff were able to describe people's needs and how these were met. We saw people being treated kindly by care staff.

People were able to maintain relationships, with visitors made welcome.

People were supported to make decisions and choices about their day to day lives, where they spent their time and what they ate and drank.

Is the service responsive?

Requires improvement

The service was not always responsive.

People had their needs assessed. Most people had detailed plans of care in place, but some care plans were not completely up to date.

Summary of findings

Activities and events did take place, but people who used the service felt that this was an area of their care that could be improved upon. Provision of activities and social stimulation could be made more individual and person centred.

A complaints procedure was in place. The service asked for feedback from people who used the service and their relatives.

Is the service well-led?

Good

The service was well-led.

A registered manager was in place. They were well thought of by people who used the service, relatives and staff.

Audits and checks were completed by the registered manager and the company director.

People using the service, relatives and staff were given opportunities to provide feedback about the service.

Southwoods Nursing 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 inspection took place on 23 November 2015 and was unannounced. The inspection team consisted of one inspector, a specialist professional advisor and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience for this inspection had experience of caring for a person who used care services. The professional advisor was a registered nurse, who also had experience of managing care services.

Before the inspection we reviewed all of the information we held about the service. We looked at any notifications we had received from the provider. Notifications are information about changes, events or incidents that the provider is legally obliged to send us within the required timescale. Healthwatch had visited the service in November 2014, so we viewed their visit report.

Healthwatch represents the views of local people in how their health and social care services are provided. We also asked the local authority (LA) commissioning team for feedback about the service.

The registered provider had completed a provider information return (PIR) before our inspection. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with 15 people who used the service and five relatives. We spent time observing how people spent their time and the interactions between people and care staff. We also looked around communal areas within the service, and we saw a small selection of people's bedrooms, with their consent. We spoke to the registered manager, three nurses and three care staff, and the cook who was on duty.

During the inspection we reviewed a range of records. This included eight people's care records, including care planning documentation and medication records. We also looked at three staff files, including staff recruitment and training records, other records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

After the inspection we contacted four visiting professionals, to ask for their feedback and experiences of the service.

Requires improvement

Is the service safe?

Our findings

We looked at the arrangements that were in place to ensure the safe management, storage and administration of medicines. We spoke with the registered manager and the nursing staff who were administering medicines on the day of our visit.

We observed the nurses administering medicines and saw two examples of unsafe medicine administration practice during our visit: One nurse signed the medicine administration record (MAR) to show that medicine had been taken before actually administering the medicine to someone in their bedroom. In the afternoon we saw some liquid medicine left on a dining table which had two people sitting there. There were no staff in sight, we couldn't tell who the medicine belonged to and either person could have taken it. No actual errors occurred during our observations, but both of these practices increased the risk of errors occurring and were contrary to the NICE [National Institute for Health and Care Excellence] Guidance: Managing medicines in care homes. We informed the registered manager of these examples of unsafe medicines management so that they could take action.

This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014, safe care and treatment.

People who used the service told us that they received the appropriate medicines, but timing could be quite 'lax'. On the day of the visit the morning medicines round was just beginning at 9.45am. One person told us, "They start medicines any time after 9am but goodness knows what time I'll get mine, it could be any time up to 11.30am."

The provider had a policy and procedure covering the administration, storage and management of medicines, which had been reviewed by the registered manager in April 2015. Nursing staff had completed medicines training and competency checks, to help ensure that medicines were given safely. Staff we spoke with were also able to explain what they would do if any medication errors occurred. For example, informing the doctor and person's family, making a safeguarding alert if necessary, and undertaking a competency assessment with the staff member concerned.

Medicines were stored safely, including arrangements for the storage of drugs that are liable for misuse [sometimes called controlled drugs]. The treatment room was clean and tidy and well arranged. There was evidence that controlled drugs were stored and administered safely, with appropriate records maintained. For example, we saw that the stock of medicines stored in the controlled drugs cupboard corresponded with the records in the controlled drugs register. Nursing staff were able to talk us through their medication policy and describe how medicines were managed safely. Evidence of records of destroyed medication was seen and staff were completing MARs correctly, including the use of codes where appropriate. Medication audits were carried out monthly by a senior registered nurse.

The atmosphere in the home was relaxed and people told us they felt safe, both with other residents and with staff. The relatives spoken with felt that their family member was safe and cared for by dedicated staff. One said, "When we leave here after a visit we know she is in safe hands and we have no need to worry about her." We observed staff using appropriate manual handling techniques when helping people and saw that when hoists and slings were being used there were two members of staff carrying out the procedure in a safe way. Feedback from professionals who visited the service included, "From my perspective I think the service is safe."

