

Burlington Care Limited

Southlands

Inspection report

15 Hobman Lane
Hutton Cranswick
Humberside
YO25 9PE

Tel: 01377270271
Website: www.burlingtoncare.com

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This comprehensive inspection took place on 24 October 2017. The inspection was unannounced. At the last inspection in July 2017 we had found breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014. These were in Regulation 9 Person centred Care; Regulation 11 Need for Consent; Regulation 12 Safe Care and treatment; Regulation 13 Safeguarding service users from abuse and improper treatment; Regulation 17 Good Governance and Regulation 18 Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following that inspection we requested an urgent action plan from the provider which they provided immediately.

At this inspection we found that improvements had been made although there was a continued breach of Regulation 11 of the Health and Social Care Act regulations (Regulated Activities) 2014 because the service was not consistently making decision's in people's best interests.

Southlands is a care home that provides accommodation and personal care for up to 48 older people who have physical disabilities and/or are living with a dementia related condition. It is a detached property set out over two floors. There were 32 people resident at the service when we inspected.

There was no registered manager employed at this service. 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. There was an interim manager in post at the time of our inspection who was in the process of applying for registration.

Risks to people had been identified although the risks relating to specific medical conditions people might have had not always been identified.

Staff recruitment was robust. There were sufficient numbers of staff on duty to meet people's needs effectively.

Servicing and maintenance of the environment had been carried out in a timely manner except for the servicing of one lift.

Most training was completed but the learning from training was not yet embedded and therefore not yet just routine practice for staff.

People were not always supported to have maximum choice and control of their lives and staff had not supported them in the least restrictive way possible; the policies and systems in the service were clear and did not support this practice. Staff had not followed the correct process for making best interest decisions in line with company policy.

People's nutritional needs were met.

Staff were described by people as being caring and we saw positive interactions between people and staff.

Activities took place but were not always meaningful to people living with dementia. Activities at the service were being developed.

The environment was not dementia friendly, particularly outdoors and did not reflect current good practice guidance.

People knew how to make a complaint and we saw that where complaints had been made they were dealt with in line with company policy.

There had been a lack of effective leadership and management at the service which had led to a significant deterioration in the quality of the service at the last inspection. This was now being addressed by the provider.

The quality assurance system was effective.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements had been made and it is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

People were appropriately safeguarded from unsafe care.

There were sufficient staff on duty, both day and night, to safely meet people's needs.

Medicines were managed safely

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff had not always followed the principles of the Mental Capacity Act. They had not implemented a best interest decision in relation to instructions about restraining someone.

The environment did not support people living with dementia in all areas. Further changes were needed to enhance the environment particularly in the gardens.

People's nutritional needs were met.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Feedback from people who used the service and relatives about staff was positive.

Staff were clear about how they would support people's dignity. Feedback from people gave examples of good practice.

We saw positive interactions between people and staff.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Care plans were detailed and had been reviewed and updated

where necessary. Risk management plans had not always been developed to reflect how staff should manage people's medical conditions effectively. Staff practice reflected what was written in the care plans.

Activities were organised by two co-ordinators who worked each day.

Complaints were recorded and analysed in line with company policy.

Is the service well-led?

The service was not always well led.

There was no registered manager at the service which was a condition of the registration for this location. They had started the registration process with CQC.

Staff recognised their roles and responsibilities and felt supported by managers.

There was a newly formed quality team who had carried out quality monitoring of the service to identify where improvements were needed. This was not yet fully embedded into the company practices.

Requires Improvement 

Southlands

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 last inspection on 8, 12 and 13 July 2017 was prompted in part by notification of incidents following which three people using the service died and another sustained a serious injury. These incidents were still the subject of a criminal investigation and as a result this inspection did not examine the circumstances of the incidents. Following the last inspection, we asked the provider to complete an urgent action plan to show what they would do and by when to make improvements which they did within the timescales given. In addition, the provider has supplied CQC with weekly updates to the action plan so that we could review actions taken by the provider to make improvements at the service.

