Bupa Care Homes (GL) Limited

Southlands Nursing and Residential Home

Inspection report

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Ratings

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

Overall summary

Southlands is owned by BUPA Care Homes (GL) Ltd. The home is a large converted Victorian building situated within walking distance of Harrogate town centre. Southlands offers residential, nursing, respite and day care facilities for up to 68 people. All bedrooms have en-suite facility. A range of communal areas were available. This includes a number of lounge areas, coffee room, bar area, ballroom and a library. There is a large landscaped garden which contains a vegetable patch and an aviary.

The home employs a registered manager who had worked at the home for over eight years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 service was not consistently safe. Although most of the people we spoke with told us that they felt safe people told us they had concerns regarding staffing levels at the home. People described staff working non-stop. We saw that on one occasion staff took 20 minutes to respond to someone who had called for assistance. We observed throughout the day that care staff were consistently busy with care tasks**.** There was a shortage of staff due to sickness. We have asked the provider to review their system to replace staff at short notice when unplanned shortfalls occur such as covering staff sickness.

Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show that staff employed were safe to work with vulnerable people.

Staff we spoke with understood how to make an alert if they suspected anyone at the home was at risk of abuse. Training had been given to staff about safeguarding procedures.

We identified issues with required medicines. On two of the three floors we found there were discrepancies in two people's prescribed as necessary (PRN) medication. This meant that people did not always receive their medication as prescribed by their doctor.

Safety checks were carried out within the environment and on equipment to ensure it was fit for purpose. We found that the main open plan lounge/dining area was sometimes cold and people told us that they were cold during one of our visits. We have asked the registered provider to make improvements.

Staff followed the principles of the Mental Capacity Act 2005 to ensure that people's rights were protected where they were unable to make decisions for themselves.

People were provided with nutritious food. Although several people made negative comments about some of the meals. Assistance and prompting was given by staff where necessary to assist people. Adapted cutlery and crockery were available to people for them to use to help maintain people's independence.

Staff were seen to be attentive and kind to people and they respected people's individuality, privacy and dignity.

Care plans we looked at were up to date. Risks to people's health and wellbeing had been identified. These risks were being monitored and reviewed which helped to protect people's wellbeing. People's physical health was monitored. This included the monitoring of people's health conditions and symptoms, so that appropriate referrals to health professionals were made.

Activities were available to people on a daily basis as the home employed an activities co-ordinator. We observed various activities taking place during our visit to the home.

We received information from Healthwatch. They are an independent body who hold key information about the local views and experiences of people receiving care. CQC has a statutory duty to work with Healthwatch to take account of their views and to consider any concerns that may have been raised with them about this service and none were raised .We also consulted the Local Authority to see if they had any concerns about the service. They had carried out a visit in March 2014, where a number of recommendations were made regarding record keeping, mental capacity assessments and staff training. A follow up visit from the Local Authority established that all recommended improvements had been implemented and were sustained by the provider. The Local Authority confirmed they had no concerns with the home.

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 consistently safe.

Although people told us that they felt safe living at the home people had concerns about sufficient staff being on duty. We have recommended that the provider review their system, when unplanned shortfalls occur to staffing hours. Staff had been recruited in line with safe recruitment practices.

Medicines were not always managed safely within the home.

Staff had a clear understanding of their safeguarding responsibilities.

There were good systems in place to protect people from the risks associated with day to day activities, care tasks and the environment.

Is the service effective?

Good

The service was effective.

People who used the service told us they felt that they were cared for by staff that were trained to carry out their role and staff knew people well.

Staff were trained and supported by senior staff.

People had mixed views about the food but we saw that people received a well-balanced diet with support from staff where it was needed. Although food for people on one floor was not kept warm.

Is the service caring?

Good

The service was caring.

People living at the home said that staff were kind and caring. Relatives described staff as being 'caring' 'supportive' and 'lovely.'

We saw that staff knocked on people's doors before they entered and spoke to people respectfully. Care staff at the home were not clear about roles and responsibilities as 'key workers.'

People were given choices and they told us that staff listened to them.

Is the service responsive?

Good

The service was responsive.

Care plans reflected the person's needs, wants and preferences and were reviewed at least annually but more often when needed.

People knew how to make complaint or raise concerns and records we saw showed that those complaints are responded to by the service.

Summary of findings

Is the service well-led?

Good

The service was well-led

People living at the home told us that complaints were listened to and acted upon.

