Royal Mencap Society

Southernwood

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

Overall summary

Southernwood is situated in the residential area of Amersham and provides accommodation for up to six people with physical and learning disabilities. Southernwood also provides outreach support to people who live in the community. At the time of this inspection there were six people living at the home.

Southernwood has a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This inspection was undertaken over two days which involved speaking with staff, relatives, management and undertaking observations. We were unable to speak with people as they were unable to verbally communicate.

The service was providing 'good' care to people. Safe practices were undertaken around people's risk management. For example, where it was deemed that people may lack capacity to manage their medicines or finances, the provider had taken appropriate action to ensure people were safeguarded against potential abuse. Relatives we spoke with told us they felt their loved ones were safe. Staff within the service were aware of how to report and escalate any safeguarding concerns to the

Summary of findings

appropriate people. Staff had received training to ensure they could work effectively and safely with people. We found the provider had effective recruitment procedures in place, including the training, supervision and induction of staff members. We found medicines were handled in a safe and effective way.

We looked at how people using the service were supported through the use of the Mental Capacity Act 2005 (MCA,) and the Deprivation of Liberty Safeguards (DoLS). We found staff were knowledgeable around their roles and responsibilities when working with people around consent. We spoke with two staff members who were able to explain what the MCA and DoLS meant, and how this affected the people they worked with. Where required, mental capacity assessments were completed along with evidence of best interest meetings.

People were supported to have sufficient amounts to eat and drink and to promote and maintain a balanced diet. The home involved people as much as they could with menu planning. A 'likes and dislikes' approach was adopted to ensure people were provided with what they wanted and when they wanted it. For example, on our first day of inspection, people were provided with a fish and chip lunch at their request. Where people required specialist diets or were at risk of weight loss, the provider ensured peoples' nutritional and hydration needs were met.

The service demonstrated caring practices. Staff were respectful of people and treated them with dignity. When one person became visibly upset, we saw how staff responded to them to try and make them feel better. Staff were patient with people and made sure people were given the time they needed when completing tasks. The service had received positive feedback from health and social care professionals which they shared with the commission. One staff member had been nominated for a 'Making a difference award'. This staff member had been nominated and selected from a large number of staff working for the whole provider for their outstanding work.

We found the service to be well-led by an available and visible registered manager. Staff members, other health and social care professionals and relatives were positive about the management of the service. Staff told us "They (The provider) have been so supportive since I have come back to work. The manager is great, so approachable. He is always contactable and visible which is good." Another comment made was "The manager is very supportive and adapted my shifts when I needed them changed." One relative told us "I feel very confident in the management of the home." Another staff member told us "The management is brilliant, I would never hesitate in raising any issues – it's always acted upon." Before the inspection, we asked the provider 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. They did not return a PIR prior to this inspection; however the PIR was received shortly after the inspection.

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?
The service was safe.

Good

People were protected against unsafe practices around medication and finances. Staff were well trained and knew how to identify and report possible abuse. Procedures for safeguarding vulnerable adults were visible throughout the service.

The service undertook safe medication practices.

Staffing levels were consistent and were provided by a long standing team. The service had robust recruitment procedures in place to ensure staff were suitable to work with vulnerable people.

Is the service effective?
The service was effective.

Good

All staff were aware of their roles and responsibilities when working with people. Staff were trained and supervised to undertake their roles effectively.

Where the use of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were required, this was conducted in a way which ensured people were not deprived of their liberty unlawfully. Staff were aware of the MCA and DoLS and how they affected the people they worked with.

People were supported by staff to meet their nutritional and hydration needs. Meals were provided on a 'likes and dislikes' basis. At this inspection, we saw people were supported to access the community for lunch.

Is the service caring?
The service was caring.

Good

The service was caring and we observed good examples of people being supported in a caring and positive way.

People were supported by staff in a way which promoted dignity and respect. Staff knocked on people's doors before entering, and gave people sufficient time when completing tasks.

Staff told us how they ensured people were involved in their care and the service. We saw staff knew people well as they had worked with them for significant periods of time.

