

White Doves Residential Home Limited

Southover Care Home

Inspection report

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Derby
Derbyshire
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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

Southover 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.

Southover Care Home accommodates up to 22 people in one adapted building. The service specialises in caring for older people including those with physical disabilities and people living with dementia.

At our previous inspection in July 2017 we rated the service as 'requires improvement'. We found improvements were needed to the premises to ensure people lived in a place that was safe, kept clean and ensure risks were managed to protect people from avoidable harm.

The provider was asked to complete an action plan to tell us what they would do to meet legal requirement for the breach in safe care and treatment.

You can read the report from our last comprehensive inspection and our focused inspection, by selecting the 'all reports' link for Southover Care Home on our website at www.cqc.org.uk

This inspection took place on 8 August 2018 and was unannounced. At the time of our inspection visit 18 people were in residence.

We found the provider had made the required improvements to meet the legal requirements. The overall rating of Southover Care Home has improved to 'good'.

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.

People were safe using the service. The provider had made improvements to the premises to ensure that people lived in a safe place. The provider had made the necessary improvements to ensure people lived in a safe place. This included new carpets and flooring, installing radiator covers, making appropriate risk assessments. The provider had also begun a programme of decoration.

All areas were clean and tidy. Staff followed the infection control procedures. Regular checks carried out on the premises, equipment used to maintain people's safety and fire safety checks.

People were protected from the risk of harm. The risks to people's health and wellbeing had been assessed and measures put in place to manage risks to people and promote their safety and independence.

People received their medicines as prescribed. Medicines were stored and managed safely. People's nutritional needs were met. People had access to a range of health care professionals. Staff monitored people's health and made referrals when people's health was of concern.

Staff recruitment procedures reduced the risks of employing staff unsuitable to work in care. There were enough staff to support people. Staff were trained in safeguarding and other relevant safety procedures to ensure people were safe and protected from avoidable harm and abuse. Staff understood their responsibilities to report concerns.

Staff continued to be supported in their role. Systems were in place that ensured staff were trained, supervised and supported in their role. Staff worked in partnership with other health care professionals to enhance people's quality of life.

Staff gained people's consent before any care was provided. People were supported to have maximum 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.

People and their family were involved in the development and review of their care, and changes were made as needed. Care plans were personalised, reviewed regularly and provided staff with guidance about how people wanted to be supported. People had the opportunity express their views about their end of life care, when needed.

People continued to be supported by kind and caring staff. They had developed positive and trusting relationships with the staff team. People's privacy and dignity was respected and their independence promoted. People's bedrooms were treated as their own private space. Staff ensured people's confidential personal information was secure.

People continued to receive care that was responsive and personalised. Staff respected and supported people's backgrounds, faith and choice of lifestyle. Information was made available in accessible formats to help people understand the care and support agreed.

People made choices about their day to day lives and how they spent their time. People took part in activities, social events that were of interest to them and maintain contact with family, friends and links with the wider community. People's religious and spiritual needs were met. People knew how to make a complaint.

People and relatives all spoke positively about the staff team, management and the quality of care. People had a range of methods to express their views about the service. The registered manager used feedback and complaints to bring about changes to the service.

The registered manager understood their legal responsibilities. They provided good leadership and support to staff and people who used the service. Accidents and incidents were recorded; analysed and action taken. There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong, to improve safety across the service. Quality assurance system had been used effectively to identify shortfalls and make improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People lived in a safe environment. There was an ongoing programme of refurbishment and decoration. All areas were clean and tidy. Staff were trained in safety and infection control procedures.

Risks associated with people's needs were managed safely and monitored. People's medicines were administered and managed safely.

Staff recruitment processes reduced the risk of employing unsuitable staff. Staff were trained to keep people safe from harm. There were enough staff to provide care and support to people when they needed it.

Systems were in place to manage accidents and incidents, and lessons were learnt and improvements made.

Is the service effective?

Good ●

The service remained effective.

Is the service caring?

Good ●

The service remained caring.

Is the service responsive?

Good ●

The service remained responsive.

Is the service well-led?

Good ●

The service remained well-led.

Southover 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 August 2018 and was unannounced. The inspection team consisted of one inspector and an expert-by experience. The expert-by-experience had personal experience of caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was returned to us by the provider and used to inform our judgement.

We reviewed information we held about the service. This included feedback received about the service and statutory notifications the provider had sent us. A statutory notification provides information about important events which the provider is required to send us by law.