We spoke with the registered manager about staffing levels, made observations and looked at rotas. On the day of our visit 33 people lived at the service; 31 had nursing care needs and two had residential care needs. There were two qualified nurses [one on each floor], seven care staff [3 on the top floor and 4 on the ground floor], one activities coordinator, one laundry assistant, two domestic staff, one cook and one kitchen assistant on duty. The registered manager was also at work and explained how they helped provide hands on care if needed during busy periods. The registered manager was able to explain how staffing was organised based on the numbers and dependency of people living at the service. There was also an overlap in shifts at lunchtime, so that extra staff were available to help during this busy period. Overnight there was one qualified nurse and three care staff on duty. Rotas showed that staffing was usually maintained at the levels described.

We observed that there were enough staff on duty downstairs to meet people's needs. For example, staff were available when needed and interacted well with the residents in the sitting areas as they went about their

Requires improvement

Is the service safe?

duties. However, upstairs we observed less interaction and that some people appeared more isolated in their own rooms. There were call button facilities in bedrooms so that people could request assistance if needed, but one person told us, "I'll usually wait about ten minutes for my bell to be answered." We asked the registered manager about this and they explained the call bell system only allowed a maximum waiting time of 6 minutes, before it transferred to an emergency alarm, to which staff immediately had to respond. They accepted and acknowledged the waiting time may feel longer when someone was waiting for assistance.

We found that staff were recruited safely. We spoke with the registered manager about staff recruitment processes and checked the recruitment records for three new staff. The records showed that thorough recruitment processes had been followed, including interviewing prospective staff, obtaining written references and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, helping employers make safer recruiting decisions. Proof of identification and nursing registration had also been obtained.

We looked at the arrangements that were in place for managing allegations or suspicions of abuse and managing concerns. Staff told us that they had been trained on how to identify and respond to abuse. The training records we saw confirmed this. Staff were able to describe the different types of abuse and how they would report any concerns. Policies and procedures covering adult safeguarding procedures and whistle blowing were in place. These included the contact details for the local authority safeguarding team and a description of how people could make a safeguarding alert directly to the local authority if they needed to.

The care records we looked at included risk assessments, which had been completed to identify any risks associated with delivering each individual person's care. For example, risk assessment and risk management plans were in place to help identify individual risk factors, such as safe manual handling, falls, nutrition, and maintaining skin integrity. These had been reviewed regularly to identify any changes or new risks.

Records were available to show that premises and equipment were regularly checked and maintained in safe working order. This included regular servicing and inspection of fire and manual handling equipment. The fire risk assessment had been reviewed by the registered manager to ensure it was up to date. Personal evacuation plans were in place, for each person living at the service, to highlight the level of support needed. Staff received regular fire training updates and scenarios and discussions were used to ensure that staff knew what to do in the event of a fire.

Accidents and incidents were recorded. These were reviewed and audited each month by the registered manager, to identify any trends or further actions that were needed.

Good

Is the service effective?

Our findings

People who used the service and their relatives spoke highly of the personal care they received. For example, one person said, "I am very well looked after here." Another person told us, "I have everything I need at the touch of a button." A relative told us, "My mother needs washing, dressing and feeding. The staff here are dedicated and look after her really well."

We saw staff were available in communal areas and interacted well with people. For example, exchanging a few words or holding a hand. When people were assisted to move around we saw that staff explained what they were doing and assisted pleasantly. Staff we spoke with were able to tell us about people's needs and how individualised care was provided. People were observed to be comfortable and cared for. For example, staff made sure people were comfortable, asked if people needed assistance and we saw that people looked clean and appropriately dressed. We saw people's care needs being met by staff. For example, we observed staff assisting people to eat, drink and help with personal care needs.

All of the staff we spoke with told us they had completed the training they needed to carry out their role and had access to a variety of training, including updates. For example, one nurse told us how they had completed training on palliative care, dementia, tissue viability, venepuncture, medicines management and a range of distance learning courses. The registered manager was aware of the new care certificate and had accessed information about it, but had not yet started to implement it as a formal part of induction training arrangements. However, they had plans to do so. The care certificate is a recognised qualification which aims to provide new workers with the introductory skills, knowledge and behaviours they need to provide compassionate, safe and high quality care.

The registered manager provided us with a training record for all staff. This showed that staff had completed training that was relevant to their role and were up to date with required training and updates. We also saw induction training records for three new staff. Overall we found that staff had been provided with training to equip them with the skills and knowledge needed.