Is the service responsive?
The service was responsive.

Good

People's care plans were comprehensive and detailed. People's needs were assessed appropriately and people were supported to access the local community as and when they wished.

The service routinely listened to and learnt from people's experiences, concerns and complaints.

Relatives and health and social care professionals were very positive about the service. We were provided with copies of compliments which were very positive.

Summary of findings

Is the service well-led?

Good

The service was well-led.

We received positive comments about the staff and management of the home. Staff told us they felt the service was like a family with a supportive team and supportive manager.

Relatives were complimentary about the manager of the service and they felt involved in their relatives care. Staff were able to describe the provider's vision and values and how this implemented into their roles.

The provider had a system to address any issues around the service. Clear actions and timescales were recorded and actioned when issues arose. We found issues and actions were clearly highlighted and addressed.

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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 the 5 and 6 November 2014 and was unannounced.

The inspection team consisted of an inspector. Before the inspection, we asked the provider 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. They did not return a PIR prior to this inspection; however the PIR was received shortly after the inspection.

We checked to see what notifications had been received from the provider since their last inspection. We received no notifications since Southernwoods last inspection in December 2013. No concerns were raised at their last inspection in December 2013.

We were provided with a copy of Southernwoods last contract monitoring report which was conducted by the local authority. We reviewed this document to highlight areas which needed to be looked at during our inspection.

During both days of our inspection we spoke with the registered manager, two support workers and two relatives of people. We were unable to speak with people who used the service as they were unable to verbally communicate. We undertook observations of staff practice over the two days. We reviewed three care plans three medication records, three daily records and two recruitment files. We also looked at three staff supervisions, training records for all staff and two induction booklets.

Good

Is the service safe?

Our findings

Relatives and staff we spoke with felt the service was safe and protected people against the risk of abuse and unsafe practices. We spoke with two relatives. One relative said "I think the service is very safe, I have no concerns that [name] isn't looked after." Another relative told us "They look at all aspects of [name] care and always feedback. The staff really put my mind at ease."

Staff knew how to protect people from abuse and how to respond if they had concerns. Local authority safeguarding posters were visible throughout the service for staff, people their relatives and health and social care professionals. These contained the details and process for contacting the local authority if abuse was suspected. Posters were provided in people's rooms in an easy read format which provided information about who they could speak to if they had a problem.

One staff member told us "I had safeguarding training when I first started. It's about ensuring people are protected against abuse and raising it if you suspected it." Another staff member told us "It's about ensuring the safety and wellbeing of the people." Both staff members identified the different types of abuse that could happen. They were able to explain the process for reporting abuse, and how to escalate concerns for example, to the provider or to the local authority. Training records showed all staff members had received safeguarding training.

We looked at medicine processes and records for three people. Medicines were managed well within the service. A dedicated member of staff was responsible for the ordering, storing and checking of medicines. Each person had a 'safe' in their room which was used to store medication. The safes were only accessible to staff members. Medication was clearly recorded and signed for using a Medicine Administration Record (MAR). All three people's MAR charts had been signed correctly and corresponded with the medication available. Temperature charts were recorded daily and medication was stored in line with the administration instructions to ensure medicines were handled safely.

We found people's finances were managed in a way which protected them against the risk of abuse. The registered manager spoke with relatives and arranged for appointees to be in place for people where it was deemed they could not manage their own finances. We saw people's finances were stored securely and signed and checked by management to ensure people were not at risk of financial abuse.

The registered manager provided us with four weeks of staff rotas. We were advised by the registered manager that current staffing levels were determined by people's needs. The rota's demonstrated the service met their determined staffing numbers and regularly exceeded these. We were told the service had not used agency staff this year and overstaffed regularly to ensure people's physical and social needs were met. Relatives told us they had no issues about staffing levels. One staff member told us "We are actually overstaffed at the moment. It's good because it means we can really spend time with people." During our observations, we saw people's needs were met in a timely and unrushed manner. Where people wished to be supported into the community during our visit, this was done. In case of emergencies during the night, two staff members were always present.