This inspection took place on 24 October 2017. The inspection team consisted of one adult social care inspector, an inspection manager, a bank inspector, a specialist advisor who was a pharmacist and an expert-by-experience with experience of services for older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to this inspection we attended regular meetings with East Riding of Yorkshire Council (ERYC), community mental health team nurses, the police and clinical commissioning group (CCG) nurses to review the progress made at the service. We checked all notifications we had received for the service. Statutory notifications are documents that the registered provider submits to the Commission to inform us of important events that happen in the service. We had not requested a PIR from this provider since the last inspection. 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.

During the inspection we spoke with eight people who used the service and five visitors. In addition, we

spoke with the operations director for Burlington group, the regional nurse support manager, two regional managers, a team leader, two senior care workers and two care workers, the housekeeper and the activities co-ordinators. The company directors, one of whom was the nominated individual, were present during part of the day and for the feedback. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We inspected how medicines were managed, observed a group activity and observed the lunch time period in the dining room. We reviewed six care plans and associated risk assessments. We also reviewed meeting minutes, maintenance and service records, accidents and incidents and audits carried out at the service. We inspected six recruitment records and the training records for these staff. We reviewed a copy of an up to date training matrix for all staff.

Following the inspection we sought updates from ERYC safeguarding and quality teams and received an update from Humberside Fire and rescue service



Our findings

At the last inspection in July 2017 we had identified that people were not safe because staff had not recognised when they needed to alert other professionals about people's safety. Risks to people had not been adequately assessed, risk management plans were not always in place and there were insufficient staff to ensure people's safety, particularly at night. In addition, staff had not been trained in fire safety and the environment was not meeting fire safety standards. People did not receive their medicines as prescribed and people's needs had not always been assessed accurately. This had resulted in breaches of Regulations 12 Safe Care and treatment; 13 Safeguarding people from abuse and improper treatment and 18 Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection in October 2017 we found that improvements had been made.

Between July and October we had received nine safeguarding alerts about Southlands all of which were submitted by themselves. This demonstrated that staff were now recognising when issues needed to be reported and investigated and they were following company procedures to report and manage concerns and allegations of abuse. Appropriate safeguarding policies were in place to ensure the correct management of any allegations of abuse.

In the action plan supplied by the regional manager following the inspection on 30 October 2017 it was identified that less than 80% of staff had been given updates to their training in safeguarding. When we interviewed newly recruited staff they told us they had done some safeguarding adults training as part of their induction and could clearly describe different types of abuse and the actions they would take if they had concerns. However, not all staff were confident in recognising what constituted abuse. Until they could complete updated training the provider had developed a safeguarding folder to provide guidance for staff.

When asked if they felt safe living at the service one person told us, "Yes I certainly feel safe here. I have never had a problem" and another said, "I have no concerns whatsoever about the staff and never have had."

Relative's comments about people's safety varied. One person told us, "I feel that my mum is reasonably safe here" and a second said, "[Relative] is not being abused but there are simple things such as the key worker having no input into care and no continuity which worries us."

When we spoke with the local authority they acknowledged the safety improvements made by staff at the service but had some reservations because those improvements had not been sustained for a long period.

We concluded that people were now being safeguarded by staff and the provider was no longer in breach of Regulation 13 Safeguarding service users from abuse and improper treatment. However, there were still areas requiring further improvements such as all staff being brought up to date with training in safeguarding.

We recommend that the provider follows local policies relating to safeguarding adults to ensure that they raise awareness and standards through the education of their staff.

At the last inspection in July 2017 we had serious concerns about the numbers of staff on duty as we had seen that people's needs were not always met. At this inspection there were sufficient numbers of suitably qualified, competent and skilled staff to meet people's needs. Night staffing had been increased to ensure people's care and safety needs were met. During the day two team leader roles had been developed to ensure staff were supervised and supported. In addition there were two senior care workers employed. That meant there was a team leader and a senior working alongside care workers each day. Staff had been recruited safely.

People told us, "There seems to be enough staff"; "There is enough staff at certain times but it varies" and "There does seem to be more staff around these days." One person did not think there were always enough staff and said, "The girls [care workers] are run off their feet. Even so, they don't take long to come when I ring my bell. I need help with everything."

A community psychiatric nurse had commented in a feedback form that, "I have noticed big improvements with staff. They are more attentive to resident's needs. There are good senior care staff who lead shifts well. There are more staff on duty than several weeks ago."