The home had an experienced registered manager in place who promoted high standards of care and support.

There were effective systems in place to make sure that the service continued to deliver good quality care.

Southlands Nursing and Residential 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.

We inspected the home on 16 March 2015. The visit was unannounced. At the time of our inspection there were 68 people living in the home. We spent some time observing care in the lounge and dining room areas to help us understand the experience of people who used the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

The inspection team consisted of three inspectors. An expert by experience with a focus in health and social care was requested as part of the inspection. However, we were informed on the day of the inspection that the expert by experience was unable to attend this inspection.

Before the inspection the provider is asked 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. This document should be returned to the Commission by the provider with information about the performance of the service. We were unable to review the Provider Information Record (PIR) as the Care Quality Commission did not request this prior to the inspection.

During our visit we spoke with nine people who used the service and five visitors. We spoke with the registered manager and ten members of care staff including four ancillary staff which also included the chef manager. We also spoke with a doctor, physiotherapist and a podiatrist who were all visiting the home. We looked at all areas of the home including people's bedrooms, the kitchen, laundry, bathrooms and communal areas. Owing to people's complex care needs we were not able to ask everyone directly about their care. However we observed the care and support people received in the communal areas of the home which gave us an insight into their experiences. We reviewed records relating to the management of the home including the statement of purpose, surveys, the complaints procedure, audit files and maintenance checks. We looked at nine people's care plans and observed how medication was being given to people. We checked the medication administration records (MAR) for six people including a random check of controlled drugs stock against the register for one person and we observed medicines round on three floors.

We also reviewed the information we held about the service, such as notifications we had received from the registered provider. We planned the inspection using this information.

We contacted the commissioners from the local authority and Healthwatch to ask for their views and to ask if they had any concerns about the home. From the feedback we received no one raised concerns.

Requires improvement

Is the service safe?

Our findings

This service was not consistently safe. Most of the people we spoke with told us they felt safe; one person told us, "I feel very safe living here. I am well looked after." Another person who lived at the home said, "Safe yes I feel safe as you get the attention from staff." We asked relatives who were visiting if they felt that their relatives were safe. One relative said, "Oh yes, she was always falling at home."

However, people living at the home said they did not feel there were enough staff. Even though they told us 'care staff were amazing' and described them as 'working non-stop.' One person said, "I'm very comfortable but I think the service has deteriorated over the last year, there are staff shortages and too many agency people." Another person told us that "It seems to be a bit hit and miss with the amount of staff there are." One person said, "The staff are quite busy you know. You never see them sitting around."

A visiting professional told us that they thought the staff team had become demoralised because there were a lot of new staff as quite a number of staff had left. Although they did not tell us why they thought staff had left. They went onto to say, "I would be happy for a relative of mine to live here. I have never heard or seen anyone being neglected or uncared for."

We found that staff had been recruited in a safe way. When they applied to work at the service they provided two references and checks were carried out with the Disclosure and Barring service (DBS) to check that they were suitable to work with vulnerable people. They did not start work until these checks had been carried out. We saw evidence the service managed staff disciplinary procedures. New staff we spoke with told us they had an interview, a DBS check before they received an induction programme. They then undertook their work shadowing other experienced staff before being left to deliver personal care to the people living at Southlands.

We observed throughout our visit that staff were kept busy during the day and saw that staff were either in communal areas or were assisting people with their care in their bedrooms. We saw on one floor that one person had called for assistance from staff and when we spoke to them they told us that staff had not been to see to them. We returned to speak to this person and found that staff had not yet attended to them. Staff arrived after 20 minutes.

We were informed when we arrived in the morning and spoke with the nurse in charge of night staff that there was a shortage of one staff due to sickness. It appeared therefore on the day of inspection that due to the unforeseen sickness of staff, had impacted on service delivery on the day staff. Our observations indicated that there were sufficient staff on duty on the day of our inspection to meet the care needs of people who used the service and to carry out routine duties but there were not sufficient staff to always deal with people in a timely manner because there was pressure to move on to the next task. We observed that staff delivered task centred care during the day. For example there were four care assistants on one floor responsible for delivering care to twenty seven people, twenty of whom required nursing during the morning, this went down to three care staff in the afternoon and evening.

