Southside Specialist Dementia Care Ltd

Southside

Inspection report

1653 Stratford Road
Hall Green
Birmingham
B28 9JB
Tel: 0121 744 8811
Website: southsidecare.co.uk

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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?	Requires improvement

Overall summary

This inspection took place on 14 and 16 December 2015. The inspection was unannounced. The last inspection was undertaken 7 October 2013. The provider met the standards they were assessed against in this inspection. Further information of this report can be found on the CQC website

At the time of the inspection, there was not a registered manager in post as required by the conditions of registration. The service last had a registered manager in post in July 2015. 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.

Southside Specialist Dementia Care is a residential home for people with a diagnosis of working age Dementia. There were 11 people residing at Southside when the inspection was undertaken. People had access to communal areas including a lounge, dining room and a large garden if they so wished.

Summary of findings

Staff were knowledgeable about protecting people and keeping them safe.

Staff knowledge demonstrated the provider had identified individual risks to people and put actions in place to reduce the risks.

Staffing levels were based on the individual care needs of the people who lived at the home. We saw there was enough staff to care for people.

Systems were in place to manage people's medicines so that people received their medicines safely by appropriately trained staff.

People who used the service were supported by knowledgeable staff with the relevant training.

The provider had followed the requirements of the Mental Capacity Act (MCA), and had appropriately submitted applications for authority to deprive people of their liberty in people's best interests.

People were supported to have sufficient food and drink to remain healthy. People's individual and specific dietary needs were met.

We observed positive interactions between staff and people during the inspection. Staff worked with people in a friendly way and with care and respect.

Staff promoted people's privacy and dignity and treated people with care and respect.

People were involved in their own care and making decisions as much as possible.

The staff responded quickly to changes in people's care needs.

Care planning reviews regularly took place about people's health needs to make sure staff had met the needs of people.

There was a complaints procedure in place and complaints were addressed quickly.

Relatives were positive about the service people received and spoke positively about the staff.

Most people who used the service were not able to express their views verbally. However, there were systems in place to enable staff to identify people's choices.

There were quality audits in place to ensure that people were kept safe and received a quality service. However not all audits were used effectively to make changes in a timely way.

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?
The service was safe.

Staff were knowledgeable about protecting people and keeping them safe.

Staff knowledge demonstrated the provider had identified individual risks to people and put actions in place to reduce the risks.

Staffing levels were based on the individual care needs of the people who lived at the home. We saw there was enough staff to care for people.

Systems were in place to manage people's medicines so that people received their medicines safely by appropriately trained staff.

Good

Is the service effective?
The service was effective

People who used the service, were supported by knowledgeable staff with the relevant training.

The provider had followed the requirements of the Mental Capacity Act (MCA), and had appropriately submitted applications for authority to deprive people of their liberty in people's best interests.

People were supported to have sufficient food and drink to remain healthy. People's individual and specific dietary needs were met.

Good

Is the service caring?
The service was caring

People were treated with care and respect. We observed positive interactions between staff and people during the inspection.

Staff respected and promoted people's privacy and dignity.

People were involved in their own care and making decisions as much as possible by staff.

Good

Is the service responsive?
The service was responsive

The staff responded quickly to changes in people's care needs.

Care planning reviews regularly took place to make sure staff identified and responded to changes to people's health and care needs.

There was a complaints procedure in place and complaints were addressed quickly.

Good

Summary of findings

Is the service well-led?

The service was not always well-led

The service last had a registered manager in post in July 2015.

There were quality audits in place to review the quality of service received by people. However these were not always effective.

Relatives were positive about the service people who used the service received and spoke positively about the staff.

Most people were not able to express their views verbally. However, the provider had systems in place to identify people's choices.

Requires improvement

Southside

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 inspection took place on 14 and 16 December 2015. The inspection was unannounced. The inspection team consisted of one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience colleague has specialist knowledge of Dementia care services.

We looked at information we held about the service provided at the home. This included statutory notifications. Statutory notifications include important events and occurrences that the provider is required to send us by law.

Most people who used the service were living with advanced dementia and had difficulties communicating verbally. As such, people were not always able to tell us if they were happy with the care they received. Some people were able to communicate verbally. However, they declined to speak with us. We observed how staff supported people throughout the inspection to help us understand people's experience of living at the home.

We spoke with four members of staff, one volunteer, the business manager and the manager. We spoke with two relatives and two friends of people who used the service. We also spoke with one health care professional. We undertook observations of staff interaction with people who use the service during the inspection.

We looked at two records about people's care and three medicine administration records. We looked at records including staff files, staff meeting minutes and surveys completed by relatives of people who used the service. We also looked at quality assurance and maintenance audits kept by the provider.