We spoke to the manager who told us that the provider was continuing to recruit staff. They told us that a more effective support network had been put in place consisting of a director of operations, three regional support managers and quality managers.

Risks to individuals had been reviewed and improvements had been made but risks relating to people's health needs had not always been identified or detailed. Risk management plans had been put in place in a lot of cases but not all. This meant people were sometimes at risk of avoidable harm because staff were not aware of the particular risks associated with those conditions. For example, one person suffered with a progressive eye condition which was noted with information in the care plan but there was no risk assessment identifying the form it took and the risks associated with the particular type such as the risk of sight loss. Risk assessments to identify the risk of skin damage had not been completed at the last inspection but these were now in place for those people who were at risk. Staff had sought assistance from district nurses to manage any skin damage and in some cases referrals to the tissue viability nurse had been made. The consistency in care provided for people had improved which meant that people had better outcomes.

Accidents and incidents recording had improved since the last inspection. Records had not shown sufficient detail and analysis was basic prior to August 2017 but a new process and documentation had been introduced which was more detailed. This included a location map to show where falls had taken place to help to identify the reasons for incidents. There was a clear pathway for staff to follow if someone fell and all incidents were analysed and a summary of findings made each month. This meant the service was learning from accidents and incidents and putting preventative measures in place so incidents were not repeated.

Servicing and maintenance checks of the premises had been completed by contractors and in house staff.

At the last inspection we notified the Humberside Fire and Rescue Service of some concerns we had about fire safety. Since then the fire officers had visited the service twice and confirmed that the provider had purchased an additional ski pad for safe evacuation of all areas and staff had received staff training on the use of the equipment. This meant that people were protected in the event of a fire because the provider had taken all necessary precautions to ensure the environment was safe and was working to ensure all staff had appropriate and up to date fire safety training.

The passenger lift which people were using to get upstairs had last been serviced on 1 November 2016 which was not in line with HSE guidance which says that lifting equipment used to lift people must be checked every six months. At the last inspection we had identified one lift was out of action. This had been decommissioned. There was an emergency plan for the service in place which guided staff about what to do in the event of an unexpected event such as loss of electricity or flooding.

We recommend that the provider research health and safety requirements for care settings.

At the last inspection we had serious concerns about the management of medicines. At this inspection one relative expressed concern that medicines were still not been administered safely saying, "I have seen matters that concern me about medication. I am not convinced that the logs are truthful; I have found pills in drawers and pills in her pockets which leads me to believe that staff do not ensure that medication is taken." We checked this person's room with a member of staff and did not find any loose medicines on the day of the inspection.

We found that overall, people were protected against the risks associated with medicines because the provider had appropriate procedures in place. A comprehensive range of policies and procedures were seen which covered all aspects of medicines management. Staff told us they had seen the policies and we saw records of signatures to demonstrate they had read them. We saw examples of regular medicines management audits carried out by senior staff with a clear action plan which was regularly reviewed and updated.

Controlled drugs (CDs) are medicines that require extra checks and special storage arrangements because of their potential for misuse. We saw these were stored in a controlled drugs cupboard which was of suitable construction and was locked on the day of our visit. Access to them was restricted and the keys held securely. Other medicines were stored securely and access was restricted to authorised staff.

On the day of our inspection we were told that the medicines refrigerator was not working and that medicines requiring refrigeration were being stored in a refrigerator in the kitchen. This had been the case at our last inspection in July 2017. We examined the refrigerator in the kitchen and saw that it contained a plastic box containing several medicines which should be stored between 2 and 8 degrees Celsius. This had not been risk assessed and we could not be sure these medicines were safe to use. We spoke with one of the regional managers about our concerns and later the same day a new fridge was installed and the medicines replaced with new stock.

Everyone who used the service had photographs and allergy details completed on their medicine administration record (MAR); this helps to prevent medicines being given to the wrong person or to a person with an allergy to a particular medicine. We checked records for two people who were prescribed blood thinners and saw there were appropriate systems in place to ensure the right dose was administered.

Some people were prescribed medicines to be taken when required, or 'PRN'. We found there was a lack of supporting information to guide staff how to administer these medicines safely. In addition, staff did not

always record the reasons for giving when required medicines or the outcome after giving them.