We contacted Derby City Council, who commission services from the provider; and Derby City Healthwatch, an independent consumer champion for people who use health and social care services. We received no concern about the service.

During the inspection, we spoke with 11 people who used the service and one relative. We made direct observations at meal times and 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.

We spoke with seven staff in total. They included two care staff, the cook, the administrator, a maintenance staff member, the deputy manager, and the registered manager. We looked five people's care records, three staff recruitment and staff training information. We looked at a range of documents including meeting minutes, complaints investigations, audits and records related to how the provider monitored the quality of service.

Is the service safe?

Our findings

At our last inspection in July 2017, we rated this key question as 'requires improvement'. This was because the premises were not safe and environmental risks to people were not managed. The service was not clean and infection control procedures were not followed by staff.

At this inspection we found improvements had been made to the premises that ensured people lived in a place that was safe, clean and well maintained. At our last inspection there were areas of the home which needed redecorating. Since then improvements had been made. People told us they were involved in choosing the colours schemes for the dining room, lounges and their bedrooms. Health and social care professionals who visited the service spoke positively about improvements made to the décor and cleanliness.

The new front door was modern and secure. At our last inspection the first floor landing and stairs were not safe because of an uneven carpet and a low bannister which increased the risk of people tripping and falling over the banister. Since then, improvements had been made to the landing and stairs. The landing floor was levelled and a new carpet had been fitted in this area. Risks had been assessed to ensure people who used the first floor landing which lead to their bedrooms was safe. The registered manager had enlisted the help from a health and safety consultant and an architect to make the landing safe. A sliding gate was due to be installed at the top of the stairs. At our last inspection a storage radiator in one of the lounges was hot to touch. During this visit we found radiator covers were being fitted throughout the home. This meant people were protected from the risk burns and scalds.

All areas of the home were clean and tidy. One person said, "They come and clean my bedroom when it wants cleaning." Another person said, "It's all right, we've got a cleaner who comes and clean it, every day [they] come." The ventilation in the bathrooms and toilets had improved since our last visit. The free standing functional toilet found in a bedroom had been removed. Staff were trained infection control procedures and used disposable gloves and aprons. This contributed to people's safety.

Regular checks were carried out on the premises, and equipment used to maintain people's safety and fire safety checks. We found the recommendations made by the fire service had been actioned to ensure all areas of the home were safe. Each person had an emergency evacuation plan that described the support they would need. The business continuity plan had been reviewed to ensure staff had information about the action to take in the event of an unforeseen emergency. These measures supported people's safety.

People continued to be cared for safely. One person told us that they could use the call bell at night if they needed help. Another person said, "I sometimes forget to use my [walking frame] but [staff] are quick to remind me to use it." Risk assessments addressed specific risks to individuals and measures had been put in place to keep people safe. They included risk of falling, nutrition and skin care. The assessments and corresponding care plans informed staff on how to reduce further deterioration and promote good health.

The systems, processes and practices were in place to safeguarded people from abuse. People told us they

felt safe and with the staff that supported them. One person told us their valuables were stored securely. Another said, "I've never had any pilfering or anything like that." A relative said, "I feel [my family member] is safe here because the attention to detail and the care here is second to none."

Safe staff recruitment procedures were followed. Staff files contained all the relevant information and confirmation of checks carried out by the provider such as police checks and references.

Staff understood the safeguarding and whistleblowing procedures, and were confident in reporting any concerns. One staff member said, "If I saw abuse, I would report it to the registered manager and she would deal with it." Staff had received safeguarding training which meant they were kept up to date with current safeguarding legislation. Information about how to report safeguarding and whistleblowing concerns was displayed and accessible to all staff, people who used the service and their visitors.

People and their relatives told us they felt there was sufficient staff available to meet their needs. One person said, "Yes, I've never felt that there wasn't enough staff. They do all muck in; they've got a good cohesion and they work together well." Another person told us they felt, "Very comfortable here. I think it's because there are quite a few carers around and they are very helpful." The staff rotas confirmed the staffing levels were maintained and reviewed to ensure people's needs were met.

Medicines procedures were followed to ensure people received their medicines safely. We saw the deputy manager administer medicines safely. They explained to the person what the medicine was for; stayed with them until the medication was taken and signed the records to confirm this. People knew what medicines they took and why. One person said, "One is to protect my heart and one is to protect my stomach." Staff followed medicine protocols where people were prescribed medicines to be administered 'when required' such as pain relief. This helped staff to ensure people were protected from the risk of overdosing.

