Care Quality Commission

Southview Care Home Limited

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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

The inspection took place on 13 & 15 August 2015 and was unannounced. Southview Care Home provides care and accommodation for up to three people with learning disabilities. On the day of our visit three people were living in the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. The registered manager is also the registered provider.

Registered providers 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.

We met and spoke to all three people during our visits. We observed people and staff were relaxed in each other's company and there was a calm atmosphere. Some of the people who lived in the service were not able to fully verbalise their views so people used other

Summary of findings

methods of communication, for example signs and gestures to aid communication and make choices. People told us they liked living in the home. One person said they spoke to the registered manager or staff if they had any concerns. This person, when asked, told us they felt safe. Staff knew people well and had the knowledge to be able to support people effectively.

Staff had undertaken training on safeguarding adults from abuse, they displayed good knowledge on how to report any concerns and described what action they would take to protect people against harm. Staff felt confident any allegations or concerns would be fully investigated.

People's medicines were managed safely. People received their medicines as prescribed and received them on time. Staff were appropriately trained and understood what the medicines were for. They understood the importance of safe administration and management of medicines. People were supported to maintain good health through regular access to health and social care professionals, such as speech and language therapists and social workers.

When people were asked about the care and support they received, those able, responded positively. People responded with a smile indicating they were happy with the staff support when asked and we observed this to be the case. Care records were comprehensive and personalised to meet each person's needs. Staff understood people's individual needs and responded quickly when a person required assistance. People were involved as much as possible with their care records to say how they liked to be supported. People were offered choice and their preferences were respected.

People living in the service could be at high risk due to their individual needs and additional support was offered when accessing the community when needed. People's risks were well managed and documented. People were monitored when required to help ensure they remained safe. People lived active lives and were supported to sample a range of activities. Activities were discussed and planned with people's interests in mind.

People enjoyed the meals offered and they had access to snacks and drinks at all times. People were involved in planning menus, food shopping and preparing meals and were encouraged to say if meals were not to their liking.

People did not have full capacity to make all decisions for themselves, therefore staff made sure people had their legal rights protected and worked with others in their best interest. People's safety and liberty were promoted.

Staff said the registered manager was very supportive and approachable and worked in the home regularly. Staff talked positively about their roles. Comments included; "[…] (the registered manager) is very hands on, she knows what's going on."

People were protected by safe recruitment procedures. There were sufficient numbers of staff on duty to support people safely and ensure everyone had opportunities to take part in activities. Staff received an induction programme. Staff had completed appropriate training and had the right skills and knowledge to meet people's needs.

People had access to healthcare professionals to make sure they received appropriate care and treatment to meet their health care needs such as hospital consultants and GPs. Staff acted on the information given to them by professionals to ensure people received the care they needed to remain safe.

There were effective quality assurance systems in place. Any significant events were appropriately recorded and analysed. Evaluations of incidents were used to help make improvements and ensure positive progress was made in the delivery of care and support provided by the home. People met with staff on a one to one basis and were able to raise concerns. Feedback was sought from people living in the home, relatives, professionals and staff.

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?

Good

This service was safe. There were sufficient skilled and experienced staff to support people.

Staff had the knowledge and understanding of how to recognise and report signs of abuse. Staff were confident any allegations would be fully investigated to protect people.

Risks had been identified and managed appropriately. Systems were in place to manage risks to people.

Medicines were administered safely and staff were aware of good practice.

Is the service effective?

Good

The service was effective.

Staff had received the training they required and had the skills to carry out their role effectively.

Staff understood the Mental Capacity Act and the associated Deprivation of Liberty Safeguards.

People could access appropriate health and social care support when needed.

People were supported to maintain a healthy and balanced diet.

Is the service caring?

Good

The service was caring.

People were treated with kindness and respect by caring and compassionate staff.

People were encouraged to make choices about their day to day lives and the service used a range of communication methods to enable people to express their views.

People were involved in the care they received and were supported to make decisions.

Is the service responsive?

Good

The service was responsive.

People received individual personalised care.

People had access to a range of activities. People were supported to take part in activities and interests they enjoyed.

People received care and support to meet their individual needs.

There was a complaints procedure in place that people could access.

Is the service well-led?

Good

The service was well led.

There was an experienced registered manager in post who was approachable.

Staff were supported by the registered manager. There was open communication within the staff team. Staff felt comfortable discussing any concerns with the registered manager.

Summary of findings

Audits were completed to help ensure risks were identified and acted upon.

There were systems in place to monitor the safety and quality of the service.

Southview Care Home Limited

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.

The inspection was undertaken by one inspector on the 13 & 15 August 2015 and was unannounced.