Some people were prescribed topical medicines to be applied to the skin, for example creams and ointments. Topical MARs were in place to record the application of these medicines; these had not always been signed by care staff when they had applied creams. Body maps were not in place to guide staff where to apply creams and topical MARs did not always contain this information. We observed medicines being administered and saw that all procedures were carried out correctly. One person who required their medicines at specific times told us, "My medicines always come on time."

We checked communal areas and people's bedrooms and found that they were clean and tidy. A new housekeeper had been employed since our last inspection who supervised a team of domestic staff.

People were protected from the risks of infection because procedures were followed which prevented and controlled the spread of infection. When we arrived at the service we were told that two people had a condition which required them to be temporarily cared for in isolation. Staff were taking precautions such as isolating the people from others and making sure there were supplies of gloves and other protective equipment to prevent cross infection.



Our findings

At the last inspection in July 2017 staff training had been out of date and not consistent and staff were not working within the principles of the Mental Capacity Act (MCA) 2005. This was a breach of Regulations 11 Need for Consent and 18 Staffing of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found the provider was now focused on making sure that everyone's training was brought up to date and that staff were supervised and their work checked to ensure that they knew what they were doing. A recently employed care worker said they had undertaken an induction over one month. They said, "I had three days of induction away from the service and then did some shadowing of more experienced staff for three weeks. I then worked with another member of staff until I was confident." Another staff told us, "The training is good now."

Staff had completed further training since the last inspection but there were still courses to be undertaken over the next month. Induction, fire safety, moving and handling, dementia awareness, safeguarding, health and safety and infection control were considered to be mandatory training for all staff. Provision of this training had "fallen below the organisations expectation of an overall achievement of 95%" according to a draft compliance assessment report we were shown dated 10/11/12/October 2017. However, the level of training completed had improved since the inspection in July.

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 Act 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met

People's plans of care showed the principles of the MCA Code of Practice had been used when assessing their ability to make some decisions. The service also had a policy and procedure on the MCA and DoLS designed to protect people. However, at our inspection in July staff had not fully understood the principles

of the MCA and DoLS and this was still the case. Best interest decisions are made when someone does not have the mental capacity to decide on their care and treatment. Decision making should include family, friends and relevant professionals in order to find the best outcome for a person. The service had followed this process when applying for DOLS but not in all other cases. For example, in one person's care plan it was identified that 'low level restraint could be used'. The approved method was recorded as, "Gently hold hands towards chest" There had been no best interest decision for this person recorded for restraint although the community mental health nurse had some input.

Not all of the staff we spoke with could explain to us what they understood by mental capacity and deprivation of liberty safeguards. One person said, "I have had no training and don't know." This meant that people lacking capacity may not be protected because understanding of the legislation and guidance was not clear for all staff and the guidance had not been followed in all cases.

This was a continued breach of Regulation 11 Need for Consent of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager told us they had applied for a number of DoLS authorisations, and eight had been granted. A further eight applications had not yet been assessed by East Riding of Yorkshire Council. Records confirmed these had been applied for and the decisions had been made in the person's best interests.

Where appropriate, Do Not Attempt Cardio Pulmonary Resuscitation consent forms (DNACPR) were correctly completed with the relevant signatures.

People's nutritional needs had not been fully met at the last inspection. At this inspection we saw that nutritional needs were met. People who used the service gave varied feedback about the food they received. Their comments included, "There is plenty to eat or drink"; "I can have as much as I want"; "The food is really good sometimes, dreadful at other times. I can't drink acid drinks such as juice. I have to ask for water. You would think they would have it available all the time. But they have to go [to the kitchen] and get it"; "The food is lovely I used to have eating problems. I have put on weight since I came here. If I don't like what is offered they do something else for me" and "The food is very, very, good. We have choices." Relatives told us, "With regard to the food I believe it is quite acceptable" and, "I don't think it's (the food) of very good quality; even the coffee is very poor."

We observed people dining at lunchtime. There was plenty of juice, tea and coffee available.

The menu was displayed so that people could choose what they wanted to eat but people living with dementia were not shown the meal options which would have assisted them when making their choices as they would be reminded of the food on offer and may be able to choose which option they preferred. One person had ordered fish but changed their mind. Staff immediately took it away and replaced it with the person's choice of meal.