The service had robust systems in place to ensure staff were employed in a way which promoted people's safety. We looked at two recruitment records for new staff members. The provider ensured staff had completed satisfactory Disclosure and Barring Service checks (DBS) to ensure their suitability to work with vulnerable adults. References, employment histories and medical histories were also provided to ensure staff suitability and to protect people.

Each person using the service had a Personal Emergency Evacuation Plan. The registered manager had created a new fire evacuation plan to help people be safe in the event of a fire. Staff were able to describe the process of evacuation in case of a fire. Emergency 'grab' sheets containing details of emergency contacts were available by both fire exits for staff to use if they had to evacuate the home.

The registered manager provided us with a copy of the service's contingency plan. Detailed arrangements were in place in the event of an emergency. For example, if the service needed to close urgently. Agreements were in place with another local care home and a local hotel to ensure in the event of the closure of the service, people would be looked after in a safe environment.

Good

Is the service safe?

We looked at three care plans for people. We saw comprehensive support plans and risk assessments were in place that ensured the provider was responsive to people's needs. People's needs were assessed for areas such as finances, medication, health and wellbeing, personal care and behaviour and risk assessments. These were adapted to ensure risks were minimised where possible. For example, we saw a risk assessment in place for a person who may suffer seizures. We found clear guidelines were in place in case of a seizure and how a seizure was to be managed. All support plans were reviewed regularly and we saw evidence of changes to people's needs through an updated support plan. We were advised by staff that all people's care plans were in the process of being updated to include any changes to people's needs.

Good

Is the service effective?

Our findings

We spoke with staff members and looked at the training and supervision they received in order to fulfil their roles. All staff had up to date training in order to meet the needs of people. There was a comprehensive training programme in place. This was recorded on the providers 'compliance confirmation tool' system. This tool demonstrated all staff had received training relevant to their roles. Training included topics such as the Mental Capacity Act 2005 (MCA), safeguarding, medication and risk assessment training. Further competency checks including, medication, infection control and moving and handling were completed annually by the provider to ensure staff knowledge and skills were up to date.

New staff completed induction handbooks and we looked at two completed handbooks for new staff members. The induction handbooks were comprehensive in the areas which needed to be covered in order for staff to fulfil their roles. One staff member told us "I shadowed for about two weeks and they made sure I was competent and happy to start working on my own."

We spoke with staff members about the training and supervision they received in order to keep their knowledge and skills up to date. One staff member told us "They [the provider] have been amazing and supportive. I think the training has helped me as I have not worked in care before, it's been really helpful." Another staff member told us "The training has been really good; it's really helped me develop. I had dementia training which was offered and found it really useful." Relatives we spoke with felt staff were effective in their roles. One comment was "We always get phone calls from [staff member] to keep us updated." Another comment was "I feel very involved in what is happening with [name] care."

The provider had good systems in place to support staff through supervisions and appraisals. The provider used a supervision system called "shape your future" which covered areas such as 'team player', 'safe practitioner' and 'record and report'. All staff undertook three meetings a year with the registered manager in which these areas were covered. This then fed into a yearly appraisal. From this, staff were then provided with a rating based on their performance over the last year.

Staff demonstrated an understanding of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and how these applied to their practice. For example, what actions they would take if they felt people were being deprived of their freedom to keep them safe. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Whilst no-one living at the home was currently subject to a DoLS, we found that the registered person understood when an application should be made and how to submit one and was aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

We looked at how people using the service were supported through the use of the MCA and the Deprivation of Liberty Safeguards (DoLS). Staff were knowledgeable about their roles and responsibilities when working with people around consent. We spoke with staff members who were able to explain what the MCA and DoLS meant and how this affected the people they worked with. One staff member told us "I completed a mental capacity assessment for someone yesterday. We need to try and make sure they understand the decision being made in a way which they can understand. If they cannot, it's about making sure the least restrictive option is used to protect them."