We were given copies of the staff rotas for March 2015. The rotas we looked at showed us that for the most part staff numbers were consistently sustained at the levels planned. We saw that there were fifteen care staff each morning which included three nurses and one senior care assistant and eleven care assistants. This changed and went down to two nurses after 4.00pm one senior care assistant and ten care assistants. The senior care assistant told us that she worked between the two floors. We saw that at night there were six staff on duty, two nurses and four care assistants.

When we spoke with staff about the levels of staff they told us that they felt there were enough staff although they were busy all of the time. Staff told us they were fully staffed but there were difficulties getting night staff.

We discussed the staffing levels with the registered manager. We were informed that the registered manager does not use any specific dependency tool to ensure that the home is sufficiently staffed in meeting people's needs. We were informed that staffing levels were determined centrally by the organisation, although the registered manager told us that when people became more dependent, staffing levels were increased accordingly.

We recommend the provider reviews the system in place to replace staff at short notice when unplanned shortfalls occur.

Training had been given to all staff in safeguarding adults. When we spoke with staff on each of the floors to check their knowledge of the procedures they were able to

Requires improvement

Is the service safe?

describe the process they would follow to make an alert and they told us they were confident in doing so. We also spoke with staff about whistle blowing (telling someone) if they witnessed any bad practice in the home. One member of staff told us that they had never had the need to whistle blow but would have no hesitation in reporting anything if they had concerns. They said, "If I heard anyone verbally abusing a resident, I would inform the unit manager." There was a policy and procedure available to staff for reference. People who used the service could be confident that staff knew what to do if they witnessed abuse.

We checked care planning documents for nine people and saw that risk assessments were in place and were clearly linked to the persons identified need. For instance there were risk assessments in place when a person had problems eating. Staff used a malnutrition universal screening tool (MUST) and from the results determined the level of risk. This led staff to take actions to lessen the risk which were all recorded in people's care plan. We also saw risk assessments covered other areas for example moving and handling people when a hoist was require and where people used wheelchairs.

We looked at the arrangements in place for the administration, storage, ordering and disposal of medicines and found these to be safe. Senior staff administered medication and we saw that they did so safely as we observed three medicine rounds during our visit. Medicines were received, stored and disposed of safely and there were records of each action. We looked at the medicines for five people, including someone who was receiving a controlled drug. We completed a random check of controlled drugs stock against the register for one person and found the record to be accurate. These were found to be accurately maintained as prescribed by the person's doctor. We then checked the prescribed as necessary (PRN) medication for two people on two different floors. We found that the actual total of tablets and the medication administration records (MAR's) did not balance and were incorrect. The MAR's sheets in both cases stated that the medicines had been given as they had been signed by staff that they had done so, however the stock of medicine we checked showed that people had not been given their medicines. This meant that medication records were inaccurately recorded. We also found on one floor the signatures of staff that had signed the MAR sheet were difficult to read and senior staff were unable to tell us from the records which staff had given the medication out. These matters were fed back to the registered manager at the time of our visit. The medications which needed to be kept in a refrigerator were being stored in a designated fridge and staff were recording the temperature of this daily. We saw, from the training records we looked at that staff who administer medication had received up to date medicines training.

We recommend that staff who give medication receive further support and advice about their duty to ensure that the medication administration records (MAR's) are an accurate record of medication that has been administered.

When we walked around the home we saw that the environment was clean and tidy. Corridors were not cluttered and doorways were clear. People's rooms had been personalised and all bedrooms had en-suite facilities. We saw that on two floors there were small kitchenette areas where food preparation and storage was undertaken by ancillary staff. We saw there were sufficient supplies of paper towels, soap and hand gel in bathrooms and people's rooms. We saw staff using protective equipment such as aprons and gloves. We saw checklists were used to ensure good cleaning routines were being followed. We saw records for weekly and monthly cleaning. Staff were also clear about hygiene precautions and were able to describe the procedures the home took to reduce the spread of infection. We saw domestic staff cleaning the home throughout the day. People living at the home told us that the ballroom was sometimes cold. The registered provider was aware of the issue and had taken steps to address the matter.

Records showed that staff recorded accidents and incidents that happened at the home. The manager told us that accidents and incidents were all investigated and reported upon. A risk assessment was undertaken where necessary and action plans developed to reduce the risk of a reoccurrence. We saw that there was a personal emergency evacuation plan (PEEP) in each person's care plan we looked at.

