

Southpark Residential Home Limited

South Park Residential Home

Inspection report

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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 responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The last inspection of this service was carried out on 06 January 2016 when we found the provider in breach of four regulations. This was because the provider had failed to ensure; risk management plans were in place to help staff prevent and/or manage assessed risk; act in accordance with the Mental Capacity Act 2005 (MCA); operate effective governance systems to assess, monitor and improve the quality and safety of the service people received; and, to notify the Care Quality Commission (CQC) without delay about the occurrence of any injury or police incident involving people who lived at the home. We also received negative feedback from people about the lack of opportunities they had to engage in meaningful social, leisure and recreational activities, both within the home and the wider community.

The provider sent us an action plan to say what they would do to meet their legal requirements in relation to the four outstanding breaches described above. We undertook this unannounced focused inspection on 02 August 2016 to check the provider had implemented their action plan and were now meeting legal requirements.

This report only covers our findings in relation to this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'South Park Residential Home' on our website at www.cqc.org.uk.

South Park Residential Home is a care home which provides personal care and support for up to 11 adults. The service specialises in supporting older people living with dementia. There were 11 people living with dementia in the home at the time of our inspection.

The service has not had a registered manager in post since August 2015, although they are required to have one. An interim manager has been in day-to-day charge of South Park Residential Home since April 2016 and they have applied to the Care Quality Commission (CQC) to become the service's registered manager. A registered manager is a person who has registered with the (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

During our focused inspection, we found the provider had followed their action plan and were meeting their legal requirements. However, while improvements had been made we have not revised the services overall rating which remains 'Requires Improvement'. To improve the homes overall rating would require the provider to demonstrate consistent good practice in all aspects of the care they provide over a longer and more sustained period of time.

Risks to people's health, safety and wellbeing had been assessed and staff knew how to minimise and manage these risks in order to keep people safe. Specifically, risk management plans were now in place to help staff prevent or manage behaviours that challenged the service. Staff we spoke with were familiar with these risk management plans and clearly knew how to prevent or deescalate behaviours that challenged.

Staff were aware of who had the capacity to make decisions and supported people in line with the Mental Capacity Act 2005. Where appropriate, staff liaised with people's relatives and professional representatives to ensure they were involved in discussions about people's care needs.

The provider now notified the CQC in a timely way about the occurrence of any incidents and events that affected the health, safety and welfare of people using the service.

There were effective systems in place to assess and monitor the safety and quality of the service people received. The manager took action if any shortfalls or issues with this were identified through routine checks and audits. Where improvements were needed, action was taken promptly.

The views and suggestions of people living in the home, their relatives, professional representatives and staff were routinely sought by the provider and were also used to improve the service they provided.

The positive comments made above notwithstanding about all the improvements we saw had been made; we found staff had not received any formal training on managing behaviours that challenge the service or ensuring older people living with dementia had sufficient opportunities to engage in meaningful activities that reflected their social interests and age. These are key aspects of staff's role and responsibilities. This meant people's needs and wishes may not always be fully met by staff who were not suitably trained to carry out all the duties they were expected to perform.

We have therefore made two recommendations about staff training in relation to managing behaviours that may challenge the service and arranging meaningful and age appropriate social activities for older people living with dementia.

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 appropriate action had been taken by the provider to improve safety.

Risk management plans were in place to help staff prevent or manage behaviours that challenged the service. Staff were familiar with these risk management plans and knew how to prevent or deescalate challenging behaviour.

While we saw improvements had been made we have not changed the rating for this key question. To improve the rating would require the provider to demonstrate consistent good practice in all aspects of the care they provide over a longer and more sustained period of time.

In addition, we found staff had not received any formal training on managing behaviours that challenge the service. This is a key aspect of staffs role, which meant people's needs and wishes may not always be fully met by suitably trained staff.

Requires Improvement ●

Is the service effective?

We found that appropriate action had been taken by the provider to improve the services' effectiveness.

Staff supported people, where possible, to make choices and decisions on a daily basis. When complex decisions had to be made staff involved health and social care professionals to make decisions in people's best interests.

While we saw improvements had been made we have not changed the rating for this key question. To improve the rating would require the provider to demonstrate consistent good practice in relation seeking people's consent and making decisions in people's best interest who do not have capacity over a longer and more sustained period of time.

Requires Improvement ●

Is the service responsive?

We found that appropriate action had been taken by the provider to improve the services' responsiveness.

Requires Improvement ●

The provider had improved the range of meaningful social activities and events people could choose to participate within the home and in the local community. This provided people with stimulation and the opportunity to socialise with other people who lived in the home, staff and local volunteers.

While we saw improvements had been made we have not changed the rating for this key question. To improve the rating would require the provider to demonstrate consistent good practice in relation to providing meaningful activities that reflected people's social interests and age over a more sustained period of time.

In addition, we found the activities coordinator had not received any formal training about how to arrange meaningful social activities for older people living with dementia. This is a key aspect of the activities coordinators role, which meant people's social needs and wishes may not always be fully met.

