

West Northamptonshire Council

Southfields House

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

Southfields House is a residential care home registered to provide care for up to 45 older people, some of whom are living with dementia. At the time of the inspection 23 people were living in the home.

Accommodation is provided in one purpose built building. All areas have a range of communal facilities such as dining and lounge spaces for people to have meals and socialise.

People's experience of using this service and what we found

People and their families described the care they received as good and staff treated them with dignity and respect. People and their relatives spoke positively about the caring nature of staff and their compassionate approach. People's diversity and individual needs were respected by staff.

The staff team knew people well and were able to provide appropriate support discreetly and with compassion. People were supported to maintain contact with relatives and friends. There was a wide range of appropriate activities people could involve themselves in. Staff demonstrated they knew how to raise safeguarding concerns and were aware of the processes to follow in order to keep people safe. People told us they felt safe.

Care and support plans were developed to ensure people's needs and risks were met appropriately. Risk management strategies were in place to assist staff to help people to manage identified risks which included identifying triggers for behaviours that may cause distress. Risk management plans helped staff as well as the person to minimise risks but included positive risk taking.

Staffing levels were appropriate to ensure people's needs were met in a safe, timely and consistent way. The service was following safe infection prevention and control procedures to keep people safe. The administration of medicines was managed in a safe way and people received their medicines as prescribed.

Staff were provided with the right training and support to make sure they could fulfil their roles appropriately. There was clear evidence of collaborative working and good communication with other professionals in the health and social care sector. People's health care needs were being met and they had access to healthcare services where needed.

People were supported to have as much choice and control of their lives as they could achieve. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Appropriate policies and procedures were in place to manage and respond to complaints and concerns. The provider's ethos and values put people at the heart of the service. The staff team were empowered to contribute to support a person-centred model of effective care.

There was a comprehensive and effective governance system in place. People, relatives and staff were confident about approaching the registered manager if they needed to. They recognised that their views and feedback were valued and respected and consistently used to support quality service development. A wide range of comprehensive audits took place to ensure the quality of the service was maintained.

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

Rating at last inspection

The last rating for the service under the previous provider was requires improvement (published on 22 April 2021). We also undertook an infection prevention control inspection (published 25 February 2022)

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service is good.

You can read the report from our last comprehensive inspection under the previous provider, by selecting the 'all reports' link for Southfields House on our website at www.cqc.org.uk

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Southfields House

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 1 inspector and 1 Expert by Experience who made telephone calls to people's relatives. 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

Southfields House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Southfields House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

This 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 commissioners who are involved with the service. We used the information the provider sent us in the

provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people who used the service and 9 relatives about their experiences of care at the home. We spoke with 9 members of staff including the team leaders, members of the provider management team, members of the housekeeping team, kitchen staff and care staff. We reviewed a range of records; this included 5 care records and multiple medication records. We looked at 4 staff files in relation to recruitment and staff supervision.

After the inspection we looked at a variety of records relating to the management of the service, training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

At our last inspection people were not always protected from the risks relating to infection, prevention and control. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they or their family members felt safe when staff provided care and support. One person told us, "I feel safe as houses!" A relative said, "I totally trust them [staff], they are honest with us as a family and that makes us feel [relative] is safe."
- The provider had policies and processes in place that enabled staff to identify potential abuse, neglect and/or harm to people, and how to report it. Where needed, investigations had taken place to reduce the risk of recurrence. Staff had received safeguarding training and their competencies had been checked. This helped to keep people safe.
- We reviewed records which had been completed when a safeguarding concern had been identified. These were thorough, helped to identify any potential risks or concerns to people and where needed, were reported to the relevant authorities such as the local authority.

Assessing risk, safety monitoring and management

- People were provided with safe care because the risks associated with their care needs had been assessed and plans put in place to reduce risk. For example, risks related to moving and handling.
- People and relatives told us they felt staff provided safe care and knew how to reduce risks to people's safety. Relatives told us they felt staff provided care in a way that reduced the risk of harm. One relative told us about a ceiling hoist which had been put in place to ensure the person was safely transferred from chair to bed.
- People were involved in managing their risks. Staff provided people with support to make choices to ensure they had as much control and independence as possible. One relative told us, "Staff managed to get [relative] a special chair so they can still access the garden; this was really important to them. I understand it all needs to be risk assessed to make sure it is safe."
- The provider implemented systems to ensure risks, including environmental risks, were consistently managed. Staff understood how to use these systems and were confident any concerns or issues they identified would be addressed. A business continuity plan was in place which was to be used in the event of unforeseen circumstances; staff knew how to access this.

Staffing and recruitment

- Staffing levels were appropriate to ensure people's needs were met in a safe, timely and consistent way.
- People and relatives told us, and our observations confirmed that staff were available when needed. A relative told us, "There are always plenty of staff, and staff that are happy to help and friendly. It makes such a big difference."
- Staff were recruited following a number of checks on their background such as; previous employment, education, criminal records and their right to work in the UK. This helped to reduce the risk of people receiving care from inappropriate staff.
- Regular audits on staff files were conducted to ensure all stages of the recruitment process had been satisfactorily completed.