We found that suitable arrangements and procedures were in place to manage people's medicines in line with national guidelines. Medicine administration records were completed accurately. However, there were gaps in the record of the room temperature where medicines were stored in. These had not been identified through the management medicine audits. Medicines may become ineffective unless stored at the correct temperatures. When we shared this with the registered manager immediate action was taken.

A procedure was in place for people who were prescribed medicine via a transdermal patch which is applied on the body. A rotation chart showed where the patch had been applied. By alternating the site, it prevents possible irritations when the patch has been removed. There was no record to show they were checked daily to ensure the patch was still in place. This could affect people's health. When we raised this with the registered manager, daily checks were put in place; people's care plans were updated and staff were notified of this.

Staff understood their responsibilities to report and record any incidents or accidents. These were analysed by the registered manager to identify the cause, actions needed to prevent the risk of repeated events and any lessons to be learnt. The registered manager had shared with the staff team lessons learned from these events, and from internal and external audits and inspection.

Is the service effective?

Our findings

People told us they felt staff had been trained and knew how best to support them. A relative said, "Yes, well the walls are lined with certificate's and you see how they respond to [people in residence]."

Staff told us that they continued to be supported and trained to deliver effective care. A staff member said, "There's a lot of training. [Registered manager] tells us when our training needs to be updated. Recently I've done fire safety and moving and handling [people]." We observed staff using a hoist and the correct techniques to move people safely. Staff training was kept up to date. Training was relevant to their role and was based on the current legislation and best practice guidance. Staff were supported to complete nationally recognised qualifications in social care.

Records showed that staff continued to receive regular supervision and annual appraisals. This gave staff the opportunity to discuss their work and identify any training needs. Staff meetings were held regularly. Staff found these meeting were informative. Meeting minutes confirmed staff were informed about developments in the home, such as the decoration, planned training and developments in the care sector.

People's needs were assessed prior to them using the service. The assessment covered people's physical, emotional and social care preferences to enable the service to meet their diverse needs. Care plans were developed from the assessment and where appropriate information was gathered from people's relatives and relevant health and social care professionals. Care plans provided guidance to staff about people's preferences and routines. This helped to ensure people's needs were met in line with the current best practice and standards of care expected by the provider.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA) 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff were trained in the MCA. We saw staff sought people's consent to their care and respected their wish if they declined support. One person said, "I like to get to go for a walk in the garden." Another person said, "[Staff] do ask if I need any help. They never do anything without my say so." Records showed the service continued to work within the principles of the MCA. For example, policies that covered the MCA and making decisions in a person's best interests had been followed. Applications for DoLS authorisations had been made when needed and kept under review.

People continued to be supported to maintain a nutritious balanced diet. Snacks and drinks were available and within reach in the lounges and in people's rooms so that they could help themselves. One person said, "The food is very nice. For me to stay trim, I eat everything in moderation." Another person said, "It's all right [the meals], at dinner time they do give me too much dinner sometimes." They added that the portion size was reduced when they requested it.

The menu was displayed in the dining room so people could see what their mealtime options were. Lunchtime was a relaxed socialable experience and people sat at the table were heard talking with each other as their meals were served. All the meals were presented well and portions sizes suited individual appetites. Condiments including gravy was offered. Alternative meals were offered to people who did not want what was on the menu. Where people might not understand the menu, staff showed people the plated meals so they could choose what they wanted to eat. Staff provided support to people where required; encouraging them to eat and offering second helpings.

Staff were knowledgeable about people's different dietary requirements. Records showed where people's food and fluid intake required monitoring this was completed. Any advice received from the dietitian had been incorporate people's care plans and shared with the kitchen staff. Food and fluid intake was monitored when required and documented.

People were supported to live healthier lives. All the people we spoke with and relatives were very happy with the healthcare support they received. One person had regular visits from the community nurse who provided treatment to manage their ongoing health needs. Another person told us that they saw the dentist and optician regularly. A third person said, "Yes, nearly every day a doctor and nurse comes in." A relative told us their family member was seen by the chiropodist on the day they moved to the home and regularly thereafter. Records showed a GP visited the service regularly and reviewed people's medicines when required. The registered manager and staff said they had excellent relationships with the GP, community nurses that visited the service.

We received positive feedback from a health care professional involved in the care of people using the service. They told us that people enjoyed the meals that were served; staff sought advice and made referrals promptly when people's health was of concern.

People's individual needs were met through the adaption, design and décor. People were involved in choosing the colours for the dining room and lounges. One person said, "It is a lot nicer [dining room]; it looks a lot more bigger and less cluttered." There was on going painting and decoration of the reception area and bedrooms. People had personalised their rooms to suit their own tastes and photographs. People used the conservatory and the garden where outdoor seating was available with a parasol.

