

Care Worldwide (Southwell) Limited

Southwell Court Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Southwell Court Care Home is a residential care home providing personal and nursing care for up to 82 people. At the time of the inspection there were 63 people aged 65 and over, residing at the home. The accommodation was in a large purpose built home over three floors with one floor for people with severe dementia. There was a spacious garden.

People's experience of using this service

There was a friendly atmosphere at the home. The registered manager worked in a person-centred way and staff had a good understanding of people's needs. People received safe care. Staff were aware of their responsibility to keep people safe. Risks were assessed and managed to reflect people's current needs. The environment was clean and well maintained.

Safe recruitment procedures were followed to ensure staff employed were suitable to care for people. Staff received appropriate training and well support from the registered manager. People and relatives were positive about the staff and management team.

People received good care that was effective for their needs. People were supported to eat and drink enough by staff who were knowledgeable about their needs.

Peoples health needs were monitored to ensure their requirements were met. Staff supported people to remain as independent as possible.

Care was person-centred, and staff were caring and compassionate. Staff knew people well and treated them with dignity and respect.

The service was well led. Complaints, concerns, accidents and incidents were recorded and investigated with lessons learnt and action taken appropriately. Quality assurance systems effectively monitored the service. The manager responded positively to change and was proactive in improving the service. The registered manager was well supported by the provider to deliver a good service.

People received their medicines as prescribed.

The service was working within the principles of the Mental Capacity Act (MCA). People were supported to have choice and control of their lives and staff supported them in the least restrictive way.

There was a registered manager in post who was available throughout the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered person's'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is

run.

Rating at last inspection

The service was last inspected on 27 April 2016 (published 14 June 2016) and was rated Good.

Why we inspected

The inspection on 21 May 2019, was an unannounced, planned comprehensive inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Safe - The service was safe

Details are in our Safe findings below

Good ●

Is the service effective?

Effective - The service was effective

Details are in our effective findings below

Good ●

Is the service caring?

Caring - The service was caring

Details are in our caring findings below

Good ●

Is the service responsive?

Responsive - The service was responsive

Details are in our responsive findings below

Good ●

Is the service well-led?

Well-Led - The service was well-led

Details are in our well-led findings below

Good ●

Southwell Court Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

There were two inspectors 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.

Service and service type

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

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well and improvements they plan to make. This information helps support our inspections. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with 10 people, two relatives/friends, 11 members of staff including the registered manager and deputy managers. We spoke to two visiting healthcare professionals.

We used a 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 reviewed a range of records. This included six people's care records and multiple medication records. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good.

Systems and processes to safeguard people from the risk of abuse

- There were safeguarding policies in place to keep people safe and ensure they were protected from abuse.

People told us they felt safe, "Without question I feel safe, staff and people living here make me feel safe". "It's a safe haven". People told us they liked the secure garden and felt safe moving around.

- Staff received training in safeguarding and knew how to identify different types of abuse and how to report it both within and to external agencies if needed.

- Staff felt confident to report any abuse to a senior person and were confident that the management team would all follow the correct process to protect people.

Assessing risk, safety monitoring and management

- There were risk assessments to keep people safe. People had appropriate risk assessments in their care plans. Staff understood how to support people to reduce the risk of harm. Staff told us how they supported and managed people at risk of choking following advice of external health professionals.
- There were up to date health and safety policies in place. There were environmental audits to ensure the safety of the building and a maintenance book in reception for reporting any issues immediately.
- People had personal evacuation plans in place to ensure they could exit the building with the support they required in an emergency.

Staffing and recruitment

- There was evidence of safe recruitment practices in place. Pre-employment checks were carried out to make sure staff were suitable for the role. Staff had DBS (disclosure barring service) checks in place.
- People told us there were generally enough staff and they did not have to wait long if they needed something. A few residents said more staff were needed. In one area we were observing at lunch time there did not appear to be enough staff. We discussed this with the registered manager, who told us staff were pulled in from other roles to help assist people with eating and drinking.
- The registered manager told us that they tried to keep staff consistent especially in areas where people's needs were greater, so people knew who was supporting them. The registered manager told us that she and the deputies covered sickness if necessary, this allowed them to observe the service more closely and support staff and avoid the use of agency staff. The registered manager told us finding new staff was an ongoing issue and they did sometimes need to use agency staff but did their best to use the same agency and the same staff to maintain continuity.

Using medicines safely

- Medicines were managed safely and stored securely. Daily temperature checks on medicine fridges and the clinical rooms were undertaken. During the inspection we found medicines for disposal that had not been returned to the pharmacy for disposal. This was immediately rectified by senior staff and a clearer system implemented to avoid the build-up of medicines for disposal.
- We observed medicines being administered, the carer responsible for giving medicines wore a tabard to identify they were not to be disturbed, to allow safe administration.
- Staff told us they had training in medicines and their competency was checked by an external pharmacy. There were medicines audits in place to pick up errors.
- People who self-administered medicines had a risk assessment in place for this. Rooms had repositioning charts and body maps for applying creams for people who required them.