Using medicines safely

- Medicines were stored and administered safely. A person said, "I get them [medicines] at the same time every day. They are always on time." A relative said, "They've been very good with medicines and the home are very much on the ball with things like that. They keep me informed every step of the way."
- Staff had been trained in medicine administration and had their competency assessed. People's preferences for how they liked to take their medicines were described in their care records.
- Medicine administration records (MARs) were completed accurately and showed people received their medicines as prescribed. Temperatures of medicine storage areas were monitored to ensure people's medicines were stored appropriately as per manufactures advice. Protocols were in place for 'as required' (PRN) medicines. The effectiveness of PRN medicines for people was monitored.
- Staff completed records to show when topical medicines, such as creams and lotions, were applied. This included completing a body map to show where the medicine had been applied by whom. This is important to ensure these medicines are applied effectively.
- Medicines that required additional storage in line with legal requirements were stored appropriately and systems were in place to check stock levels. Medicine audits were regularly completed and identified actions were completed.

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded. Staffing levels supported a low level of adverse events.
- A monthly analysis was thoroughly conducted to review accidents and incidents for any patterns or trends

and to ensure actions taken to prevent a recurrence had been effective.

- Information about accident, incidents and safeguarding concerns were communicated to staff to ensure lessons were learnt and practice adapted where needed. Staff kept up to date with changes in people's support needs.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager worked with people, healthcare professionals and relatives to assess people's care needs prior to them moving into the home.
- The registered manager or senior staff would complete introductory visits to people to gather information about their care requirements, and ensure measures were put in place to support people's choices prior to them moving into the home.
- Assessments included information about equipment required to support people with mobility needs. It also included information about emotional and behavioural support that might be required, and how care workers should manage people's needs.
- Nationally recognised tools were used to assess and monitor people's health and wellbeing. This included assessment of people's pressure sore risk and nutritional needs.

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

- The provider had policies in place to ensure people had enough to eat and drink to maintain a balanced diet. People assessed as being at risk of malnutrition and dehydration were monitored and encouraged to eat and drink sufficient amounts to keep well. One relative told us, "They [staff] are always checking [relative] is drinking enough, they offer lots of encouragement."
- Care plans documented people's preferences in relation to food and drink. Information in relation to allergies and dietary requirements to maintain good health was also documented. Kitchen staff told us they were fully up to date with people's dietary needs.
- Referrals were made to the relevant professionals, where required to assess people's needs and provide support. For example, if a person experienced swallowing difficulties.
- People were able to choose what, when and where they ate. There were enough staff to offer support where required. People gave consistently positive feedback about their food and drink experiences

Staff support: induction, training, skills and experience

- People were supported by staff who were competent to carry out their roles. One relative told us, "The staff are well trained, they always explain when they are using the hoist, they never just barge in and hoist [relative] they explain what they are going to do and they are always gentle with [person]."
- Staff completed an induction and mandatory training as well as specific training for them to be able to meet people's needs effectively.
- Staff felt supported in their roles and to maintain their professional development. Staff told us they receive formal supervision and felt able to talk openly to their supervisors about any concerns or areas of improvement.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider implemented clear systems and processes for making referrals to external professionals for advice and support. For example, a dietician or a falls prevention team.
- People accessed healthcare provision as needed. People were registered with local GPs and where possible, people were supported to visit the GP practice. This helped to promote people's independence and a sense of 'normality'. One relative told us, "The staff are brilliant, they don't hesitate to make a call to the GP if [relative] shows signs of being unwell." Another relative told us, "If the staff take [relative] to an appointment they always telephone us afterwards to let us know how it went. It is so reassuring."
- Staff demonstrated a clear understanding of people's health needs and how they affected their day to day lives. For example, staff told us about a person's changing mobility needs and how they adapted the care provided depending on how mobile they were each day.

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

- People were observed to be comfortable and relaxed in their surroundings. The home was bright and welcoming.
- People were able to personalise their rooms with their own furniture, soft furnishings, pictures, and personal items. One person told us, "I have my room just as I like it, all of my photographs and pictures on my bedroom wall all came from my old house."

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was working within the principles of the MCA and where required the appropriate legal authorisations were in place to deprive a person of their liberty.
- People were supported to make their own decisions and helped to do so if needed. One relative told us, "[Relative] makes all her own choices."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were well treated and supported by staff who respected people's individuality and differences. One relative told us, "The staff are very good and caring. Every member of staff greets me; always friendly and always kind and I see that is how all the residents are treated as well".
- People gave consistently positive feedback about the care staff. One relative told us, "The staff are always polite. They are all very approachable. They understand my [relative] and know how to look after them. They are treated as a human being and not a number".
- Respectful, friendly interactions were observed between people and the staff supporting them. One person told us, "I love these girls [staff], I would have moved in sooner if I knew it was going to be like this. I tell my friend about living here, she's going to move in too when she needs to".
- Staff received training on equality and diversity and worked to ensure people were not discriminated against any protected characteristics they had in line with the Equality Act 2010.