There were sufficient staff to support people and assist them to eat. Some people's food and fluid intake was monitored to minimise the risk of malnutrition or dehydration. Where people had issues with their weight referrals had been made to the GP or dietician. If people had problems with eating or swallowing their food they referrals had been made to the speech and language therapy team (SALT).

The environment did not support the needs of people living with dementia and did not support good practice at the inspection in July. At this inspection we saw some changes but improvements were still needed to ensure the environment was dementia friendly. A community mental health nurse had given

feedback to the service stating, "Some small changes still need to be made such as changing patterned table cloths." We saw that the tablecloths were patterned. The Alzheimer's society website advises that, "The colours of the food, plate and table should contrast and be plain."

On the first floor of the building people could walk unhindered as corridors were continuous. Where the floor changed levels in places on the first floor this had been identified to prevent this being a trip hazard. There was a colour contrasting handrail and use of contrasting colour to identify important areas such as the toilet. These areas also had written and pictorial signs. This helped people find their way unaided. Bedroom doors and corridor walls were now distinguishable from each other for people with visual or cognitive impairment because contrasting colours had been used.

Disorientation and bewilderment are a common experience for people with dementia. Signs can be very helpful if they are clear, mounted low enough, have words and a picture and contrast with the background. There were some tactile pictures on the walls set low enough for people to be able to look at them. There were some rummage boxes in communal areas but people were not being encouraged to use these. A rummage box is a container filled with familiar items as a means of reminiscence. It helps people with dementia feel secure through access to familiar items and can be used as an activity, as a distraction technique and therapeutically as a reminiscence tool. Memory problems can become more apparent in people living with dementia if they are distracted by noise. We observed the TV was on in one lounge throughout the day and was at a very high volume. We asked a care worker to turn this down as one person commented, "It's on all the time for these (indicating other people in the room)." The other people in the lounge said they were not watching the TV.

At the inspection in July 2017 there was no access for people living with dementia to walk outside when they wished because the premises were not secure and the house is close to a busy main road. Although there was an inner courtyard this was still the case and the beautiful grounds and gardens were only accessible for people living with dementia if accompanied by staff. Gardens and outdoor spaces which have fences or other physical boundaries help people to avoid accidentally leaving safe areas and being exposed to risks. The gardens had not been adapted for people with dementia in line with research evidence which suggests that free-flowing looped designs benefit people living with dementia.

We continue to recommend that the service carries out research on dementia friendly environments and considers ways to implement these principles inside and outside the service.

Since the last inspection every person at the service had been reassessed by a healthcare professional and where it had been found that people needed additional care and support this had been provided. The health conditions of people who currently used the service and which required monitoring were managed in consultation with people's GPs, district nurses or the community mental health team. There was a written staff handover between shifts so that staff were aware of any changes in people's care needs and whether there was any information to share from health care professionals. GP and other health care professionals visits were clearly recorded which meant that communications around people's health were easy to monitor. The community mental health team had worked closely with staff to improve their knowledge and skills in order to make sure that they could provide the care and support people living with dementia required.



Our findings

At the inspection in July 2017 we had seen that the quality of care and support provided to people was task orientated. For instance people in the communal areas had staff chatting to them throughout the day as they passed but there was limited meaningful engagement with people as staff were constantly busy. At this inspection we observed this had improved and staff had time to talk to people. A newly recruited member of staff told us, "We have time to chat to them [people who used the service]" and another more established staff member said, "We take the time people need. If not they would be upset and feel rushed." The staff were able to tell us about people which showed they knew about them and enabled better relationships to be formed.

At the last inspection we saw staff did not always promote people's dignity because they were not thoughtful about the care they provided. At this inspection we saw people were spoken to respectfully and staff were able to describe how they supported people in a dignified manner. For example, they told us they made sure doors were shut and covered people as far as possible when providing personal care. One person told us, "They do maintain my privacy and dignity very much so. There is at least one staff with you."