Staff told us that they felt supported by the registered manager and could seek support if and when needed. The manager told us that they liked to spend time working alongside staff, "On the floor." This meant they could see what was going on, be visible to staff and people using the service, and monitor staff performance on a daily basis. We looked at the supervision records for four staff. These showed that all four of these staff had received two formal supervision sessions during 2015. We also looked at the records for three new staff. The registered manager told us that probationary performance was formally reviewed at the end of the probationary period, although any issues that occurred during the probation period would be addressed formally at the time if necessary. Staff also received formal support through staff meetings, which were held approximately every three months. Records of staff meetings were available.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application 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 saw staff consult people and seek consent throughout the inspection. For example, we saw that staff asked permission and explained what was happening when assisting people with care. We also saw staff asking people, "Would you like to…." The service had in place a policy outlining the principles of the MCA and how people should be supported with decision making. Training on the MCA was provided to staff. The care plans we viewed included information about people's cognition and capacity to make decisions. The registered manager was able to describe the main principles of the act and show us that DoLS authorisation requests had been made where there was concern that people were deprived of their liberty. At the

Good

Is the service effective?

time of our visit six people were subject to DoLS authorisations. A further seven people were waiting for their authorisation requests to be assessed by the local authority.

We looked at how people were supported to maintain their nutritional wellbeing. People told us they received a choice of meals, with snacks and drinks provided between meals. They said that the food was good and they enjoyed their meals. One person told us how an alternative meal would be provided, if they didn't like what was on the menu. Our observations confirmed this. For example, we saw a substantial breakfast being served, with people offered fruit juice, grapefruit, porridge and scrambled egg on toast. At lunch time we saw people offered a choice of meals, with special diets catered for. For example, some people had pureed foods. Others used equipment, such as plate guards, to help them eat independently. Where people needed assistance to eat staff provided this effectively and pleasantly. We did notice that people sometimes had to wait for meals and mealtimes, particularly at breakfast time. However, the registered manager was able to explain how they were making changes to allow more flexibility for people.

The care records we looked at included nutritional risk assessments. These assessments included regular weight monitoring and helped to identify anyone who was at risk due to poor nutrition or weight loss. We also saw evidence of the involvement of the dietician and speech and language therapy team if there was concern about someone's nutritional wellbeing or ability to swallow.

We spoke with one of the kitchen staff, who was able to describe people's dietary needs and how these were met. Information on people's dietary requirements, including special needs, was available in the kitchen so that kitchen staff could cater for them. The kitchen staff member was able to explain how they catered for people's needs. For example, how they fortified meals for people at nutritional risk or provided soft textures for people with swallowing difficulties. In August 2014 the home had received a visit from an environmental health officer and was awarded a 5 star rating (the best available) for food hygiene at that time.

We saw evidence that the service liaised with relevant health and social care professionals. For example, visits by doctors and other professionals were recorded in people's care records. The local doctor made a routine visit to the service each week, but could also be called when needed. Feedback from one visiting professional included, "It's now a pleasure to visit, the residents seem in better spirits, are all clean and cared for, I don't constantly hear the buzzers, the staff are much friendlier and helpful and I've noticed improvements being made to the home itself."

The service was comfortable and homely. One relative described the home as, "Kept and swept, but rather worn." We observed that some aspects of the premises would benefit from updating and redecoration. For example, some corridor carpets and paintwork were marked. Some bedroom doors had scraps of paper taped to the door with people's names written on in biro, rather than proper door signs. People who used the service also told us that there was sometimes a delay when using the toilet in one part of the service, due to the shower already being in use [the toilet and shower were located in the same room]. For example, one person told us, "I ask to go to the toilet and get told, 'sorry, someone's having their shower at the moment'." We asked the registered manager about this. They agreed to look into the concern and ensure that staff made use of facilities that were available in other parts of the service if necessary.

Good

Is the service caring?

Our findings

We looked at the arrangements in place to ensure that the approach of staff was caring and appropriate to the needs of the people using the service. People told us that they were well looked after and cared for. For example, one person said, “I am very well looked after here.” A relative said, “The staff are great, mother's really happy with them.” Another relative said, “Our mother's really well cared for, we have no complaints at all.” However, one person told us, “Some of the older staff know you and your personality and you get on well with them, but sometimes the younger ones just do what they have been taught and talk to each other instead of to you.”

One professional who regularly visited the service told us, “Notably, when there is difficulty in communication for the resident, there has been patience and good care, to make sure that the message has been received from both ends.”