Preventing and controlling infection

- Staff managed prevention and control of infection well to protect people from the spread of infection. Staff understood how to prevent the spread of infection and there were infection control policies in place to support staff knowledge. People told us staff were meticulous about wearing gloves and washing their hands.
- Personal protective equipment, gloves and aprons were readily available, and we saw staff using them appropriately. People who required a hoist to support them move had their own hoist slings to lift them into a chair.
- The whole building was very clean, odour free, tidy and well maintained. Regular cleaning took place. We spoke to housekeeping staff who told us they had all the equipment necessary and enough time to perform their role.
- The service has a Five-star rating from the food standards agency. This is the top rating and shows appropriate systems were in place to ensure food hygiene levels.

Learning lessons when things go wrong

- There was evidence to show themes were identified after accidents and incidents and learning took place to prevent a re-occurrence through staff supervision and meetings.
- The registered manager was open about a recent incident and told us how it was recorded and investigated. Extra training and further supervision had been implemented following the event.
- Staff received daily handovers about people, so they knew what care was needed to avoid errors occurring and keep people safe.
- Staff told us the registered manager encouraged them to be open and honest about any mistakes, so they could learn from them and prevent them re-occurring.

Is the service effective?

Our findings

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Support was planned effectively, people's needs, and preferences were assessed and recorded. Staff had access to up to date policies and procedures. Formal assessment tools were used such as MUST (Malnutrition Universal Screening Tool) for nutrition and Waterlow for skin integrity. These were used to inform people's risk assessments and ensure the care was appropriate to their needs. Staff told us that the registered manager kept them updated with current changes and best practice in topics such as oral hygiene.
- Staff had a good knowledge of people's needs, cultures and backgrounds, and they respected people's lifestyle and choices. Several people were supported to attend church outside the home. There was a regular religious service held within the home.
- Care plans were up to date and regularly reviewed when people's needs changed to ensure they received the correct care.

Staff support: induction, training, skills and experience

- Staff received induction and regular refresher training to provide effective care to people and people told us they thought staff had the skills and knowledge to care for them. Staff told us the registered manager kept their training up to date and they shared best practice guidance. However, we identified staff could benefit from more dementia training and found the registered manager had already arranged a higher training program for staff to complete. Some staff had been trained to provide in-house training on moving and handling people.
- All the staff told us they received regular supervision. Staff told us they received yearly appraisals. We saw evidence that supervision sessions were used to reflect on incidents that had happened and ensure learning from these took place.
- Staff at the home had different 'champion role's'. Staff had received training for these roles, which helped develop staff, giving them responsibility for cascading information to other staff on manual handling, infection control and dignity, and to support staff to deliver safe and effective care to people.

Supporting people to eat and drink enough to maintain a balanced diet

- We saw people were given enough to eat and drink, and people we spoke with said they enjoyed the food. Peoples weight was monitored monthly, if people lost weight they were monitored more frequently and referrals were made to dietitians or the GP if staff were concerned.
- There were large daily blackboard menus on the walls. On the tables, menus were too small for some people to read and one floor had no picture menu. We discussed this with the registered manager who implemented some picture menus with large print, immediately. Catering staff had a good knowledge of people's food allergies and special diets.
- Staff supported people with hot drinks in a safe way to avoid spillage and burns. We observed a person

having thickened drinks which staff encouraged them to drink by themselves but ensured they were safe. Staff did not rush people and were caring and sympathetic to people's needs. Staff engaged with people all the time and there was a relaxed atmosphere. The dining areas were clean with set tables and there was a nice atmosphere with social conversation. Drinks were available throughout the day and people could help themselves.

Staff working with other agencies to provide consistent, effective, timely care

- People had access to a variety of external healthcare professionals. There was good support from a local GP and district nursing services with which the service worked well. We spoke with a visiting healthcare professional who said they had a good relationship with staff and trusted them. Staff were caring, effective and helpful and always followed what was asked of them. Staff used their initiative to anticipate what people needed and communication was good.