Records showed that the registered manager and other senior staff completed a range of safety related checks such as first aid, infection control and medication and these were audited. We looked at a range of maintenance certificates relating to the safety of the home including gas safety checks, fire alarm system checks and these were all

Requires improvement

Is the service safe?

up to date. We saw lifting and bathing hoists had been serviced and tested. Records of regular hot water temperature tests were being taken to ensure that the hot water remained at a safe temperature for people to use.

During our visit, we were alerted to the scheduled fire alarm testing, and informed about the assembly points. We also noted the arrangements in place for the effective evacuation of people in the event of a fire.

Good

Is the service effective?

Our findings

This service was effective. People told us that overall they felt well supported with their care. One person said, "It is a very good home you could not find fault with it."

A visiting health professional said, "This is one of the best run homes I visit. The staff here know people well."

We attended three of the staff handovers, one on each floor which was held at the start of each shift. Detailed feedback about people's health and well-being was shared at the handover. This meant staff starting their shift had been made aware of any concerns about people's health and all care staff knew what was expected of them. We found staff were knowledgeable about people living at the home and discussed their care needs in a sensitive way. Concerns about people's welfare were highlighted and follow up action was discussed and agreed between senior staff and care staff. This included direction on further monitoring of care, adding detail to care plans and referral to other social and health care professionals.

We found that people were supported by staff who were trained to deliver care safely and to an appropriate standard. Staff had a programme of training, supervision and appraisal. The registered manager told us a programme of training was in place for all staff. We saw that staff had received training in areas which the registered provider had deemed mandatory such as health and safety, medication, fire safety, first aid, food safety and safeguarding adults.

Staff confirmed when speaking with us that they received regular supervision and had annual appraisals, in addition nurses told us they had weekly clinical meetings. Staff described their supervision sessions and said that these included discussions about training undertaken, the needs of people living in the service and specific concerns about individuals. The registered manager informed us that staff had last received their annual appraisals in April 2014. We saw from records that staff received regular supervision from the registered manager or a senior member of staff. This gave them the opportunity to discuss work related matters and share information in a one to one meeting.

We spoke to a visitor who told us that they had been concerned about the care the person they were visiting which related to their mental health, due to a possible urine infection and skin care as they were prone to their skin breaking down when sat in one position. We saw recorded in this person's care plan all the concerns expressed by the family in detail with what action staff were taking to ensure their relative's skin remained intact. For example there was a body map which detailed which areas were at risk from pressure marks. There were detailed plans and risk assessments in place to manage the range of different health concerns that the person had on admission. The visitor was satisfied that staff were managing all aspects of this person's care. They said "I'm happy to see today that (Name) is not confused and that (Name) care is being managed."

We observed during the morning that people were being assisted with breakfast. We observed people being asked what they would like for their breakfast. We saw staff asking people if they had enjoyed their meal. For example one person was asked by a member of staff "Did you enjoy your bacon sandwich. Would you like a cup of tea, do you want that other piece of toast?" We did not see people being rushed to have their breakfast and saw that some people had a late breakfast. We received mixed reactions to questions we asked about food provision at the home. People made comments such as, "The food isn't that brilliant," "The food is very good," "It's not bad." One person said, "The food here is very nice and if you don't like something they will take it away and bring you something else." Several people told us that the food was considered to be of variable quality. When we asked people to explain what they meant we were told that people felt that the meat on occasions was 'tough' and was sometimes hard for people to chew and it was then left on the plate. One person told us that they told us they preferred to eat out as the food was not to their liking.

Relatives also made comments to us about the food. One relative said, "They do feed her well, they come round, there's a choice at lunch time, a three course lunch, they try to get her down to the dining room, but sometimes she just won't move." One relative told us they thought that the meat was a bit tough for their relative. We saw food being prepared to be served on one floor, however the hot plate had not been switched on prior to collecting it from the lower floor kitchen. This meant that food for people on that floor could not have been kept warm.

When we spoke with the chef manager we discussed menus at the home. We saw that the menus were four weekly and showed choices each day. We saw that kitchen

Good

Is the service effective?

staff kept a folder in which was recorded people's individual dietary requirements including those people who required special diets such as diabetics, people requiring soft or fortified food. We saw that some people chose to eat in their rooms and two people we spoke with said that they preferred to do that. Another person we spoke with informed us that they preferred to go downstairs to the dining room to eat their lunch. We saw that people were given choices as to where they wanted to have their meals. We observed both breakfast and lunch during our visit. We sat in the main dining room at lunchtime and we observed lunch being distributed to people who were in their rooms on two floors. We saw that the lunchtime meal was not rushed and people who required some assistance were observed being supported discreetly by staff. We saw that there was a relaxed atmosphere in the dining room both at breakfast and lunch.