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

- People were involved in making decisions about their care. One relative told us, "The staff always come and talk to [relative]. They [relative] get on well with the staff and staff know what they like. Staff smile and ask if they want anything, [relative] has a good relationship with them." Another relative told us, "If staff are not sure because sometimes [person] gets confused, they will check with me what my thoughts are."
- People were involved in regular meetings where they had the opportunity to give feedback and share their ideas with the provider.
- We saw that staff communicated effectively with people. People's individual communication needs were assessed and documented in their care and support plans. This helped staff to support people appropriately and in their preferred way.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who respected their privacy and dignity. One relative told us, "Staff treat [relative] with dignity and respect, staff always knock on the door and ask if it's ok to do things."
- People were supported to be as independent as they wanted to be. Staff understood people's preferences and supported them in the way they chose.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were personalised and contained information relating to people's physical, emotional and mental health needs, their life histories and preferences. People and their relatives confirmed they had input into developing care plans.
- Staff demonstrated their understanding of delivering person centred care and respected people's choices. One relative told us, "Staff know [relative] well. They get on well with staff and staff know [person] likes to be reminded where they are." Another relative told us, "It was really important for [relative] to have their hair washed and set every week, this happens without fail."
- People were involved in the review of their care. Care plan reviews took place regularly with people and their relatives to ensure people's preferences and support needs were up to date and accurately recorded.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's individual communication needs were assessed, and their preferences and support needs detailed in their care plan.
- The provider was able to source information in a variety of different formats and languages where required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were offered the opportunity to join in with a variety of planned activities both in and out of the home. One relative told us, "There is always something going on, they always encourage [relative] to join in." Another relative told us, "There is a big range of activities, animals visit often, [relative] helps in the garden, board games and celebrating of events."
- People were supported to attend opportunities to engage with others. One relative told us, "[Relative] loves playing bingo, they all help each other and its lovely to see [relative] laughing".

Improving care quality in response to complaints or concerns

- The provider implemented systems to process any concerns and complaints and learn from these.
- People, their relatives, and staff knew how to raise a concern or complaint. One relative told us, "In the

beginning when [relative] moved in, I had a few niggles. I spoke to the staff about it, and it was all sorted out. We are encouraged to say if something isn't right, they [staff] want to put it right; it feels so reassuring."

End of life care and support

- Details for people's wishes related to end of life care and preferences were included in their care plans. Where the provider had supported people at the end of their life, they worked closely with the person's GP and specialist palliative care teams to make sure people were kept comfortable, dignified and pain-free.
- From our review of people's care plans we saw they, together with relatives, were supported to make decisions about their preferences for end-of-life care.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection of this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture within the service with a clear drive to provide high quality care. Comments we received from staff and relatives included, "The management team is so supportive" and "All of the staff are friendly and approachable, they always want to help and if they don't know something they find out straight away" and "the registered manager is fantastic, so supportive and gets things done."
- People and staff told us the management approach created an open and empowering culture in which they felt able to contribute their thoughts and suggestions. They said they were encouraged to participate in the development and improvement of the service that people received and that this provided them with much improved job satisfaction.
- Staff shared the vision of the service to provide person-centred care and to put people first. People and professionals commented positively about the support provided.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility to keep people informed when incidents happened in line with the duty of candour.

The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

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

- The ethos, vision and values of the service were led by the provider and the managers. People and staff told us the management team were very approachable. One relative told us, "I am very impressed with the manager [registered] and their assistants [team leaders]."
- People received their care from a service that monitored standards and looked at how improvements could be made. The governance and improvement agenda were firmly embedded into all areas to improve service provision. There were regular quality checks on care files, care logs, medicines records, staff files and other records. These were effective in identifying improvements needed, such as if there was an increase in numbers of falls or if staff training was due.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider implemented systems to gain feedback from people, their relatives, staff and professionals. Responses were reviewed by the registered manager and acted on to make improvements to the service.
- Staff had the opportunity to share their opinions on the service in team meetings, in supervisions and with the managers 'open door' policy. We observed an open culture within the staff team and the management team.
- People, their relatives and staff all described the registered manager as being accessible and open to feedback. One person told us, "[Registered manager] is lovely, they always take the time out to talk to me and offer reassurances if I am worried about [relative's] care."
- The provider had effective procedures in place regarding reporting and learning from when things went wrong.

Working in partnership with others

- The provider worked in partnership with the local authority and other healthcare agencies such as social workers and commissioners. This helped to ensure that care and support was up to date and in line with current best practice in relation to people's specific needs.
- The provider had partnered with the Northamptonshire police to offer a safe space for people who were living in the community with dementia who may have become disorientated or lost. The police were able to escort the person to Southfields House to be cared for until they could return home.