One person told us, "With regard to my privacy and dignity it was quite poor previously; terrible in fact. Now it's a lot better" and another said, "Staff always care and make sure I'm covered if necessary to maintain my privacy and dignity." A third person told us, "They all treat me with kindness and respect I think they love me." A relative told us, "I believe that the staff do care about mum."

Staff respected people's privacy. When we visited one person in their bedroom staff knocked on the door and waited before entering.

At the last inspection we had seen that people did not receive regular baths which did not support their dignity and well-being. A person's appearance is integral to their self-respect and older people need to receive appropriate levels of support to maintain the standards they are used to. At this inspection one person told us, "I used to have to wait three to four weeks to have a bath. Now it's perfect. I have a bath when I want." We saw that people were bathed more regularly. Although there had been improvements one person did tell us they had found their relative wearing another person's clothes when they visited.

At the last inspection we had seen that staff were not responding in a positive way to people who had behaviours that challenged them. Although people still displayed those behaviours at times, staff were becoming more confident in their approach. Staff responded to people when they asked for assistance.

However, in one case we did see that a person living with dementia was waiting for their food for a longer period than was necessary which caused them to become upset. We observed that this could have been avoided if staff had responded to the person's needs immediately.

We saw that people were confident and at ease around the staff. They were chatting to staff and we heard them sharing stories and laughing together. Feedback from relatives was mixed and we heard from some of them that there had been a loss of trust in the caring relationship with staff since the last inspection. This was gradually developing again.

We observed that staff routines took preference over people's routines and wishes at the last inspection which did not take account of people's diverse needs. At this inspection people told us, "Of course, I have a choice of what I do, when I get up and when I go to bed. I have had no problems" and, "I can get up when I like." We observed that although some routines remained for the effective running of the service staff were now more considerate of what people wanted and took account of their choices.

We saw some positive interactions in the communal areas with staff speaking to people in a kind manner. One member of staff sat chatting to three people in the dining room and another knelt beside a person to find out how they could help them.

Staff did respect people's privacy. When we visited one person in their bedroom staff knocked on the door and waited before entering. They also left unopened post for the person in their bedroom. A relative told us, "As far as I know they draw curtains and close doors (when providing personal care)."

People's confidentiality was respected. At the last inspection we had seen people's confidential information left in public areas. At this inspection we saw people's private information was now stored securely so that unauthorised persons could not access the documents.

We concluded that the service was no longer in breach of Regulation 9 and had made changes in a short time scale but we needed to see these changes were sustained over time.



Our findings

At the inspection in July care planning documentation was not consistent and did not always reflect the care that was being provided to people. At this inspection care plans had been reviewed and further detail added; they now reflected the care that people needed. There was a link between risks to people and planned support which is good practice. We observed that staff practice reflected the care that had been identified in care plans as being needed.

There were some areas for improvement. Where people had specific conditions these had been described but the risks associated with those conditions had not always been clearly identified. For example, one person had a degenerative eye condition which had different types. The risk assessment did not identify the exact type and what risks were associated with that type to ensure that staff recognised any decline in the person's condition.

Care plans did reflect people's needs and clearly showed where referrals to healthcare professionals had been made. For example, one person had some pressure damage to their toe. The district nurse had been made aware and had referred the person to a podiatrist. There were specific instructions for staff to follow and the risk had been reassessed and showed as high risk. This meant that staff were aware of people's needs and were taking action to make sure they received the correct care from the correct people.

Efforts had been made to involve people or their representatives in planning or reviewing their care. One person told us, "I have control over my routines" and another said, "They ask me how I want things doing." A relative told us, "I have been involved in mum's care planning."

Communication care plans were in place which gave staff information they needed. However, the information was not detailed in relation to those people with sensory needs. One person was blind but there were no detailed instructions for staff about how this should be managed. Prior to staff numbers improving the family of this person told us they had started to rely upon another person who used the service as staff had not been available. They told us this had continued even when staff numbers increased and this person had become part of their care team providing support. Although building relationships is positive for the person and this may also give their friend a sense of purpose, providing support for people is a staff role. This was discussed with the provider during feedback. Communication with people living with dementia had improved at this inspection although we did see an example of staff not responding to a person's non-verbal communication resulting in a change of behaviour.

There was a clear plan for staff to follow in the event of anyone falling. There had been no delays in staff seeking treatment. We saw that care plans had been evaluated monthly and were reflective of people's changing needs.