Is the service well-led?

We found that appropriate action had been taken by the provider to ensure the service was well-led.

The provider ensured they notified the CQC in a timely manner about the occurrence of any incident or event they were legally required too.

The provider regularly monitored the safety and quality of the care, facilities and support people received. On-going audits and feedback from people were used to drive improvement.

While we saw improvements had been made we have not changed the rating for this key question. To improve the rating would require the provider to demonstrate consistent good practice in relation to the submission of notifications and the effective operation of the provider's governance systems over a more sustained period of time.

Requires Improvement 

South Park Residential 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 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.

This unannounced focused inspection was undertaken by a single inspector on 02 August 2016. The inspection was carried out to check all the improvements the provider said they would make to ensure they met their legal requirements had been implemented. We inspected the service against four of the five questions we ask about services: Is the service safe? Is the service effective? Is the service responsive? Is the service well-led?

Before our inspection we reviewed the information we held about the service. This included notifications the provider had sent to us since their last inspection and the action plan we had asked them to send us. The action plan set out how the provider intended to meet the regulations they had breached at their last inspection.

During this inspection we spoke with four people who lived at the home, the owner, the interim manager and three care workers that included the part-time activities coordinator. We also undertook general observations of the care and support provided by staff in the main communal area to help us understand the experience of people who could not talk with us.

Records we looked at included two people's care plans other records that related to the overall management and clinical governance of the service.

Is the service safe?

Our findings

At our last inspection of this service in January 2016 we found the provider was in breach of the regulations. This was because they had failed to ensure risk management plans were in place to enable staff to prevent and/or manage assessed risk. Specifically, the provider had failed to consider the safety and risks that one person might face, after another individual whose behaviour could challenge the service had moved in to share a double occupancy bedroom with them. This meant the people sharing this bedroom had been placed at unnecessary risk of harm or injury because there were no risk assessments in place for staff to follow and help them manage these risks.

At this inspection we found the provider had taken appropriate steps to follow the action plan they had sent us and protect people from avoidable harm. A person who shared a double occupancy bedroom told us, "I don't mind sharing the room. It's alright living here." We saw there were a range of permanent and temporary privacy screens positioned in the bedroom, which staff told us they would always use when providing people who occupied the room with any personal care.

Care plans we looked at clearly identified the risks people who shared a bedroom might face and included detailed risk management plans staff needed to follow in order to prevent or deescalate potentially hazardous situations. For example, we saw positive behaviour support plans had been developed for the two people described above. This meant staff had access to all the information they needed to know about what might trigger an incident that challenged the service and what they could do to prevent or deescalate these incidents from occurring. The manager told us community health and social care professionals from the local challenging behaviour support team had helped the service develop these positive behaviour support plans.

Staff we spoke with were familiar with the risk management plans described above and demonstrated a good understanding of how to mitigate the risk of such incidents happening. For example, one member of staff told us, "The new risk assessments we've got to help us deal with behaviours that challenge are excellent. It's very clear to us now that we need to speak in a much calmer and slower manner so [the service user] could understand what we're saying. If we speak too fast they can't understand us and that's when they get frustrated." Another member of staff showed us easy to read instruction cards written in simple sentences and simple pictorial symbols staff now used to help them communicate more effectively with this individual.

Staff told us they had not received any formal training in preventing or managing behaviour that might challenge the service, which the manager confirmed. We discussed this with the manager and staff during our inspection who all felt they would benefit from receiving additional training in relation to managing challenging behaviour. We recommend the provider finds out more about training for staff, based on current best practice, in relation to the specialist needs of people living with dementia whose behaviour challenges.

Is the service effective?

Our findings

At our last inspection we found the provider had failed to ensure they always acted in accordance with the Mental Capacity Act 2005 (MCA). Specifically, a decision taken by the provider in respect of the care and support two people that lived at the home received who both lacked capacity, was not taken in their best interest. This was contrary to the MCA and the associated code of practice.

The 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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interest and as least restrictive as possible.

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

We found the provider had taken appropriate steps to ensure they acted in accordance with the MCA 2005. Records showed both a best interest and a safeguarding meeting involving all the relevant health and social care professionals who represented the two people mentioned above had been held in the last six months. This was confirmed by the manager. We saw the outcome of these professionals meetings was recorded in the relevant person's care plan. This ensured staff had access to all the information they needed to understand people's ability to consent to the care and support they received. Staff we spoke with demonstrated a good understanding and awareness of people's capacity to consent and to make decisions about their care and support.

Is the service responsive?

Our findings

In January 2016 we received negative feedback from people about the lack of opportunities they had to engage in meaningful leisure and recreational activities that reflected their social interests. Specifically, we saw staff were too busy providing personal care or doing paperwork to engage with people socially. This meant planned activities were undertaken on an ad-hoc basis and for long periods of time people sat sleeping in their chairs in the lounge with little stimulation or engagement from staff.