Good

Is the service safe?

Our findings

A relative told us, "I know my relative is safe". Staff spoken with told us that they had received training in protecting people from abuse. They gave relevant examples of the types of things considered as abuse. Staff were knowledgeable about how to raise any concerns they had within the home and with other organisations. One member of staff told us they had not needed to raise any concerns as they felt people were protected and kept safe. Records we hold showed us that the provider reported concerns and made appropriate referrals to the relevant authority.

Staff knew how to manage risks associated with people's care. The provider had assessed the risk to people and, the staff were knowledgeable about the actions they needed to take, to minimise the risk to people. For example, staff talked to us about the level of support required for people who were looked after in bed, and needed assistance turning in bed to reduce the risk of damage to their skin. We saw one person sat in the lounge with their legs outstretched. This was a potential trip hazard to another person who began pacing. Staff redirected the person who was pacing so that the person avoided the potential trip hazard therefore ensuring both people's safety.

One relative told us, "There are enough staff around to look after our relative". The manager told us they worked out staffing levels based on the individual care needs of the people who lived at the home. We saw there was enough staff to care for people and to provide support or assistance to people that promoted their safety. We observed that people's needs were met in a timely manner and with staff working to the pace of people. For example staff assisted people at meal times at a pace that suited the person. Staff knew the times people wanted their meals and provided support at these times. We saw staff and voluntary staff sitting talking with people in the lounge or in their bedrooms.

We spoke with two members of staff who had been recruited recently. The staff told us about checks undertaken by the provider before they started. The checks included obtaining two references and a Disclosure and Barring Service disclosure (DBS). In this way, the manager was assured that staff had had all the necessary checks undertaken as required by law before working with people. Both staff we spoke with told us they were only able to start working at the home once all the checks were completed.

Systems were in place to manage people's medicines so that people received their medicines safely. The manager and senior care worker told us that only staff that had received training gave medicines to people. We saw one staff giving some people their medication during our visit. We saw that the staff member was considerate and polite to people and gave the medication safely and on time. Staff completed administration records to confirm that people had received their medicines as prescribed.

Staff undertook a daily audit of medications administered at the end of each shift, that is, twice a day. The manager told us that a manager from one of the other homes within the organisation also checked and audited the medication administration records and staff audits on a regular basis. We spoke with one of the staff who administered the medication. They were able to talk to us in detail about the protocols for how people received their regular and as and when, medication.

We saw the accident and incident records kept by the provider and asked the manager how this information was used to manage and reduce accidents and incidents. The manager told us they used the information to look for trends in the accident records and act accordingly. They gave an example where they had noticed an increase in the number of falls that occurred. Therefore, they requested the assistance and advice on the local falls prevention scheme.

Good

Is the service effective?

Our findings

All of the relatives we spoke with told us staff knew how to look after their family member so they remained happy and well. One relative told us about a time when, following discharge from hospital the person was still unwell and needed additional care. The relative told us staff, "Gave such excellent care that in next to no time they were healed". Another relative we spoke with told us, "Staff are experienced and well trained".

One member of staff told us they have received, "Regular on-going classroom and on-line training". Another member of staff was able to give examples of some of the training they had received including manual handling and Dementia Awareness. They told us the training helped them be more confident in doing their job. From our observations, we saw that staff had the skills needed to meet people's needs.

The manager told us they had a stable staff group with some people having worked at the home for a number of years. Because some staff had worked with people for a long time, the staff knew people's needs. The staff we spoke with said they had worked at the home for a short period of time. However, they felt they knew people well because, of the induction programme and the way, other colleagues who had worked at the home longer shared information with them. For example, one staff said, "Colleagues told me about [Person] and that they prefer hot drinks to cold drinks, they relax as soon as they have a hot drink".

Staff said that the induction programme consisted of shadowing the manager and other colleagues and participating in training provided by the provider including the use of specialist equipment. One staff said they found the training useful because, "It's helped me understand people's health conditions better" and that this had helped them deliver more personalised care.

Staff told us they received regular informal supervision from the senior carer or the manager and that they received regular formal supervision every three months but that this was not consistent. However, staff felt this was not an issue because the manager or senior carer were available to provide guidance and assistance. A staff member told us to support they received had helped them to deliver effective care to people.

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 to receive care and treatment 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 saw staff offering people, where possible, choices about their care. Staff respected these decisions. We saw an instance where a person did not want to sit down to eat when staff bought out the lunchtime meal. Staff asked the person if they wanted to eat now or later. The person continued to pace. The staff told us this was an indication from the person that they wanted to eat later. The meal was placed safely to one side. We saw the person sit down a short while later and begin to eat their meal.