An exercise activity and a church service took place during the afternoon of the inspection. There was a weekly activity board which detailed planned activities. The provider had employed a company to look at activities, develop well-being plans for each person and train activities co-ordinators. This was underway during the inspection allowing us to confirm what was planned. There had been no obvious meaningful activities at the last inspection and the provider was working to ensure that people had support in maintaining their well-being through activities they enjoyed or wished to take part in.

People's feedback about activities was varied but positive on the whole. People told us, "We went to the farm shop it was lovely" ; "Yes, I do take part in some of the activities" ; "I enjoy the activities and I like singing even though I am not a good singer" ; "I do take part in some of the social activities" ; "I don't take part in the activities and social events" and, "About the social stuff. We have loads of people from the village hall coming. We do baking and cook and have craft lessons."

People who used the service knew how to raise concerns or complaints and these had been documented. One person told us, "If I wanted to complain I would mention it to my family" and another said, "I would know how to complain if I had to I will just tell them. I have never had any need to complain." We saw that where there had been complaints the provider had responded with a letter of apology. The themes of the concerns raised were lack of leadership and management resulting in a fall in standards, not knowing who staff were, in particular key workers and lack of an appropriate response to family when a person died. One care worker told us, "When there has been a complaint we discuss at the staff meeting so that we can improve." However one relative told us they had discovered there had been a relatives meeting which they would have liked to attend but they had not been told about it. We saw there was a list of meeting dates on the notice board but for those people who did not visit the service often or who did not see the list there was no other means of knowing about the meetings. This meant that people were not always being given opportunities to share concerns, make suggestions for improvements or build up relationships with managers and staff. We discussed this with the provider who agreed that letters would be sent to relatives or representatives in future when meetings were being held.



Our findings

Southlands is one of 13 services run by Burlington Care Limited. At the last inspection we had some serious concerns about people's health and safety which resulted in a breach of Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection although we found improvements had been made the provider actions identified on the action plan had not been fully completed and improvements made were recent and so not yet embedded into the services practices.

Following concerns prior to and following the last inspection there are separate investigations by Humberside police and East Riding of Yorkshire council underway. These matters not been discussed in this report

There was an interim manager at the service who was in the process of applying for registration. They had been a regional manager for the company and at the time of our inspection they had been at the service for only a few weeks. The provider has told us that they have now recruited a permanent manager who will gradually take over the management of the service under the interim manager's guidance and become registered with CQC.

Since the last inspection the management structure of the company had changed. There was now an operations director employed to oversee care services and three regional managers including a clinical nurse manager who supported the registered managers. In addition, the provider had developed their quality team employing professionals who were experienced in quality assuring services. This ensured that Southlands staff received adequate support in order to improve.

The manager was present for the inspection. There had been numerous changes within the staff team and staff were just beginning to settle into their roles at the service. Since the last inspection there was less use of agency staff as new staff had been recruited.

There had been a lack of effective leadership and management oversight at the service prior to the inspection in July 2017. We could see that this had been addressed and there was now improved oversight of this service. The management team were not well known to people who used the service and their relatives and that was reflected in feedback we received. Communication with and involvement of people and their families would enhance the improvements already made.

Generally staff now felt supported. They were clear about their roles and responsibilities. They had suitably

qualified and experienced senior staff to refer to if they had concerns or questions which gave them more confidence.

There was a quality monitoring system in place that was managed by the quality team who audited services against the five key questions asked by CQC. The compliance assessment we saw for Southlands was still in draft form and so no action plan had been completed but we could see clearly where areas of improvement were needed. The purpose of the audit was to improve the quality of the environment and the care received by people but not enough time has elapsed for the identified actions and further reviews to be carried out.

Overall we concluded that the provider was no longer in breach of Regulation 17 but improvements were still needed in order to make sustained improvements to the service.

Culture reflects the shared values of a service. We observed that the culture at this service was changing and the manager told us that the culture at Southlands was, "Friendly, homely with a warm environment." Staff confirmed this telling us there had been improvements since the last inspection. In addition feedback from people who used services was good overall. There were still some areas identified for improvement but care was now being delivered more consistently and safely.