Is the service caring?

Our findings

All people and relatives spoken with, were very complimentary of the care they received from the service. People told us that staff always treated them with respect and were kind and caring. Their comments included, "Its homely, what I have noticed is that the atmosphere in the home fosters a peacefulness." "[Staff] are very kind to me. [Staff] do go the extra mile, they never refuse to help you." And, "The staff are lovely; you can't fault them."

People had developed a good relationship with staff. One person, said, "I received a warm welcome when I moved in. I instantly knew that I would be happy here." Another person said, "[Registered manager] knows me quite well. She has taken me to where I use to live." A relative told us that their family member liked to talk with people and staff. They said, "I know [staff] take time out to have a conversation with [them]; [staff] are friendly and warm very appreciative."

Staff showed a caring approach to people who used the service. We saw them treating people in a gentle and caring manner. Staff addressed people by their chosen name and knelt to speak with people when they were seated. Staff interacted positively with people; understood people's behaviours and knew what actions to take to prevent people experiencing undue anxiety.

Staff understood the importance of promoting equality and diversity, respecting people's religious beliefs, their personal preferences and choices. People made day to day decisions about how they wished to be supported. Decisions made were documented and reviewed regularly. One person said, "They do check that I am happy with the help I have. I am able to do most things for myself but I know they will help if and when I need it."

Staff knew people's communication styles and ensured information was available in formats that people could understand. People and their relatives' views about the service were sought individually through care review meetings and residents' meetings. Records showed that meetings took place regularly and changes made had been in response to feedback received from people who used the service. A suggestion box with cards was available in the reception area for people to make comment or give feedback anonymously.

Staff understood the importance of promoting people's independence. One person said, "I have a shower, change all my clothes, have a shave and [staff] help me to do all that." Another person said, "I like to dress well and love to shop for clothes." This person added that staff would offer to go to the village shops with them and help carry their shopping bags.

Staff understood the importance of respecting people's privacy. A staff member said, "I make sure the curtains are drawn and the door is closed. I offer to help if I see they are struggling to wash themselves." We observed staff knocking on the door before entering, and were aware of protecting people's dignity when personal care was required. One person said, "[Staff] know I prefer to retire to my room after tea. They will pop in to see if I'm alright."

People's information was kept secure. The provider had complied with General Data Protection Regulation, (GDPR) that relates to how people's personal information is managed. Staff understood that information was only shared on a need to know basis.

Is the service responsive?

Our findings

People continued to receive personalised care and support that was responsive and based on their assessed needs. One person said, "I was asked what I needed help with. I had to say if there was anything I didn't like to eat so that the chef knows what to cook for me. So far I'm happy with everything." People's care plans were detailed and had information about their past lives, spiritual needs, hobbies and interests. This helped staff to know what was important to people and enabled them to interact with people in a meaningful way.

People and where appropriate their relatives, had been involved in the development and review of their care plans. Changes to people's care was communicated to the staff team to ensure they provided the support people needed.

Information about the service was given to people when they started to use the service. It informed people that they would not be discriminated under the Equality Act, based on their gender, race, religion or sexuality. The service had recruited male and female staff, and staff from different cultural backgrounds. That meant people's preferred staff continued to support them.

Staff we spoke with understood people well. They described in detail how people wanted to be supported, their daily routines and interests. A staff member said, "You get to know how like things to be done and adapt how you support them." A note book containing information and photographs was created to help a person remember their early years. We saw when one person enquired about their family members a staff member reminded them of the note book kept in their room. A short while later the person returned to the dining room, they had remembered their family members and spoke about memorable events from their early years. A relative told us that the staff understood their family member's routines and preferences. They said, "[Staff] know [my family member] likes ice cream, brown sugar, and watching cycling on the television."

Positive feedback was received from health social care professionals. They told us the staff team were responsive and sought advice when people's needs changed. Advice provided was incorporated into people's care plans so that staff had guidance to meet people's needs.

Staff promoted equality and diversity and respected people's beliefs, interests and choice of lifestyle. People were provided with newspapers and objects for stimulation, where appropriate. People were encouraged and supported to stay independent as was practicable. For example, one person wanted to mend an item of their clothing. The registered manager gave them a selection of sewing threads and a needle. The person declined support to help them mend their clothing.

