

Decorum Care & Support Services Limited

Southlands Residential

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

Southlands Residential Care Home is a residential care home for 33 younger and older people who required nursing or personal care due to a physical or sensory disability, or due to poor health. Nursing services are provided by the community nursing team. Accommodation is provided over three floors, with two passenger lifts providing access to the upper floor. The home has two lounge rooms and spacious dining and conservatory areas. A large decked patio from the conservatory provides a very pleasant area to sit overlooking the attractive gardens. There were 32 people living at the home at the time of the inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Why the service is rated Good.

The home continued to be well managed. People spoke fondly and positively about the provider and registered manager. One person said of the provider, "He makes sure he talks to us all and he knows a lot about us" and the registered manager was described as "excellent."

People received safe care from sufficient numbers of well trained staff. People were protected from the risk of abuse as staff recruitment practices were safe and staff had received training in the protection of adults. Other risks to people's health, safety and welfare, such as the risk of falls or not eating or drinking well, were assessed and care plans provided guidance for staff about how to mitigate these risks. Medicines were managed safely and people's healthcare needs were monitored and guidance sought from healthcare professionals, such as the community nurses, when necessary.

People were supported to make decisions about their care and to have maximum choice and control of their lives. People's rights were respected and protected. Staff supported people in the least restrictive way possible; the policies and systems in the home supported this practice. The provider and registered manager said promoting people's independence was an important feature of the home.

Staff were described as kind and caring and people told us they felt very well cared for. One person said, "As soon as I walked into this one I knew it was the place for me." Staff told us they enjoyed working at the home and were proud to do so. They said they wanted the home to feel like a 'real home' for people and for people to be "as comfortable and as happy as possible."

An activity co-ordinator ensured people had the opportunity to become involved in leisure and social activities. People's hobbies and interests were well known and people were invited to plan events both in and out of the home. People told us how much they enjoyed these.

The environment and equipment were well maintained. Regular checks and servicing ensured equipment remained safe to use. Since the previous inspection, the provider had invested in the extensive refurbishment of the home. New bedrooms had been created; other rooms increased in size or had en-suite facilities fitted. All areas of the home had been completely redecorated and fitted with new flooring, furniture and soft furnishings which people had been involved in choosing.

Further information is in the detailed findings below.

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 remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

Southlands Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 comprehensive inspection took place on 9 April 2018 and was unannounced. One adult social care inspector and an expert by experience carried out this inspection. An expert by experience is a person who has personal experience of using services or caring for a person who uses services. In this case the expert by experience had experience in caring for older people and those living with dementia.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection, we reviewed the information in the PIR along with information we held about the home, which included incident notifications they had sent us. A notification is information about important events which the service is required to tell us about by law. We also contacted the community nursing service as well as Devon County Council's Quality Assurance and Improvement Team to gain their feedback about the quality of the care and support provided to people.

During our visit we spoke with the provider, registered manager, 16 people who lived at the home, two relatives, three staff and one health care professional. We looked at a number of records relating to individual care and the running of the home. These included three people's care and support plans, two staff personal files and records relating to staff training, medication administration and the quality monitoring of the service.



Our findings

The home continued to provide safe care. People felt safe living at the home and with the staff who supported them. One person told us, "I knew I'd be happy here and I am. It's safe and cosy and it's great not to have to think about your pills and everything." Another person said they felt very secure at the home; they said, "I'll never want to move anywhere else."

People were supported by sufficient numbers of staff on duty. In addition to the registered manager, there were six care staff on duty in the mornings, four care staff in the afternoon and evenings and two waking night staff. Staff were supported by housekeeping and catering staff, as well as 'home support' staff who assisted with the evening meal. People told us they did not have to wait for assistance and that staff came promptly when they rang their call bells. One person said, "There's always someone there when you ring the bell." Throughout the inspection we saw staff were very attentive to people and had time to sit and talk with them.

Staff recruitment practices remained safe, with all newly employed staff undergoing pre-employment checks, which included a disclosure and barring (police check). The provider told us these checks were routinely undertaken for all staff to ensure, as far as possible, only suitable staff were employed at the home. The provider told us people living at Southlands were invited to participate in the interviews for new staff and records showed their involvement. The provider said their feedback was invaluable when making judgements about prospective staff suitability.

People were protected by staff who knew how to recognise signs of potential abuse. Staff confirmed they knew how to identify and report any concerns. Staff had received training in this area and had access to information they required should they need it.

Risks to people's health, safety and well-being were assessed and regularly reviewed. Care plans provided staff with information and guidance about how to mitigate these risks. For example, some people were at risk of falls and a falls risk assessment and moving and handling plan guided staff how to support people safely. During the inspection we observed people being assisted by staff with their mobility using a hoist. This was done safely with staff explaining to the person what they were doing throughout.