We observed the care and support people received during our visit. We saw that staff had good relationships with people who used the service. For example, during our observations staff showed friendly, caring dispositions when interacting with people. They addressed people by name. Where people had sight or hearing difficulties they made sure that they were facing them when talking to them. Staff were also seen holding people’s hands or arms whist talking with them.

Staff ensured people’s dignity and privacy was respected. We observed staff knocking on doors before entering and ensuring that care was carried out in private. We also saw staff ensuring that people were clean and tidy after meals.

Staff were able to describe to us how they helped to maintain people’s privacy and dignity. For example, ensuring doors and curtains were closed while assisting people. Records also showed that staff had completed training on maintaining privacy and dignity.

We looked at the arrangements in place to support people in maintaining relationships. We observed visitors coming and going throughout the day. Visitors told us that they were always made to feel welcome and visiting was not restricted. One person told us “My daughter can pop in whenever she likes.” A relative said “We can visit any time at all.” Records also showed that staff training had included equality and diversity, to help staff understand and support people and their relationships.

We looked at the arrangements in place to ensure that people were involved in decisions about their day to day lives. We saw that people’s care records included information about their routines and preferences. We saw staff asking what people wanted and involving people in decisions. For example, at breakfast staff asked one person if they would prefer a fork or spoon to eat their scrambled egg with. After breakfast we overheard staff discretely ask one person, “Do you want to go down to the loo now, because the lady is coming to do communion at quarter past.” Later we observed another staff member ask someone, “Would you like tea or coffee this morning? And would you like a bit of sugar in it?”

Staff we spoke with told us they had received training on palliative [end of life] care and training records confirmed this.

Requires improvement

Is the service responsive?

Our findings

We looked at the arrangements in place to ensure that people received person-centred care that had been appropriately assessed, planned and reviewed. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the individual person. People who used the service told us that they received the individual help and support they needed with their personal care. People told us that staff met people's individual nursing and personal care needs. Staff we spoke with knew people well and were able to describe how they met individual needs and preferences.

People and their relatives had been involved in assessments when they came to live at the home. Relatives were not aware of any formal review procedures, but had been kept informed about their relative's welfare and any changes. One relative told us, "The staff and the manager keep us informed about mother's welfare." Another family told us how they had been involved in a meeting about their relative's care.

We observed good communication between the qualified nurses at the service. For example, there was a communication book kept in the treatment room and staff could explain and show us how this was being used. Staff also explained how information was passed between staff during handover.

During our visit we looked at the care plans and assessment records for six people. The care records we looked at all contained assessments and risk assessments covering key areas of care, such as nutrition, manual handling and skin integrity. The risk assessments had been reviewed and updated regularly to ensure that risks to people's wellbeing were monitored. Five of the care plans we looked at had been completed and providing details about people's individual needs. For example, one person's care plan included information about how they liked their room to be set up during the night so that they felt safe and comfortable. Another person's care plan recorded that the person did not wish to be disturbed by staff during the night and would ring their call bell if they needed assistance. We also saw that records included information about how people wanted to be addressed by staff, how they liked their drinks to be served and information about what they could and couldn't do for themselves. Overall we found that the care plans we viewed provided a good level of information about people's needs and their care.

However, we found some areas of care planning that needed improvement. Some care plans had not been updated to reflect recent changes. For example, changes had been identified and recorded in evaluation records, but the corresponding care plan had not always been updated to reflect these. One person had moved into the service very recently. Although basic assessments had been completed and were available to show the person's needs, no detailed care plans had been put in place. This meant that detailed information showing how the person was cared for was not available. We discussed this with the registered manager. They agreed that initial care plans should have been put in place as soon as possible after admission and assured us that this would be done without delay.

Feedback we received from people who used the service suggested that the provision of activities was an area that they would like to see improved. One person told us, "I always used to watch sport, I love sport, any sport." When asked if they watched sport in the home they said, "I don't think they have a television here." They were seated in a part of the lounge from which the television was not visible and did not have a television in their bedroom. Another person said, "I really like listening to music, but unless some music is on the telly or we have an entertainer I don't get to listen to it now." Another person told us, "My hobby was doing crosswords. In the summer a young lad came in and read the clues for me, but he hasn't been in for a couple of months so I haven't done a crossword since then." People we spoke with also said that they did not go outside as much as they would like. One person said, "I am an outdoor person, but they don't even take me out in the wheelchair. I just have to sit here, it is so boring." Another person said, "If I look out of the window I can see the bowling green. That is the nearest I get to the outdoors."

We recommend that the registered manager reviews the provision of activities and outside access, to ensure that people's individual interests and preferences are taken into account.