People told us they often went out. One person told us they went to college regularly. Another person told us they walked to the village shops. We saw this person walking in the garden. They told us they liked to go for a walk in the garden, and said, "I like to be outside when it's warm. Fresh air is good for me." They told us that people from another care home would visit for morning coffee and cake.

People were supported to participate in activities if they wished. They said, "We all dressed up and watched the royal wedding." "We have activities every day – skittles, puzzles that you can put together, occasionally some entertainment. Sometimes I get bored but not very often. I think there is enough to do, yes." And "They have little outings for us and they do little visits to stimulate the residents and I think that's very important."

Relatives and friends were encouraged to visit the service without restrictions. Social events were organised where people's family and friends were invited to such as birthdays, barbeques and tea parties. People's spiritual needs were met. A monthly church service was held regularly and seasonal festivals were celebrated.

Staff supported people with specific communication needs and ensured that people wore their glasses and hearing aids were working. Picture menus were available to enable people to make choices about what they wanted to eat. This showed the provider was complying with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

The provider had a system and a policy in place about how people would be supported at the end of their lives. Staff had received training in end of life care. People had the opportunity to express how they wished to be cared for at the end of life. Where possible, people could remain at the home and not be admitted to hospital. This assured people that staff would provide the support they needed and respect their wishes.

People knew who to contact if they were unhappy about the care provided. People said, "I don't think there is anything to complaint about. If there was, I would mention it to [registered manager]" and "Nothing whatsoever to complain about." A formal complaint process was in place to respond to complaints. Advocacy support was available to people should they need support to make a complaint. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known. The service had not received any complaints in the last 12 months.

Is the service well-led?

Our findings

People continued to receive a service that was well-led. People were positive about the leadership of the service. All the people we spoke with said they felt at ease to speak with the registered manager. All knew the registered manager by first name and said they were approachable. Their comments included, "Business-like and friendly." "Well yes, I don't see any signs of mismanagement." And "Yes, [registered manager], is the owner. [Deputy manager], I felt was assertive when I first came in but is very kind. [They] know what to do and what can be done. [They are] consistent about the standards and [their] professionalism."

A relative said, "The owner has made several improvements in response to the checks from CQC" and "Such quality care like it is at Southover is hard to find."

Staff had confidence in the registered manager. A staff member said, "[Registered manager] runs a tight ship; things have to be done in a certain way and at the right times. [Registered manager] expects a high standard of care." Another person said, "There's been a lot of improvements made; the new decoration has made the home fresh and clean and we've had more training."

The service had a positive and open culture that encouraged people, relatives and staff to influence the development of the service. The registered manager and the deputy manager were involved in the day to day delivery of care which meant that they had regular contact with people. They told us they used this as an opportunity to get feedback about the care that people received and ensure that people remained satisfied with the care they received.

People's views were sought individually through reviews of their care plans and regular residents' meetings. They were encouraged to share feedback and ideas on how the service could further improve. One person said, "[Registered manager] is really got her eye on the ball. There are so few people [here] that the management can get to know them really well too." Meeting minutes showed that suggestions made had been acted on. For example, colour scheme for the new décor, arts and crafts activities, barbecues and day trips.

A comments box was available in the front entrance for people and any visitor to post comments and views about the service. Surveys were sent out in July 2018 to people using the service, relatives, health and social care professionals and care staff. All the survey results were positive about the service people received.

Systems were in place to ensure staff were trained and supported in their role. Staff told us that when could raise issues with them and felt they would be listened to. A staff member said, "[Registered manager] operates an open-door policy so you can talk to her anytime." Staff meeting minutes confirmed that staff had the opportunity to raise concerns, share ideas around good practice and learn together from any outcomes to complaints and incidents.

Quality assurance systems were in place to help drive improvements at the service. These included a range

of internal checks and audits which helped to highlight areas where the service was performing well, identify any trends to manage risks and the areas which required development. There was a refurbishment programme in place to improve the environment and furnishings within the home.

The registered manager continued to be passionate and committed to providing quality care. They had completed a further professional qualification in leadership. They attended health and social care conferences and had shared the learning with the staff team. For example, senior staff were being trained to use the mouth and teeth assessment document as part of the pre-admission assessment process.

The provider worked in partnership with other agencies in an open, honest and transparent way. This included the fire service, the local authority who commissioned services, safeguarding and community health teams and ensured that people received a joined-up approach to their care and support.

We received positive feedback from the local authority about the quality of care provided, staff training and the improvements made to the premises. They told us that the registered manager engaged well in the process.

The latest CQC inspection report rating was on display at the service. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.