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. Records showed that people's liberty was being restricted, however, related assessments and decisions had been appropriately taken.

We saw records, showing that the provider had followed the requirements of the DoLS and had submitted applications to a 'Supervisory Body' for authority to deprive people of their liberty. These applications under the DoLS had been authorised by the supervisory body, and the provider was complying with the conditions applied to the authorisation. The provider had notified CQC at the appropriately of these authorisations of restriction on people.

We saw records indicating that all people who used the service had a Lasting Power of Attorney in place. This meant that a nominated person (usually a relative), had legal authority over the matters and affairs of the person.

People were supported to have sufficient food and drink to remain healthy. One relative said, "They ensure that my relative is well nourished." We saw that people had breakfast at a variety of times depending on when they

Good

Is the service effective?

woke up. Some people had breakfast in their bedrooms; others had it in the dining lounges. One relative told us, "The meals look really appetising" and, "Our relative always eats what is provided".

We observed lunchtime and saw that the meals were well presented, and mealtime was well organised. Staff ensured that people had time to eat their meals at their own pace. People were given food and drinks, depending on their dietary needs and received the support they needed from staff to eat safely. We saw that people were monitored to ensure that they were not gaining or losing too much weight and where there were any concerns people were referred to the appropriate professionals for advice.

Staff told us that health care professionals assessed some people to find out if the people were at risk of eating and drinking too little. We saw that these people received supplement drinks to boost their calorie intake. Staff were able to tell us how much supplement drink people needed. People's individual dietary needs were met through the provision of special diets such as dairy free diets and soft and pureed meals for people who were at risk of choking. All the staff including the volunteer were knowledgeable about people's dietary needs and the impact incorrect diet could have on people's health.

We spoke with one health care professional who said, "Staff will contact us straightaway if they have any concerns about anyone". Friends of one of the people told us they had, "No concerns about our friend's health". Records showed that people were seen by a variety of healthcare professionals. This included GP, specialist health care teams and consultant psychiatrist. People therefore received regular and appropriate healthcare to meet their ongoing physical and mental health needs.

Good

Is the service caring?

Our findings

We observed positive interactions between staff and people during the inspection. Staff worked with people in a respectful, caring and informal way. Staff were friendly and patient with people. The health care professional we spoke to said, that when they visited they always noted staff were interacting with people in a positive and friendly way. All the relatives we spoke with told us that they believed the staff and the manager were kind and caring. A relative commented, "Southside provides the kind of care that our family would give if our relative was living with us at home". Another relative said, "Southside is not just a care home, it's a caring home with dedicated staff".

We saw that staff respected and promoted people's privacy and dignity. We saw that staff ensured that toilet and bathroom doors were closed when they were in use. Staff also closed bedroom doors when providing personal care to people who were bed bound. Staff spoken with gave us examples of how they maintained people's privacy and dignity. One staff said, "I always make sure I knock the door and ask permission before I come in". This same staff said that once they started personal care, "I always make sure the door is closed." We saw that people were dressed in clean clothes and their hair combed, showing that people were supported to look well cared for.

We saw that staff supported people to participate and make choices where possible in their day-to-day life. For instance, we observed that people were able to spend time alone in their bedroom or could choose to sit in a choice of communal areas. We saw staff supported people to make choices about food, drinks and clothing. Staff told us that because they knew people well they were able to know what people wanted from their non-verbal communication. In addition, staff had access to people's 'life story' records. Staff, people and their relatives had completed these records when they first arrived at Southside. These were an account of the person's likes and dislikes, hobbies, past times as well as people, places and memories important to them. The manager told us an example where this information had proved beneficial. Namely, activities that people routinely did continued to be facilitated.

We observed that people did not have many opportunities to undertake any therapeutic group, or one to one activities. We asked the manager about this. They said that because people's cognitive skills had declined the staff had stopped doing structured activities with people. Rather, staff spent time with people in conversation and supporting them with personal care tasks.

Good

Is the service responsive?

Our findings

One relative told us how their relative slowly needed more and more care. The relative said that the manager continuously reviewed and increased the number of hours of care as their relatives' health changed. When we spoke to the manager about this, they told us, they had adjusted the care staff provided as the person's needs changed. These changes were discussed with staff during handover meetings. The result was that the person was able to continue to reside at Southside where they were used to the staff and environment. Relatives said the experience of moving would have resulted in distress for the person.

The health care professional we talked with said that staff have responded quickly to changes in people's skin care needs. They said this has meant that people's health was maintained.