We looked at nine people's care plans which showed that every area of identified risk also had an accompanying detailed care plan, which incorporated people's choices and preferences as well as their identified needs. All the care plans we saw held an evaluation form which had been completed by staff when people's care had been reviewed and where any changes to people's care needs had occurred, these were up to date. We saw that people's consent to their care was obtained wherever possible and details of consent was documented in their care plan. For example (Name) consented to have a wash and (Name) was happy for staff to check their skin for any marks were just some of the comments we saw that had been recorded by staff at the home. When we spoke with staff about people having 'capacity' or 'depriving someone of their liberty' most staff were clear about people having choices. However, two members of staff we spoke with English was not their first language and they found it difficult to understand what was meant by the terms. However, when we explained to them about choice and asking people what they preferred they were clear and could explain how they supported people to make choices in their daily lives.

We saw in people's care plans that risk assessments had been completed for example when a person had problems eating. Staff used a malnutrition universal screening tool (MUST) and from the results determined the level of risk. This led staff to take actions to lessen the risk which were recorded in the person's care plan.

The service had policies and procedures in place in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). We spoke with the registered manager about how consent was obtained from people especially those who were unable to give their consent to care and where they maybe at potential risk. The registered manager explained that in those instances where people were unable to give consent to their care, a mental capacity assessment would be undertaken and where appropriate a Deprivation of Liberty Safeguards (DoLS) authorisation would be applied for or a best interest decision would be made. Best interest decisions are a collective decision about a specific aspect of a person's care and support made on behalf of the person who did not have capacity following consultation with professionals, relatives and if appropriate independent advocates. The registered manager was clear about what action they must take to ensure safeguards would be put in place to help to protect people, and that the home was implementing the least restrictive practice. The registered manager informed us that no applications for these specific kinds of assessments had been made for anyone currently living at the home as people had capacity to make informed choices. We saw from staff training records that staff had received training in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS).

Good

Is the service caring?

Our findings

The service was caring. People told us that staff at the home were caring and that they were well looked after and that the staff were hard -working. One person told us, "Yes, I am very happy here." Another person said "Yes they (staff) are all very good." One person told us that a member of staff was just 'fabulous.'

Relatives we spoke with described staff at the home as being 'caring' 'supportive' and 'lovely.' Relatives also described staff as being 'terrific' and 'great. 'One relative said, "Yes, yes they're chatty and they have a bit of fuss with her, they do seem to chivvy her on, it's first names, some people don't like it but she does" Another relative said, "They are right good here." Although one relative explained to us that they thought that the care was rather impersonal and there was not enough consistency in the staff allocated to their highly dependent relative.

We spoke with a visiting doctor who said "They (staff) are all great, we don't have any concerns." Another health care professional told us, "99% of staff here are caring."

We observed that the staff spoke quietly and kindly at all times and knew and understood people well. We saw throughout the day that the staff treated people with respect and dignity. We saw staff knocked on bedroom doors before entering people's bedrooms. We observed staff speaking to people by their given names and asked permission before undertaking any personal care. One person told us that the regular staff 'knew their needs and were very good at getting it right for them.'

Some people who had complex needs were unable to tell us about their experiences in the home. So we spent time observing the interactions between the staff and the people they cared for. Our use of the Short Observational Framework for Inspections (SOFI) tool found people responded in a positive way to staff in their gestures and facial expressions. We saw staff approached people with respect and support was offered in a sensitive way.

We were informed by the registered manager that families were very involved with the home. During our visit we spoke with three relatives of people who were being nursed by the home. They told us that they visited almost every day of the week, one relative told us they visited twice a day. We observed that there was an open, friendly, respectful and welcoming relationship between the staff and the relatives. The relatives were encouraged to be involved and understand the care being delivered to their relatives.