Prior to the inspection we reviewed all the information we held about the service, and notifications we had received. A notification is information about important events, which the service is required to send us by law.

During the inspection we met and spoke with all three people who used the service, the registered manager and three members of staff.

We looked around the premises and observed and heard how staff interacted with people. We looked at three records which related to people's individual care needs, three records which related to administration of medicines, four staff recruitment files and records associated with the management of the service including quality audits.

Good

Is the service safe?

Our findings

People who lived at Southview told us they felt safe there. One person when asked if they felt safe said yes.

Staff told us there were sufficient numbers of staff on duty to keep people safe. Staff were visible throughout our inspection and they had time to sit and support people and engage them in activities.

Care plans detailed the staffing levels required for each person to keep them safe inside and outside the service. For example, staffing arrangements within the home were often one or two staff on duty. However some people required one to one staffing when attending activities in the community safely. There was a contingency plan in place to cover staff sickness and any unforeseen circumstances. The registered manager said if people needed extra staff they were able to provide this for example when people went away on holiday.

People were provided with a safe and secure environment. Staff checked the identity of visitors before letting them in. Smoke alarms were tested weekly and evacuation drills were carried out to help ensure staff and people knew what to do in the event of a fire. People's needs were considered in the event of an emergency situation such as a fire. People had personal evacuation plans in place. These plans helped to ensure people's individual needs were known to staff and to emergency services, so they could be supported and evacuated from the building in the correct way.

The service had safeguarding and whistle blowing policies and procedures in place. Information was displayed in the main living area and they provided contact details for reporting any issues of concern. Staff had up to date safeguarding training and were fully aware of what steps they would take if they suspected abuse and were able to identify different types of abuse that could occur. Staff said; "I will always talk to […] (the registered manager) straight away." Staff said they were aware who to contact externally should they feel their concerns had not been dealt with appropriately. For example the local authority. Staff were confident that any reported concerns would be taken seriously and investigated.

People identified at being of risk either inside the service or when they went out into the community had clear risk assessments in place. For example, where people may place themselves and others at risk, there were clear guidelines in place for managing these. People had risk assessments and clear protocols in place for the administration of medicines.

People's finances were kept safely. People had appointees to manage their money. Keys to access people's money were kept safely and two staff signed money in and out. Receipts were kept where possible to enable a clear audit trail on incoming and outgoing expenditure and people's money was audited.

Incidents or accidents were recorded. These were analysed when needed to identify trends and discussed amongst the team to enable staff to avoid any repetition and reduce any further risk. This showed us that learning from such incidents took place and appropriate changes were made. The registered manager kept relevant agencies informed of incidents and significant events as they occurred. Staff received appropriate training and information on how to ensure people were safe and protected. For example staff had completed health and safety training.

People's medicines were managed safely. There were safe medicines procedures in place and medicines administration records (MAR) had been fully signed and updated. Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff were appropriately trained and confirmed they understood the importance of the safe administration and management of medicines. Staff were knowledgeable with regards to people's individual needs related to medicines. We observed the delivery of a month's supply of medicines. Two staff members checked and signed all medicines delivered to ensure they were correct and sufficient number had been supplied.

Safe recruitment practices were in place and records showed appropriate checks had been undertaken before staff began work. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service. For example, disclosure and barring service checks had been made to help ensure staff were safe to work with vulnerable adults.

People were kept safe by a clean environment. All areas we visited were clean and hygienic. Protective clothing such as gloves and aprons were readily available to reduce the risk

Good

Is the service safe?

of cross infection. Staff had completed infection control training and were able to explain any action they needed to take to protect people in the event of an infection control outbreak.

Good

Is the service effective?

Our findings

People felt supported by knowledgeable, skilled staff who effectively met their needs. Staff confirmed they received appropriate training to support people in the service.

Staff completed an induction programme that included shadowing experienced staff and staff confirmed they did not work with individuals until they understood people's needs. Training records showed staff had completed appropriate training to effectively meet the needs of people, for example epilepsy training. Discussions with staff showed they had the right skills and knowledge to meet people's individual needs. Ongoing training was planned to support staffs continued learning and was updated when required, for example training booked included medication training. Staff said; "I get the training and support I need to improve myself." However the staff training recorded was not all updated to show recent competed training courses. The senior staff said they would ensure this was completed.

Staff received supervision with either the registered manager or senior staff. Team meetings were held to provide the staff the opportunity to highlight areas where support was needed and encourage ideas on how the service could improve. Staff members confirmed they had opportunities to discuss any issues during their one to one supervision, appraisals and at staff meetings and records showed staff discussed topics including further training needs.