We spoke with the registered manager about activities. The home was in the process of changing from one activity coordinator to another, with the new activity coordinator

Requires improvement

Is the service responsive?

"just finding their feet." This meant that they had not yet had chance to develop their role and the activities provided. An activities timetable was in place, showing a weekly programme of games, quizzes and activities such as karaoke and crafts.

Holy communion was taking place on the day of our visit and a notice on the entrance board showed that a pet pony was visiting the following day. People had individual activity records and we looked at these for two people. We saw from these records that activities recorded over the last month were; a visit from local school children, a 'fish and chips' supper, quizzes, a remembrance day two minute silence, and a chat with the activities coordinator. During our visit there was no activity timetable on display or activity equipment around. For example, games, books, cards or jig-saws that people could access independently if they wish. However, we did see that one person had their newspaper to read and that another used audio books. The registered manager told us that some people were taken out occasionally and in the summer there was an outside seating area at the side of the car park which was used regularly in nice weather.

We looked at the arrangements in place to manage complaints and concerns. Information about the complaints procedure was available in the service's reception area. The provider kept a record of formal complaints and the actions taken to resolve them. The records showed that complaints had been logged and resolved successfully by the registered manager. The registered manager told us they were open to suggestions and complaints and encouraged people to raise any concerns with them. People who used the service and relatives told us that they could raise issues with staff if they needed too and that these were listened to and resolved.

Good

Is the service well-led?

Our findings

We looked at the arrangements in place for the management and leadership of the service. At the time of our inspection visit, the home had a registered manager in place who had worked at the service since October 2013. A registered manager is a person who has registered with CQC to manage the service. During the inspection we received feedback from people who used the service, visitors and staff that the registered manager was approachable and that people felt able to go to them to discuss issues or concerns.

The registered manager had received support from the company's director, who visited the home regularly. We saw reports from these monthly visits, which showed that the director spoke with people who used the service and their relatives, the registered manager and staff, and carried out visual checks around the service. This helped to ensure that effective management systems were in place.

Throughout our visit the registered manager was open and helpful. They were able to tell us about areas they felt were not working well for people who used the service and how they planned to change them. For example, the current breakfast routine, which they wanted to make more flexible for people. They described themselves as: "Not a 9-5 person." And, "Not an 'office' manager, but work on the floor." This meant that they were available at varying times, and visible and accessible to people who used the service, relatives and staff. People who used the service and relatives thought the home was well run and the manager was very approachable. A visiting professional told us how, in their opinion, the service had improved under the registered manager, "When I first attended [in professional role] I wasn't impressed with the service being offered but have watched Southwoods progressively improve."

The staff team told us that the service was well managed, and focused on the needs of the people they were looking after. The atmosphere was relaxed and staff said they were happy working at the service. Arrangements for the supervision of staff were in place and staff meetings had been held approximately every three months. The records showed that staff meetings had included discussing practice points and areas where the registered manager felt that improvements could be made.

We looked at the standard of records kept by the service. Overall the majority of records we viewed at the service were up to date, accurate and fit for purpose. However, in some areas improvements could be made. For example, ensuring that full care plans were put in place following new admissions to the service and updates to care plans were made promptly.

Arrangements were in place to gather feedback from people who used the service and their relatives. For example, surveys had recently been sent to people who used the service and their relatives. The registered manager explained that these had not yet been analysed, but was able to show us the results from the previous survey. These were displayed in the reception area, with a note from the manager inviting people to contact her if anyone wished to discuss the results further or raise any issues. We looked through the surveys that had recently been returned and saw positive responses and feedback about the service. A relatives/residents meeting had been held in October 2015. The records from this showed that people had been asked for feedback about the service, including if improvements had been achieved in areas previously highlighted for attention.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The registered manager showed us the records of regular checks that were completed on the premises and equipment, to ensure the service was safe and maintained in good order. A comprehensive management audit was completed every month by the registered manager. This covered the presentation and safety of the premises, care records, pressure ulcers, complaints, training, health and safety, personnel records, social activities and privacy and dignity. Medication audits had been completed on a monthly basis by a registered nurse. Accidents and incidents were recorded and monitored. These records showed that incidents and accidents were reported and actions taken to help minimise the risk of reoccurrence. An audit had also been completed to look for trends and ensure all appropriate actions had been taken.

Good

Is the service well-led?

The registered manager was aware of notification requirements [events that the service is legally required to notify us of] and we had received notifications from the service.

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
	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person had not ensured the proper and safe management of medicines. Regulation 12 (g).