When we asked the care staff to explain how the care plans informed their involvement with people they were assigned to that day, they told us that the nurses would give them direction and that they did not use the care plans themselves. Staff had a detailed knowledge of most people that they supported and were able to provide us with evidence of the different needs of people and how they were supported. They were able to describe how care was provided. We were told that there was a key worker (a key worker is a member of staff who is assigned to a person to ensure that all their care needs are being met) system in place by the registered manager. We saw in the care plans that we looked at where dedicated staff were allocated to people as a key worker. However, when we spoke with several care staff they were not aware that they were a key worker, nor were they able to explain the role. One member of staff said they were bathing a person who preferred to be supported by them but this appeared to be a more informal arrangement based on the relationship that they had rather than a more formal key worker agreement. We observed that one person had very dirty fingernails on one hand and we mentioned this to staff before lunch as we were concerned that this person would be eating lunch. When we checked later in the afternoon, the person was in the ballroom area involved in activities but their nails remained very dirty. We fed this back to the registered manager who said that they would make sure that staff attended to this person.

We asked for a copy of the roles and responsibilities for a key worker from the home's registered manager but this was not available. We felt that a more formal arrangement for key workers would benefit people living at the home to ensure that they received a consistent approach in meeting their care needs.

We recommend the provider makes sure that care staff at the home are clear about their roles and responsibilities as 'key workers.'

We spoke with staff during our visit about what good care looked like. When we spoke with one member of staff they described what they thought good care was. They said, "If it were me I'd like to be involved. I always ask 'are you ready' before I do anything." They went onto explain that some

Good

Is the service caring?

people may not always understand what was being said to them so they kept their questions simple. Another member of staff said "It's all about choice, I always give them a choice" They said, "I always say, 'how would you want to be treated'?"

We saw from the care plans that people were involved in discussions about their care and their preferences and this was recorded. We saw that in one person's care plan there had been future decisions made in respect of end of life care which had been discussed with the person concerned and their doctor. We saw that this person's wishes were recorded and other such information such as if they had a living will in place and/or who their representatives were concerning enduring power of attorney.

We saw in one card to the staff at the home a relative wrote saying 'I wanted to express my thanks and extreme gratitude to you and all the level 2 team who cared for my mum with such professionalism and dignity in her last few days. Your patience and kindness meant a quiet peaceful death for her in comfortable surroundings.'

Good

Is the service responsive?

Our findings

The service was responsive. People's needs were assessed and care and support was planned and delivered in line with their individual care plan. People had their own detailed and descriptive plan of care. The care plans were written in an individual way and had the person at the centre, which included family information, how people liked to communicate, nutritional needs, likes, dislikes and what was important to them. We saw that discussions had taken place about people's life histories and what was important to that person.

We spoke with people about how they passed the day and whether there was enough to do. People told us they were satisfied with the level of activity and that they could choose whether to get involved or not. One person said, "There is always something or other going on."

We spoke with the activity co-ordinator who said that she usually spent time visiting people in their rooms if they did not want to come downstairs for activities. We saw that there was a film show on in the afternoon, it was projected on to a large screen in one of the lounges and there were several people watching this. There were up to ten people involved in a reminiscence session in the ballroom and the activity coordinator was showing old photographs and stimulating discussion about past activities. Some people joined in. During the morning music had been playing in one of the lounges and people were sitting round chatting and having coffee. There were no communal areas on either of the upper floors for people to use. The lay out of the building meant that if people wanted to leave their rooms, they had to come to the communal areas on the ground floor. We spoke with a relative who told us that their relative enjoyed visiting entertainers and singers. They told us, "At Christmas, they had music, an organist playing and actor who had visited the home appeared to know everyone by name."

We saw that staff treated people kindly and we observed there were jokes and friendly banter with some people. When we spoke with staff they were all able to describe what person centred care meant and they said that they treated all people as individuals. They were able to describe the different needs of people who they supported. For example we saw that one member of staff had promised to support a person to have a bath and had agreed a certain time for this to take place when it suited them. Staff we spoke with said that they always asked people what they wanted to do and when they wanted to get up. One member of staff said, "If they refuse, you can't force them."

We saw the complaints policy was displayed in the entrance to the home. The registered manager told us people were given support to make a comment or complaint where they needed assistance. They said people's complaints were fully investigated and resolved where possible to their satisfaction. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. We looked at the complaints records and saw there was a clear procedure for staff to follow should a concern be raised. We saw from these records that four complaints had been made since December 2014. Three complaints were regarding the fees and one was regarding meals at the home. We saw that these complaints had been appropriately responded to by the home.

People we spoke with told us they did not have any worries about their care. People told us that if they did have any concerns they would speak with staff or senior staff at the home.