People received their medicines safely and as prescribed. Only staff who had undertaken training in the safe administration of medicines gave people their medicines. Medicines were stored safely and records were clearly and fully completed. The local pharmacist had undertaken a review of the home's medicines

practices in February 2018 and found these to be safe.

The home had recently been refurbished to an exceptionally high standard. It was clean, tidy and very well maintained. Regular audits of health and safety issues such as fire equipment checks, infection control practices and hot water temperatures were undertaken to ensure the home remained a safe environment within which to live.



Our findings

The home continued to provide effective care and support from staff who were well trained and who knew people well. Staff received training in care topics such as dementia care and skin care, as well as health and safety topics including safe moving and transferring of people with impaired mobility and infection control. Staff told us they felt they received the training they needed and were very well supported by the provider and registered manager. Records showed staff received regular supervision with a senior member of staff which gave them the opportunity to discuss their work and personal development.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff had received training about the Mental Capacity Act 2005 (MCA) and knew how to support people who lacked the capacity to make decisions for themselves. Staff told us most people were able to make day to day decisions but in some cases they had to act in their best interests. Where decisions had been made in a person's best interests, these were fully recorded in their care plans. For example, one person was assessed as requiring support when out of the home as they would be unsafe if alone. The home had submitted an application to the local authority to authorise this as it was in the person's best interests.

People spoke extremely highly of the food. One person said, "The food is lovely. Three choices and if you don't want any of those they'd try and get something else for you." We observed the lunchtime meal and saw people were offered a variety of meals. One person said they had requested, and been given, a different flavour of soup from the three on the day's menu. Food was served in dishes to allow people to take as much as they wished. A bread maker was in the kitchen area in the dining room. People told us they helped staff prepare this every day. During the afternoon, the aroma of warm bread was very pleasant and people told us that when the bread was ready, they would enjoy this with butter and jam.

For those people at risk of not eating and drinking enough to maintain their health, the home monitored their well-being and recorded their food and fluid intake. Where necessary guidance was sought from healthcare professionals such as a dietician or the speech and language therapists for people with swallowing difficulties. We saw a member of staff assisting one person who was known to have a risk of choking. The staff member was very attentive and observant for signs this person might be having difficulty swallowing their meal. Staff were knowledgeable about people's nutritional needs and knew who required their food fortified or the texture modified, such as softened with a fork before serving, and to what consistency their fluids were to be thickened.

People told us they felt well cared for when they were unwell. One person told us that when they were unwell, the staff stayed with them for as long as they needed them. Records showed people were supported by staff to see healthcare professionals such as GPs, specialist nurses, occupational and physiotherapists, opticians and dentists. People were referred to outside professionals without delay and the advice provided by them was listened to and used to plan and deliver people's care. Prior to and during the inspection we received very positive feedback from the community nursing team about the quality of the care provided to people. They said the home contacted them whenever they had any concerns over a person's health and well-being.

Since the previous inspection in December 2015, the provider had made a considerable investment in the environment to ensure it provided a comfortable and spacious home for the people living there. People told us they had been consulted and involved in making decisions about the refurbishment, such as choosing their wallpaper and curtains. The changes to the home included three new bedrooms, widening doorways, increasing the size of some rooms and adding en-suite facilities to others. Every room in the home had been completely refurbished with new flooring, furniture, including specialist beds, and soft furnishings. All the new furniture was fitted with pressure relieving cushions and mattresses. A kitchen area had been created in the dining room to allow people and their relatives to make themselves drinks and snacks. Four patio areas had also been created, (two private for individual rooms and two communal) and the provider had plans to further improve people's access to the garden.



Our findings

At the previous inspection in December 2015, people and their relatives praised the kind and caring attitude of the staff. At this inspection in April 2018, people remained very keen to tell us how caring the provider, registered manager and staff were. People said they were very comfortable living at the home and felt very well cared for. People described the home as not only looking beautiful and inviting, but friendly. One person said, "As soon as I walked into this one I knew it was the place for me" and another person said, "It's lovely here."

The home's website described the home as, "A vibrant, supportive and laughter-filled community – for both residents and their families" and people told us that was how it was. People said they had an excellent relationship with the staff. We observed staff spending time with people and talking in a respectful and friendly way, with good humour and lots of laughter. It was clear staff had developed close relationships with people.

People were involved in making decisions about their care and they said they were able to make choices about how and where they spent their time. People told us they were treated respectfully and supported to maintain their independence. The provider told us people were supported to be involved in day to day activities around the home. For example, some people enjoyed helping the cook prepare vegetables.

Staff told us they were proud of the home and enjoyed working there. They wanted the home to feel like a 'real home' for people and for people to be "as comfortable and as happy as possible."