Adapting service, design, decoration to meet people's needs

- People told us they could choose how their room looked and make their rooms personal to them with their own decorations and furniture. All rooms had pictures of their key worker, service guide, activity planner and a menu. All bedrooms were en-suite, there were communal bathrooms that were decorated in a themed way to make them more stimulating.
- On the upper floor, which catered for people with advanced dementia, there were sensory items on the wall for people to touch if they became agitated. We observed one person with a specially made apron which could also be used to distract agitation. There were murals on the walls of familiar objects. The service had implemented dementia friendly features. Signage was limited in the corridors to help people find their way around. We discussed this with the registered manager who took immediate action to improve this. Rooms had pictures of people on the doors or pictures of memorable items to help people identify their rooms.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to live healthier lives and had a varied activities program which included activities to get people moving about.
- People told us that they had access to different healthcare such as opticians, GPs, district nurses and chiropodist that visited them in the home. The registered manager told us they were supported by an excellent GP practice. Staff could tell us how they recognised if people with specific health needs, such as diabetes became unwell.
- The registered manager told us they work hard to prevent hospital admissions. If people are unwell they undertook observations of vital signs, so they can give healthcare professionals as much information as possible to ensure appropriate care is given.

Ensuring consent to care and treatment in line with law and guidance

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 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

We found the service was working within the principles of the MCA. Staff understood the MCA and discussed one person's fluctuating capacity and how they offered choice. Most staff asked people for consent prior to providing care, however we did observe some staff putting clothes protectors on people and putting down drinks without offering choice. We discussed this with the registered manager who said she would speak to senior staff to organise supervision for staff and would offer staff a training update.

Is the service caring?

Our findings

At the last inspection this key question was rated as Good. At this inspection this question has remained the same Good.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff understood how people may be discriminated against and isolated due to physical disabilities and could describe how they supported people. People told us staff were marvellous. "I have been here a long time and it is a nice home. Everyone treats me well. The staff are nice and manage to settle people down if they get upset." People told us staff explained what they were doing and treated them with kindness, respect and dignity. "They are kind, nothing is too much for them." We observed staff communicating well with people, giving explanations and responding to needs.
- People told us staff were friendly, happy, caring and understood their needs. We spoke with one person who had a friend visiting and they both spoke very highly of the staff.
- One relative told us, "Mum regards this as her home and feels part of a family here." Staff told us the home was one big happy family and they worked well as a team.

Supporting people to express their views and be involved in making decisions about their care

- People said they had daily chats with staff about their care that were recorded, so felt involved in making decisions. They told us, staff knew what they needed, staff told us they had time to sit and talk to people.
- People were supported to maintain relationships with their families. People were encouraged to go out with their families whenever they could.
- Three people had used an Independent Mental Capacity Advocate (IMCA). Advocates support people who are unable to speak up for themselves. IMCA is a new type of statutory advocacy introduced by the Mental Capacity Act 2005. The registered manager told us she offered people and relatives advice about Power of Attorney when assessing their needs.

Respecting and promoting people's privacy, dignity and independence

- People we spoke with said their independence was promoted, and we saw staff supporting people to do as much as they could themselves. People told us they could get up and go to bed when they want to. One person told us, "They will keep food for me to eat later if I don't want to eat at dinner time." One person told us a few people had wandered into their room by accident, staff agreed to lock their door for them, so they had privacy, and no one could accidentally walk in. They were able to open it from the inside when needed. People told us if they did not want male or female staff this was recorded and respected.
- One person had open access to leave the home, the registered manager told us that no one else had requested open access but were able to if they wished. One person liked to spend the day sleeping and the evenings helping staff with household duties.
- Staff knew how to maintain confidentiality. Documents were locked away and computers password protected. Staff knocked on doors and closed curtains and doors before delivering care. Staff told us some behaviour required a fast response to maintain dignity and they had a consistent approach to this.

Is the service responsive?

Our findings

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers. There was a varied activity timetable displayed in a picture format, however the size of the print was very small, this has been enlarged since the inspection.

- There were dedicated activity coordinators who organised a program of activities for people around their interests. There were regular themed food evenings. Lots of in-house activities and days out. Outside visitors brought in animals and others came in to perform dancing and singing. A local school brought children in for activities, relatives told us people enjoyed this interaction.
- Staff told us care was person centred, they knew residents and could give examples of likes and dislikes and activities that a person enjoyed. Staff could tell us what equipment the person used, how independent they were and what carers they preferred. Staff told us people had photograph albums called 'This is your Life' that people liked to sit and look through with them. We saw people had 'maps of life', these gave a good detail of people's previous life, a at quick glance
- The service had just implemented a digital care planning system. Staff told us they had noticed that due to improved record keeping this allowed them to ensure people were well hydrated. As a result of this, falls had decreased. Staff also told us they felt they had extra time each day to spend with people as paperwork previously took up to two hours a day to complete. Staff kept the electronic devices on them, so did not need to leave people when they update records. Staff had immediate access to people's information when needed. The devices were very easy to operate and there were two spare devices set up ready for agency staff to use.
- For people that consented, there was an active Facebook page full of photographs, which kept people up to date with what their relatives were doing if they lived far away. The registered manager told us they often used other forms of social media to keep people in touch if families were abroad or on holiday. There was a shop trolley run by the activity coordinators, the trolley offered people the opportunity to buy treats for themselves and experience choice and control.

