

Mrs Mary Crook

Southernhay Residential Home

Inspection report

Second Drive
Landscape Road
Teignmouth
Devon
TQ14 9JS
Tel: 01626 773578
Website:

Date of inspection visit: 22 October 2015
Date of publication: 19/11/2015

Ratings

Overall rating for this service

Inadequate



Is the service safe?

Requires improvement



Overall summary

Southernhay Residential Home is registered to provide accommodation and care for up to 20 people living with dementia. At the time of the inspection, there were 18 people living at the home.

The home is managed by the registered provider. Therefore, it does not need to have a registered manager. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered provider was available during our inspection visit.

We carried out an unannounced comprehensive inspection of this service on 17 and 22 June 2015. Breaches of legal requirements were found. CQC took

enforcement action because the provider was not meeting the regulation relating to safe care and treatment. We served a warning notice telling the provider they must take action by 24 September 2015.

We undertook this unannounced focused inspection on 22 October 2015 to check that the service had met the legal requirements in relation to the warning notice. This report only covers our findings in relation to the warning notice. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Southernhay Residential Home on our website at www.cqc.org.uk.

The purpose of this current inspection was to check people were receiving safe care. We found that action had been taken to improve safety.

Summary of findings

At the previous inspection we found that people were not always protected against the risks of receiving unsafe care. This was because risks to people's welfare and safety were not always identified and managed. It was not possible to check whether people had received their medicines as prescribed. There were no personal emergency evacuation plans that told staff how to safely assist people in the event of a fire. The premises were not always maintained appropriately.

At this inspection we found risks had been assessed. For example where one person had been assessed as being at risk of falls there was a plan in place which set out the equipment and number of staff required to minimise the risk.

Personal emergency evacuation plans had been written for each person and staff were able to describe how they would assist people in the event of a fire.

People received their medicines as prescribed by their doctor to promote good health. The medicine administration record (MAR) sheets were fully completed.

One person had been prescribed medicine to control their pain with a variable dose. Staff had not recorded how many tablets they had administered each time. We discussed this with the registered provider who told us they would ensure staff knew to do this in future.

We spoke with a visiting relative who told us they felt their relation was safe and had complete trust in the registered provider.

Actions had been taken to address the shortcomings identified at our last inspection. The rating for the safe question has improved from 'inadequate' to 'requires improvement'. We are unable to judge the key question as 'good' because the actions taken to ensure people receive safe care have not been in place long enough to ensure they are applied consistently and over time.

A further comprehensive inspection will take place to inspect all five questions relating to this service. These questions ask if a service is safe, effective, caring, responsive and well-led.

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?

We found that action had been taken to improve safety.

Staff were aware of possible risks to people and knew how to minimise these risks.

People received their medicines as prescribed by their doctor to promote good health.

The premises were safe and smelt fresh throughout.

Requires improvement



Southernhay Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced focused inspection of Southernhay Residential Home on 22 October 2015. We inspected the service to check that improvements had been following our inspection of 17 and 22 June 2015 when we found the provider was not meeting the regulations in relation to safe care. One adult social care inspector carried out this inspection.

Following the inspection in June 2015, we met with the provider on 15 September 2015 to discuss the inspection and our concerns.

Before this inspection, we contacted the Devon County Council quality improvement team. The registered provider had invited them to visit the home and provide support and guidance following their previous inspection. The quality improvement officer told us the registered provider was making progress with the required improvements.

During the inspection, we looked at three people's care plans and associated risk assessments, the safety of the premises, and medicines management. We spoke with the registered provider, two members of staff, and one relative.

Is the service safe?

Our findings

At the previous inspection on 17 and 22 June 2015 we found people were not always protected against the risks of receiving unsafe care. This was because risks to people's welfare and safety were not always identified and managed. It was not possible to check whether people had received their medicines as prescribed because the medicine in stock had not been carried forward from the previous month. There were no personal emergency evacuation plans that told staff how to safely assist people in the event of a fire. The premises were not always maintained to ensure people were safe. At this inspection we found the provider had made improvements.

Assessments had been carried out in relation to people's mobility and their risk of falls. These stated what equipment was required and how many staff were needed to safely assist the person. We saw that staff assisted people in accordance with the assessment to minimise risks to the person.

Where one person had been assessed as being at a high risk of pressure damage to their skin, staff were able to tell us how they minimised this risk. Staff assisted this person to change position regularly, pressure relieving equipment was in place, and the person's feet were elevated to prevent the risk of damage to their heels. We observed this person in the lounge and saw that the correct equipment was in place.

Risk assessments had been carried out in relation to people choking. One person's swallowing had been assessed by the speech and language therapist. Staff told us they knew to supervise this person whilst they were eating. They were able to describe how they reduced the risk of choking by making sure the person had swallowed their food before eating more. Staff had read the risk assessment and knew how to respond if the person did choke.

People received their medicines as prescribed by their doctor to promote good health. The medicine administration record (MAR) sheets were fully completed. We checked the balance of medicines against people's MAR sheets and found these to be correct. Where medicines had been carried forward from the previous month's supply, these had been recorded. One person had been prescribed medicine to control their pain with a variable dose. Staff had not recorded how many tablets they had administered each time. We discussed this with the registered provider who told us they would ensure staff knew to do this in future.

We spoke with a visiting relative who told us they felt their relation was safe and had complete trust in the registered provider.

Emergency plans were in place in the event of a fire. Staff were able to tell us the action they would take if the fire alarm sounded. Personal emergency evacuation plans had been written for each person and staff were able to describe how they would assist people.

The premises were safe and smelt fresh throughout. The gas safety check had been completed. Window openings were restricted to prevent the risk of people falling from height. Wardrobes had been secured to walls where there was a risk they may have fallen onto people. Several carpets which had previously smelt of urine had been replaced with vinyl flooring.

Actions had been taken to address the shortcomings identified at our last inspection. However, we are unable to judge the key question as 'good' because the actions taken to ensure people receive safe care have not been in place long enough to ensure they are applied consistently and over time.