We found the provider had taken appropriate steps to improve the opportunities people had to participate in social activities that interested them. Several people told us they felt activities in the home had got better recently. One person said, "I'm not particularly interested in joining in the activities they sometimes have here, but I do enjoy reading the newspaper, which the manager buys for me every day." Another person told us, "I sometimes go out for a walk with staff to the shops." During our inspection we saw staff initiate a ball game in the lounge which helped stimulate most people who had been sleeping in their armchairs when we first arrived at the service.

Care plans we looked at reflected people's specific social interests and hobbies people enjoyed. We saw there was a detailed calendar of activities displayed in the lounge to inform people of what had been planned. Group activities were provided in the communal lounge. This included gentle exercise classes, art and craft sessions, playing dominoes, sing a-longs and musical recitals performed by volunteers from a local church group, hairdressing and makeovers provided by a beauty therapist and various day trips organised by staff to local parks, cafes and shops. The owner and the manager both told us a member of staff had been allocated the task of coordinating activities in the home. We spoke with the new activities lead who confirmed they were responsible for providing two hours of social activities three afternoons' a week. Staff duty rosters indicated there was always a minimum of two care workers on duty during the day and the member of staff designed as the part-time activities coordinator was considered supernumerary on the afternoons they implemented the services structured activity programme.

The activities coordinator told us they had not received any formal training in providing age appropriate and meaningful social activities for older people living with dementia. This was confirmed by the manager. We discussed this with the activity coordinator and manager during our inspection who both felt they would benefit from receiving training in relation to coordinating social activities for people living with dementia. We recommend the provider finds out more about training for staff, based on current best practice, in relation to the specialist social and stimulations needs of older people living with dementia.

Is the service well-led?

Our findings

The service does not have a registered manager in post, although they are legally required to have one. An interim manager has been in day-to-day charge of the home since April 2016 who had submitted their application to the CQC for us to consider registering them as the service's registered manager.

We inspected the service in January 2016 and identified the provider was in breach of two regulations. Specifically, we found the provider had failed to notify us about the occurrence of an injury and a police incident involving two people who lived at the home. This meant the CQC did not always have enough up to date and accurate information about these incidents or events so that where needed, we could take follow-up action to assure ourselves the provider had responded appropriately to them.

Since the last inspection the provider had taken appropriate steps to notify us about any incidents they were legally required to. Records of incidents and accidents involving people living at the home which had occurred in 2016 matched the information we held about the home. For example, we had been notified without delay about the recent death of someone who had lived at the home. It was clear from discussions we had with the manager that they understood when and how to submit notifications to us.

Although at our last inspection of this service we saw the provider had a range of good governance systems in place to assess, monitor and improve the quality of the service, we found the provider in breach of the regulations because these systems were not always operated effectively. Specifically, these governance systems had failed to identify a number of the issues we found at our last inspection which had not been picked up by the provider around; the management of risk to people, appropriate action being taken in accordance with the MCA 2005 when people lacked capacity to consent, the lack of structured activities to sufficiently engage and stimulate people and failure to notify the CQC without delay about the occurrence of any injury or police incident involving the people who lived at the home.

During this inspection we found the provider had taken appropriate steps to significantly improve the way they assessed, monitored and improved the quality and safety of the service people received. Records showed us the manager had introduced a programme of regular audits which helped them assess and monitor people's care, which included a range of daily, weekly and monthly checks in respect of medicines management, cleanliness and hygiene in the home, the safety and quality of the physical environment, health and safety, staff record keeping and care planning, and staff training. Where audits and monitoring information identified that improvements were required to service delivery we saw that the necessary action was taken promptly. The manager gave us a good example of the action taken by the service to address issues identified as part of a recent medicines audit. The owner told us they visited the service at least once a week and often accompanied the manager on a tour of the building, which the manager confirmed.

There was also evidence that learning from incidents took place and that appropriate changes were implemented. Records showed any accident or incident involving people living at the home had been analysed by the manager, including what had happened and whether or not any trends or areas of risk had emerged. The manager showed us improvement plans they had created to mitigate the risk of these

incidents and events reoccurring. Staff confirmed any changes in people's care needs and incidents that had adversely affected their health and wellbeing were discussed at their monthly team meetings. This ensured all staff was aware about people's current needs, for example, if there had been an increase in incidents where people behaved in a way that challenged the service.

The manager promoted an open and inclusive culture which welcomed and took into account the views and suggestions of people living at the home and their relatives. The provider used satisfaction questionnaires to obtain feedback from people and their relatives. It was clear from the results of the most recent survey conducted by the manager in the last 3 months that people were satisfied with the overall standard of care and support provided at the home.

The manager also showed us a report from an external professional representing the local authority following a visit to the service in June 2016 who stated they were satisfied with the overall standard of care provided at the home. The manager told us they used feedback from community health and adult social care professionals, such as procurement officers representing the local authority, to continually improve the service they provided.