We saw mental capacity assessments had been completed for people around their finances. Best interest meetings had been held with people involved in their care to decide the least restrictive option around the management of people's finances. This resulted in all people being provided with a financial appointee from an independent, accredited financial service. Mental capacity assessments, including best interests meetings had also taken place for people where it was deemed they did not have the capacity to manage their medication. The mental capacity assessments and best interest meetings were comprehensive and detailed.

People were supported to have sufficient amounts to eat and drink and to promote and maintain a balanced diet. The home involved people as much as they could with

Good

Is the service effective?

menu planning. A 'likes and dislikes' approach was adopted to ensure people were provided with what they wanted and when they wanted it. For example, on our first day of inspection, people were provided with a fish and chip lunch at their request.

People were offered regular drinks during the day and were provided with a choice of what they would like to drink. Staff told us "It can be difficult as most people are non-verbal so we always try and offer new things and make a note of how well it was received." For example, we saw staff had recorded that they had made a stir fry for people which was not well received. People's care plans stated what food they liked and where people were at risk of weight loss, people's weights were regularly recorded and a **Malnutrition Universal Screening Tool** (MUST) was completed. We looked at three people's care plans and saw where it was assessed that input was required from health professionals around aspects of their health; this was recorded including actions and outcomes. For example, records of involvement for people from the community learning disability team.

Good

Is the service caring?

Our findings

During our inspection, we observed good examples of caring practice. The service had a calm and family orientated atmosphere. Staff members told us "It's like being part of a big family." The current staff team consisted of long standing staff members who were able to describe people's needs well and demonstrated personalised care throughout our visits. We observed staff participating in conversations with people throughout the two days, even if people were unable to respond verbally. We observed practice of using different scents to assist a person who was visually impaired and unable to hear.

We spoke with relatives of people who used the service. One relative told us "The service is very caring, the staff are so good with [name] and always gives [name] the time they need." Another relative told us "The service is brilliant. [staff member] has made a huge difference to [name] and is very supportive."

On the first morning of our visit, people were due to attend their local day centre. However the local transport used to take people to the day centre had broken down. We observed one person was very upset that they were not able to attend. We saw staff comforted the person in a caring manner, for example asking them "What can we do to make you happy?". "What can we do to make your day better" and "Is there anything you need?" Staff offered the person a range of activities they could undertake including having a fish and chip lunch and making a phone call to their relative. Staff responded in a calm and comforting way when the person questioned why they could not attend the day centre.

Staff respected people's dignity by knocking on people's doors before entering their rooms. Where personal care was delivered, this was done in privacy to ensure people's dignity was respected. During lunchtime, people were supported to enjoy lunch in a quiet, calm and dignified manner. Where people required assistance, this was done in a timely manner and at the person's own pace. We saw people were offered choices of drinks and meals and staff always explained what they were doing before undertaking a task.

Staff engaged in activities in a caring manner. We observed one person was supported to play with musical instruments as they had demonstrated an interest in the drums after recent music therapy. We saw the staff member engaged with the person and assisted where required whilst promoting the person's independence and being respectful when they did not want assistance.

We spoke with staff and asked them how they ensured people were involved in their care and the service. One staff member told us "It's about really getting to know people and being creative in ways to involve people who are non-verbal. It's about giving them the option of what they want to do and making sure that they can access the community when they want." Another staff member told us "It's about involving people in their daily decisions and really including them." People were provided with keyworkers who undertook monthly meetings that involved people's relatives where possible. This allowed for people and staff to reflect on what happened during the month, what was positive or negative, and what actions should be taken.

Good

Is the service responsive?

Our findings

The provider used a tool called a 'disability distress assessment tool'. This tool was used to highlight how people responded when they were feeling a certain emotion, for example how someone would display their behaviours if they were feeling upset, distressed, happy or anxious. These included details of actions to take when these behaviours were presented. We saw care planning for one person which detailed the promotion and importance of communication with their family. Staff had adapted a way of sending and receiving pictures and updates to family members, so relatives felt involved in the persons care and daily life.

All people had a health action plan that included information from healthcare professionals involved in their care. A health action plan is a document which outlines people's medical and social needs. This is used to promote people's health and also used as a document for when people may need to be admitted to hospital.