Improving care quality in response to complaints or concerns

- People told us they felt able to complain or raise any concerns with the registered manager if they needed to. Relatives also told us the registered manager was visible and they would speak to her if they needed to. The complaints policy was displayed in reception area and staff could describe their role and responsibilities in relation to recording and managing complaints.

- People had raised a concern that night time checks disturbed them. We saw in minutes of residents meeting that the registered manager had taken steps to ensure this was minimised.

End of life care and support

- Staff had completed end of life training and peoples wishes at end of life were discussed with people on admission and preferences were recorded. The registered manager told us she ensured that cultural and religious preferences were respected.
- There was no one at end of life during the inspection, however we saw thank you cards from families who had experienced and appreciated the care of their relatives at the end of their life. The registered manager told us there was excellent support for end of life care and it was something she was very proud of.
- The registered manager had a passion for ensuring people had a pain free death and had gone above and beyond her role in ensuring people received anticipatory or emergency pain relief at end of their life. A health professional told us that the service was very good at organising anticipatory medicines to ensure people did not go without appropriate medicines.

Is the service well-led?

Our findings

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The service was well led, people told us they had an excellent caring registered manager and staff, who worked well as a team. They told us the registered manager was very visible and did a formal walk round at least twice a day to speak with people and address any concerns they had. People knew the registered manager and she often stopped to talk to them or help staff if needed. Relatives and friends said the registered manager was friendly and approachable. They thought the home was well run and the quality of the service was good. One person told us, "She knows everyone's name and checks if we have any complaints."
- Staff told us the registered manager encouraged a person-centred approach to care and one member of staff told us, the culture of the organisation was to provide good care that they would be happy for their mum to receive. The registered manager tried to ensure staff stayed in the same area of the home, so people could recognise staff caring for them, to reduce confusion.
- The registered manager was clear about duty of candour responsibilities. They had been open about an incident that had occurred. They had investigated, managed the situation and assessed the future risk. Practice was changed, and staff received additional training. Staff told us the registered manager encouraged them to be open about any issues or events they could learn from.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear organisational structure and all staff were clear about their roles and accountability. The registered manager told us her deputies were very supportive and ensured the service ran smoothly when she was not there. The registered manager had clear oversight of what was happening in the service and when we asked questions, was able to respond immediately demonstrating an in-depth knowledge in all areas and of the people she supported.
- The deputies had supported staff to implement the new digital care planning system. Staff were positive about the new system and the time it saved. Effective systems were in place to ensure the environment and equipment was safe. The registered manager was clear about regulatory requirements and notified us of significant events.
- There were regular quality audits of the service, for health and safety, medicines and infection control to monitor quality. A regional manager performed three monthly quality assurance checks. The registered manager told us she felt supported by the provider, with regular two monthly visits from a regional manager. Staff told us it was a friendly team who worked hard and put residents first to ensure they received high quality care that met their needs and expectations.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- Regular feedback was sought from people who used the service and their relatives. This was used to inform the management team how well the service operated. People were empowered to voice their opinions and the management team responded to comments put forward. There was an annual survey that included view of staff, people, relatives and health professionals that visited the service which gave a positive overview.
- There were regular staff meetings which had an agenda and actions, staff told us meetings were open and they felt supported to suggest changes. There were regular meetings for people and relatives.
- The registered manager had organised education on dementia for relatives and had also invited local businesses who would have experience of dealing with people with dementia, to raise their awareness of what to expect and see from someone living with dementia. Relatives told us they were kept up to date with changing needs of their family members.

Continuous learning and improving care

- Learning from incidents was imbedded throughout the service. Staff used supervision to reflect on practice and learn how to improve care in the future. The registered manager was very proactive and keen to improve the quality of the service and responded immediately to any issues we raised with a solution.
- The management team had good support from the provider and received updates on best practice and emerging changes from management meetings. Staff received continual support in their roles through supervision, appraisals and meetings. Staff told us the registered manager was approachable, so they did not have to wait for formal meetings to discuss issues, or concerns. A number of staff had champion roles which they used effectively to cascade information to other staff. Staff received a handover at the beginning of each shift, so they were updated on people's needs. Staff told us they felt supported by the RM
- High quality staff performance was praised by the manager. A new formal award for employee of the month had been introduced. Staff could be nominated by other staff, people and relatives and received a commendation and financial reward.

Working in partnership with others

- People's needs were fully assessed before they arrived at Southwell Court and staff worked in partnership with various organisations to build a seamless experience for people.
- The service worked with local health professionals, the local authority and other organisations to benefit people who lived at the home Healthcare professionals gave positive feedback regarding working with the staff and management team