The registered manager and staff understood the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and how to apply these in practice. 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. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty and there is no other way to help ensure that people are safe.

The registered manager confirmed they continually reviewed individuals to determine if a DoLS application was required. The registered manager informed us people had been subject to a DoLS authorisation and people were restricted from leaving the service alone to keep them safe. Each authorisation recorded the people involved in the decision making. Staff were aware of people's legal status and when to involve others who had the legal responsibility to make decisions on people's behalf. Staff said when it came to more complex decisions such as people leaving the premises without staff supporting them; they understood a professional body would need to be consulted. One person discussed the restriction they had in place about going out alone. They said they had been given the opportunity to attend meetings and have their say.

Records showed a best interest meeting had been arranged to discuss a health concern and plan if a medical procedure was in the person's best interest. This helped to ensure actions were carried out in line with legislation and in the person's best interests.

Staff sought people's consent before providing care. For example staff said they encouraged everyday choices if possible, such as what people wanted to wear or eat and they were aware when to support people who lacked capacity to make every day decisions. For example we observed staff asking a person if they'd like to have a bath.

People made choices on what they wanted to eat and drink. People were encouraged in preparing their own snacks and drinks. People who required it had their weight monitored and how much food and fluid they ate and drank were recorded when needed. Staff were familiar with the nutritional requirements of people.

We observed people having a leisurely meal with one person being supported by staff when required and nobody appeared rushed. We noticed staff helping people to eat. Staff gave people time, made eye contact and spoke encouraging words to keep them engaged. We observed staff offering people a choice of drinks when they asked and their preferences were respected.

People had access to local healthcare services and specialists including speech and language therapists. When people's needs changed, the staff made referrals to relevant health services for support. We saw an application to an occupational therapist for one person who the staff felt may need additional support. This helped to ensure people's health was effectively managed. Care records held information on people's physical health and detailed

Good

Is the service effective?

people's past and current health needs as well as details of health services currently being provided. Health plans helped to ensure people did not miss appointments and recorded outcomes of regular health check-ups.

Good

Is the service caring?

Our findings

People who lived in Southview were supported and cared for by kind and caring staff. We observed the atmosphere in the home to be warm and welcoming. The interactions between people and staff were very positive. People who were able to, told us they were well cared for and spoke well of the staff and the care they received.

People were involved as much as they were able to with the care they received. Staff were observed treating people with kindness and compassion. Staff told people what they were going to do before they provided any support and ensured they were happy and comfortable with the support being offered. For example, one person was asked if they required assistance with a personal care task.

We observed staff providing care and support to one person. The staff member told them what they were doing at every stage and ensured the person concerned understood and felt cared for. People, when asked if the staff were kind, said "yes" and smiled to indicate they were happy.

People were supported by staff who had the knowledgeable to care for them. Staff understood how to meet people's individual needs and knew about people's choices to promote independence. Staff knew people's particular ways of communicating and supported us when talking with people. This showed us the staff knew people well.

People's well-being in relation to their well-being was clearly documented. Care records held hospital passports detailing people's past and current health needs as well as details of health services currently being provided. Hospital passports helped to ensure people did not miss appointments and recorded outcomes of regular health check-ups.

Staff knew the people they cared for well and some staff had worked at the home for over 10 years. The staff were able to tell us about individuals' likes and dislikes, which matched what people had recorded in care records. Staff knew who liked to wake early and how people liked their tea or coffee. People were supported people to maintain these choices.

People's behavioural needs were clearly understood by the staff team and met in a positive way. For example, one person who could become anxious was provided with additional support when needed to help them.

Some people were not able to express their views verbally. Other people were supported to express their views and be actively involved in making decisions about their care and support. People had access to individual support and advocacy services, for example Independent Mental Capacity Assessors (IMCA) and advocate services. This helped ensure the views and needs of the person concerned were documented and taken into account when care or treatment was planned. People were encouraged to be independent. One staff member said; "We try to encourage people's independence as much as possible."

People's privacy and dignity were maintained. Staff understood what privacy and dignity meant in relation to supporting people. For example, people liked to spend time on their own and this was respected. One staff said, "When people want personal time in their own rooms we respect this." We observed the staff respecting people's privacy by knocking on entry doors to people's private space.

Respecting people's dignity, choice and privacy was part of the home's philosophy of care. People were dressed to their liking and the staff told us they always made sure people made a special effort to look smart if they were going out. Staff spoke to people respectfully and in ways they would like to be spoken to.

Staff showed concern for people's wellbeing. For example one person who required encouraging to eat more was offered additional snacks to help maintain their body weight. Staff were attentive and responded quickly to people's needs, for example people who became upset received prompt support from staff.