People were regularly involved in accessing local activities and the community. People were supported by staff to access the local town and other events. For example, one person was supported to see a show in London. A recent trip to Buckingham palace was arranged by staff for people and the provider arranged for a month of 'musical therapy', as this was highlighted as an activity people wanted to take part in. We saw two people were supported to access the local town for coffee and to have a haircut. The provider also arranged for outside activities to be supplied in the home, for example, a beauty therapist who provided hot stone massages and hand therapy.

The service routinely listened to and learnt from people's experiences, concerns and complaints. Since the last inspection, no complaints had been received. We were provided with some compliments which the service received over the past year. Comments included "Lovely homely feel (much helped by the delicious baking going on). It felt the most like a home of any of the services I have visited so far. Hugely supportive, long serving staff who really engaged with and cared for the people they look after." One relative we spoke with told us "I feel very involved." Another relative told us "I don't know how I would cope without them. They are so good at keeping in contact." We saw people were provided with easy read 'complaints and concerns' posters in their rooms which detailed how people could raise any concerns or complaints. This was also covered in people's keyworker meetings. We looked at the most recent contract monitoring report from the local authority which showed where actions needed to be addressed, the provider had met these accordingly for example, around mental capacity assessments.

Good

Is the service well-led?

Our findings

We found the service to be well led. We observed a positive and open culture within the service. The registered manager was visible and available at all times. The current staff team consisted of long standing staff who knew the people well and were fully involved in the running and day to day management of the home. Staff were able to describe the provider's vision and values. We saw this was demonstrated through observations of practice over the two days. The registered manager told us "How I value myself is how well the service is managed when I am not around. I have no concerns. It's about making staff roles personally rewarding." Staff members told us they were supported to develop their skills towards more senior tasks and responsibilities.

Last year, three staff members were awarded with a 'top talented' rating. This is the highest award a staff member can get for their annual performance. We were also advised that a staff member had been given an award from the provider called 'Making a difference award'. This staff member had been nominated and selected from a large amount of staff working for the whole provider for their outstanding work.

We were provided with highly positive comments and compliments about the way the service was managed, including the registered manager and culture of the home. Staff told us "They [the provider] have been so supportive since I have come back to work. The manager is great, so approachable. He is always contactable and visible which is good." Another comment made was "The manager is very supportive and adapted my shifts when I needed them changed." One relative told us "I feel very confident in the management of the home." Another staff member told us "The management is brilliant, I would never hesitate in raising any issues – it's always acted upon." Another relative told us "We are fully included. Staff member [name] has made a huge difference to [name] life."

The commission had not received any safeguarding notifications since Southernwoods last inspection in December 2013. The registered manager confirmed this was correct and no safeguarding incidents had occurred. The registered manager was aware of the requirement to inform the Care Quality Commission with any safeguarding issues.

Staff used a daily communication book and hand over sheet to ensure any changes were communicated effectively throughout the team. Staff told us "It's like a family" and "It's such a supportive team." Regular staff meetings were undertaken and recorded. Staff told us the manager was always available if they needed to raise any issues.

The provider was meeting their requirements under the Care Quality Commissions registration and regulation requirements. We had not received any notifications from the provider since the last inspection. We confirmed that this was correct. We did not receive the provider's PIR prior to the inspection as the registered manager had not seen the request, however this was received shortly afterwards.

The service used a 'compliance confirmation tool' to undertake quality monitoring in the home to ensure the service was well led. This tool highlighted any concerns or actions which needed to be addressed within the service, and was signed off monthly by senior management once any actions had been met. For example, the manager identified specific training for staff on physiotherapy which was arranged as soon as possible. The provider produced regular newsletters which were provided to relatives of people. These highlighted what people had been doing, and also gave an overview of a member of staff. The registered manager told us "It's really important to me that relatives feel confident and know something about the staff that are looking after their loved ones to make sure they feel involved."

The provider had good external management outside of the service with immediate line managers in place. The direct line manager for the service was responsible for undertaking their own checks against the 'compliance confirmation tool' to ensure the service was meeting quality monitoring standards.