Each care plan we saw was reviewed on a regular basis and where any changes had been made these were recorded in the review with the date of changes documented. We noted from the care plans that people had regular appointments and reviews with their doctor. There were clear referrals to other health care professional where a referral was deemed necessary.

The care plans we looked at had been signed by the person where possible or by their representative. There were details of people's personal history which described their family background, work life and the interests that they enjoyed. The information in care plans had been reviewed on a regular basis. We spoke with the senior care assistant who was responsible with another senior care assistant, for people who were supported for 'residential' rather than 'nursing' needs, about the process of reviewing people as their needs changed. The senior care assistant explained that their needs were assessed and the expertise of other professionals was called upon as required to determine if additional support was required.

We were informed that the nurses received training from the district nurses in techniques and procedures that

Good

Is the service responsive?

extended their roles in nursing. This gave them the flexibility and skill in house to look after people with highly complex medical needs without being dependent on external professionals.

People living at the home were encouraged and supported to make their views known about the care provided by the service. People told us that there were regular residents meetings held. We saw the minutes from the last meeting which had been held on the 20 January 2015 which was chaired by a relative. People we spoke with also told us that there were no restrictions as to when their relatives or friends visited them.

People living at the home relatives/friends were also asked about their views via a resident customer satisfaction surveys which were sent annually. The last survey was sent in January 2015. We saw positive feedback from these questionnaires. This made sure that people had the opportunities to express their views about the running of the home.

Good

Is the service well-led?

Our findings

The service was well-led. The home employs a registered manager who had worked at the home for over eight years. During our visit people spoke positively about the registered manager and the staff team.

People made comments that they were 'happy' living at the home and that they found the registered manager to be 'supportive.' One person told us, "They (staff) are very nice, they look after me."

Care staff told us that they thought the service was well led overall. Staff we spoke with told us that they would feel confident in reporting any issues to the registered manager. They told us that the registered manager was approachable. One member of staff said, "We are like a family" another said, "It's a lovely care home, (name) is a brilliant manager." However, that was not the view of other staff who found one manager "unapproachable and difficult to talk to" and one member of staff said, "The managers are nice to residents but not as nice to staff, you say 'morning' and they don't always respond."

Full staff meetings took place every few months and the minutes of the last meeting which was held on the 1 October 2014 showed that discussions took place about all aspects of the service. Areas covered included responsibilities, occupancy, customer satisfaction surveys, complaints and health and safety matters. Staff we spoke with told us that staff meetings were held regularly but that they did not always get the chance to attend. Other staff told us that they were able to discuss any issues they had in meetings. One member of staff said, "When I'm there, I say what I think." We were informed by the registered manager that the organisation had introduced what they called a 'town hall meeting' (away from the home) for all staff who work for the organisation where they were given the opportunity to discuss anything they wanted. Two staff from Southlands attended this meeting which was last held on the 8 March 2015. We saw from records we looked at that nurses working at the home also have meetings and their last meeting had been held on the 8 October 2014.

The home's Heads of Departments also meet and they held their last meeting on the 12 January 2015. This meant that staff working at the home were given opportunities to have discussions regarding the running of the home.

We saw from records that the last residents meeting was held in January 2015. We saw that this had been chaired by a relative of a person living at the home. The registered manager informed us that independent consultants were employed to undertake a customer satisfaction survey from people living at the home their relatives/friends and to health and social care professionals. We which the results were collated in January 2015. We saw positive feedback from these questionnaires.

The registered manager and senior managers carried out regular checks on different aspects of the service to make sure that quality and effectiveness was maintained. We saw that audits had been completed monthly in areas such as medication, health and safety and infection control. Where any failings were identified, action plans were put in place to ensure any issues were addressed. We saw evidence that any issues raised were dealt with in a timely manner. We saw that these were checked by the area manager from the organisation.

The registered manager informed us that they kept up to date with learning and good practice through training made available by the organisation and managers meetings. For example we saw from training records that the registered manager had recently attended training regarding complaints handling in Bupa care services. This meant that this ensured that people's complaints were responded to appropriately and effectively and in a timely manner.

Records showed that staff recorded accidents and incidents that happened at the home. The registered manager told us that accidents and incidents were all investigated and reported upon. A risk assessment was devised where necessary and used to reduce the risk of a reoccurrence. This meant that people received safe care and accidents were minimised wherever possible.

We saw that notifications had been reported to the Care Quality Commission as required.