Good

Is the service responsive?

Our findings

People had care plans which contained information about each person's needs and how they chose and preferred to be supported. People had guidelines in place to help ensure their individual care needs were met in a way they wanted and needed.

People were encouraged to express their views and be actively involved in making decisions about the care and support they received. Care plans were personalised and reflected people's wishes. For example, care plans held information how best to support people if they became upset. People had a "My Life, My Plan" which included information on what activities people enjoyed. Staff got to know people through reading their care plans, working alongside experienced staff members and through the person themselves. Staff knew what was important to the people they supported such as their personal care needs and about people that mattered to them. This helped ensure the views and needs of the person concerned were documented and taken into account when care was planned.

People were involved in their care planning as much as possible. Records recorded people's behavioural needs and how staff were to respond to people if they became challenging. People had clear guidelines in place to support staff in managing people's needs. For example there were guidelines for many areas of people's lives including holidays and activities. Staff said plans had been put together over a period of time by the staff who worked with the person who knew them best. Regular reviews were carried out to ensure staff had updated information on people.

People joined in activities that were individual to their needs. People's social history was recorded. This provided staff with guidance as to what people liked and what interested them. People were making plans for a holiday and trip into the local town during our visits. Staff told us of activities people attended, for example the cinema. One person told us of the planned trip out on the day of our visit.

People with limited communication were supported to make choices. One person was shown a selection of food to choose from. This person used their hands to make their choice. Staff knew how people communicated and encouraged choice when possible.

Observation of staff's interactions with people showed they understood people's communication needs and we observed staff communicating with people in a way they understood. Records included information about how people communicated and what they liked and did not like. Staff knew what signs to look for when people were becoming upset or agitated and responded by following written guidance to support people for example giving people some space.

People were supported to go to local areas and maintain links to ensure they were not socially isolated or restricted due to their individual needs, for example people visited the local shops for everyday items. One person told us of the holiday they recently had overseas.

The complaints procedure was displayed in a picture format so people could understand it. The registered manager confirmed they'd had not received any complaints. One relative had raised a minor concern and the registered manager told us of the action they had taken to resolve this issue straight away. This concern had been responded to promptly and investigated in line with the service's own policy. Appropriate action had been taken and the outcome fed back to the relative via a one to one meeting. The registered manager told us that due to people's limited communication the staff work closely with people and monitor any changes in behaviour. Staff confirmed any concerns they had were communicated to the registered manager and were dealt with and actioned without delay.

Good

Is the service well-led?

Our findings

Southview was well led and managed effectively. The service had clear values including offering choice and maximises independence and community integration. This helped to provide a service that ensured the needs and values of people were respected. These values were incorporated into staff training.

The registered manager, who is also the registered provider, took an active role within the running of the home and had good knowledge of the people and the staff. There were clear lines of responsibility and accountability within the management structure. For example the home had a deputy manager and a newly appointment assistant manager to provide support to staff on a day to day basis. During our inspection we spoke with the registered manager, the deputy manager, the assistant manager and the staff on duty. All demonstrated they knew the details of the care provided to the people which showed they had regular contact with the people who used the service and the staff.

Staff spoke highly of the support they received from the registered manager. Staff told us the registered manager was available and approachable. Staff were able to raise concerns and agreed any concerns raised were dealt with straight away. Staff agreed there was good communication within the team and they worked well together. Staff felt supported. Staff said; […] (the registered manager) is always at the end of the phone."

People were provided with information and were involved in the running of the home. One person told us they see […] (the registered manager) most days and they always "have a chat with me."

Regular staff meetings were held to allow staff to comment on how the service was run. This enabled open and transparent discussions about the service and updated staff on any new issues, and gave them the opportunity to discuss any areas of concern and look at current practice. Meetings were used to support learning and improve the quality of the service. Staff said; "I feel able to contribute and we have open discussions." Another said; "I'm being supported to develop and take on a management role." Shift handovers, supervision and appraisals were seen as an opportunity to look at improvements and current practice. The home had a whistle-blowers policy to protect staff.

People were involved in the day to day running of their home as much as possible. Though residents meetings were not always held, due to people's communication difficulties, the registered manager said they encouraged the staff to talk to and listen and observe if people had concerns.

There was a quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures, for example audits on care plans. The registered manager sought verbal feedback regularly from relatives, friends and health and social care professionals to enhance their service. However the service has very little input currently from social care professionals. The registered manager had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

Systems were in place to ensure reports of incidents, safeguarding concerns and complaints were overseen by the registered manager or the provider. This helped to ensure appropriate action had been taken and learning considered for future practice. We saw incident forms were detailed and encouraged staff to reflect on their practice.