Staff received equality and diversity training to ensure they understood how to protect people's rights and lifestyle choices. The registered manager and staff said people would not be discriminated against due to their disability, race, culture or sexuality. Care plans recorded important information about people's relationships with others and those important to them.

The home continued to support the role of a 'Welcome Ambassador', recognising how important it was for people new to the home to be made welcome. This member of staff showed people around the home and helped them settle in to their room. During the inspection, the member of staff allocated as the 'Welcome Ambassador' for that day, received a newly admitted person with their relative into the home. They spent time with them helping them with their belongings and providing them with information about the home. They were very much aware of the relative's needs as well and offered them refreshments and a meal.



Our findings

The home continued to provide care that was responsive to people's needs. People told us they were well cared for and their preferences about how they wished to be supported were respected. One person said, "I'm very happy here. They really look after you." Another person said, "I just stayed put after coming for a 'trial'. You can have your things. I was told I can have my pictures, everything, just like home really." The provider and registered manager said supporting people to remain as independence as possible was an important feature of the home.

The home used a computerised care planning tool. This provided staff, through the use of hand-held devices which they carried with them, with information about each person's care needs as well as guidance about how they should provide support. Essential care tasks, such as changing a person's position to prevent the development of pressure ulcers, were programmed into the care plan and staff were reminded when these tasks were due. Other information such as people's preferences were also recorded. For example, one person's care plan said, "I like to have a glass of 'summer fruits' drink with my lunch and a jug of this in my room" and we saw this person was provided with this.

Where people had shared their wishes for their care at the end of their lives, this information was recorded. The home was able to care for people at this time with the support of the community nursing team.

Staff were able to enter information into the computerised care plan when they had supported a person, which meant the care provided was recorded in real time. The registered manager and provider had oversight through the computer system of when people had received care and could check the essential tasks had been undertaken. Staff knew people well and could tell us about people's care needs, their interests and hobbies.

People's communication needs were identified through the assessment process and the care plans identified how staff should communicate with them. Where necessary information was provided in different formats, such as large print, for those people with a sensory impairment.

People said there were a variety of social activities provided by the home which they very much enjoyed. One person said, "They hire a minibus for trips and we go off to the seaside sometimes and all sorts of places." At the time of the inspection, people enjoyed a Tai-Chi session. We also saw a number of people sitting together enjoying a 'knitting circle'. They told us they were making blankets for the baby unit at the local hospital.

The home employed an activity co-ordinator who worked five days a week. They told us about people's hobbies and interests and how people were supported to continue with these. Regular meetings with the activity co-ordinator allowed people to make suggestions about the types of events they wished to see in the home. People also told us about the school children who visited once a fortnight and how much they enjoyed this.

The activity co-ordinator told us they also spent time with people who did not wish to join in group activities. In the afternoon on the day of the inspection, we saw them sitting with a person and using a tablet computer to show them videos of Perry Como singing. The person very much enjoyed this and it prompted a conversation about other singers of this era. The lounge, conservatory and dining areas were not dominated by a television. This allowed people to read, do crossword puzzles and enjoy conversation with each other without any distraction.

People told us they felt they could raise any issues of concern or make a complaint to the provider, registered manager or any of the staff. Records were kept of issues raised and how these were responded to. The registered manager and provider met with people and their relatives to resolve issues and take action to ensure the concern did not reoccur. No one we spoke with had any concerns about the home.



Our findings

The home continued to be well-led. The home had a registered manager who had worked at the home for many years. 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.

The provider and registered manager provided guidance and support for staff and had created an environment where people's safety, person-centred care and well-being remained the focus in the home's day to day practices. Throughout the inspection we saw people in conversation with the provider and registered manager. People said they knew them well and they were always available to speak to. One person said of the provider, "He makes sure he talks to us all and he knows a lot about us." We saw the provider make himself known to people new to the home, spending time with them discussing how they were settling in and checking if there was anything else they required. The healthcare professionals we spoke with prior to the inspection described the registered manager as "excellent".

People's view about the care and support provided at the home was sought through conversations as well as more formally through care plan reviews, residents' meetings and surveys. The home also invited people to share their views on a website for care homes. The recent reviews submitted for the home showed a very high level of satisfaction.

The registered manager promoted an open culture where staff told us they felt valued, listened to and supported. Staff told us they enjoyed working at the home. One said, "I'm well supported" and another said, "There is always someone [registered manager or senior manager] available." Staff told us they attended regular staff meeting which provided them with the opportunity to meet with the registered manager to discuss care practices and make suggestions for the continued improvement of the home.

There were effective quality assurance systems in place. The registered manager undertook regular audits of the environment and care practices and made a report to the provider each month. The provider was given information about people's well-being and any significant events such as if a person had fallen or become unwell.

The registered manager kept up to date with current best practice within the care profession by attending training courses and local care forums with other care providers and the community nursing team.