A friend of one of the people who used the service told us, that when they visited, "Staff take us into our friends' room and it is like we are in our friends lounge at home". Relatives spoken with told us that they were able to visit when they wanted and that they were able to take their family member out with them. Staff told us of one relative who always visited and took person who used the service for a walk because that is what the person liked to do. We saw staff engaging with people in one-to-one conversation and activities. One staff told us that a particular resident like to sing and dance and that staff would join in because it made them laugh.

Relatives we spoke with, told us that they were invited to, and attended care planning reviews and medication reviews. We saw records that showed care planning reviews regularly took place. The records contained detailed information about people's health needs and recorded changes in their health, and what staff had done to meet the changing needs.

We also saw records in people's rooms where people were looked after in bed to guide staff in how to provide personalised care. This information was readily available to staff and throughout the inspection we observed staff refer to this to check the individual support needs of people.

Staff we spoke with were able to give us examples of people's specific care needs. For instance, one staff told us about people's specific dietary needs including how people received food and drink. Another member of staff who is able to explain the different ways in which people received their medication and a third member of staff present to explain the different ways in which they needed to deliver personal care to people.

Most of the people who used the service were not able to express their views verbally. We asked the manager how they went about obtaining people's views. They told us that the service sent out an annual survey to relatives. The business manager told us that, the results were used to understand what relatives think the service did well and, what needed improving. They gave an instance where relatives had suggested having ready access to a summary of the survey results by making it available in the reception area of the building. We saw the manager had acted on this suggestion.

The manager also told us that where people were able to share their views staff sought them through individual meetings with people. Where people were not able to say what they liked or disliked, staff met with relatives and friends who shared information. This enabled the provider to structure the service to meet people's needs and choices.

There was a complaints procedure in place and relatives spoken with told us that they spoke with staff or the manager directly if they had any concerns. Relatives told us that complaints were addressed quickly. One relative said, "We raised some minor concerns but they addressed them straightaway and they have not happened since". We saw records of the complaints made which showed the provider had recorded what action they had taken following receipt of any complaint. This included what response they had given to the complainant.

We asked the staff how they knew if people were unhappy with any aspect of the care they received. Staff told us they looked for signs of distress or discomfort as well as other non-verbal communication signs. Staff also used pictorial communication methods to ascertain people's views.

Requires improvement

Is the service well-led?

Our findings

There was not a registered manager in post as required by the conditions of registration. The service last had a registered manager in post in July 2015. A manager had been recruited to the role but had not sent in their application to the CQC.

There were quality audits in place to ensure that people were kept people safe and quality of service received was reviewed. We saw records of audits for medication, skin care and moving and handling equipment. The provider had a system to identify maintenance issues. However, we saw that the systems in place did not ensure that issues were addressed in a timely way therefore these systems were not always effective.

For instance, we saw that where there was renovation taking place the area was not secure which could lead a person or people to harm themselves. In addition, flooring was worn in some of the bedrooms and ripped which was a potential trip hazard that could result in an accident or injury. Further, the audits had not identified that a piece of equipment was in use that was overdue a service by three months.

We saw that, along with systems to monitor the quality of service given to people, the provider obtained the views of relatives on how the provider had performed. All relatives told us they were aware of the questionnaires sent out. We saw records showing the questionnaires were sent out once a year to relatives. We looked at the results from these questionnaires. Although the provider had addressed the one issue raised in the last survey the provider was not able to demonstrate how they used the information from the survey to improve the quality of the service given to people.

Organisations registered with CQC have a legal obligation to tell us about certain events at the service, so that we can take any required follow up action needed. We saw records at the home that the registered manager had appropriately notified the CQC of incidents and occurrences.

We found that that staff understood their responsibilities to report any concerns about people's care or wellbeing and knew how to do this. Staff we spoke with knew about the whistleblowing procedures. Whistleblowing means staff can raise issues of concern about the provider and their identity remains anonymous.

We looked at the team meeting records that showed that the meetings took place infrequently. However, when we spoke with staff, they told us this did not have a negative impact on their work because; the manager provided all information needed during the daily handover meetings. Therefore, staff felt they were being updated on changes quickly, which gave them reassurance that they were up-to-date with what they needed to do both for the organisation and with meeting people's needs.

Staff enjoyed their work and worked well as a team. One staff told us, "People and meeting their needs comes first". Staff spoken with, felt supported and were confident that they could approach the manager and be listened to. One staff said, "I have no problem about going to the manager if I have any concerns." The volunteer we spoke with said that the manager had been supportive, provided encouragement and considerate. We saw that the manager was visible at the home and was involved in supporting people and staff.

Relatives spoken with told us that they were able to speak with staff and the manager with any issues they had. Relatives were positive about the service people who used the service received. One relative said, "As a family we are very pleased with the way our relative is treated". Another relative said, "I can do nothing but commend this home for the dedication from all the people involved in my relatives care".

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.