Caring Homes Healthcare Group Limited

Southlands Place

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Southlands Place is a care home that was first registered in February 2016.

The service was purpose built to accommodate 71 people with a wide range of varying needs: ranging from minimal support, to those who have nursing needs and for those who live with dementia. The accommodation for people is situated over three floors but at present only two floors are being used. The residential and nursing floor is on the ground floor with those who live with dementia on the first floor. There are multiple communal areas situated throughout the home with a cinema room, a hairdressing salon and a self-service café. There are accessible gardens in the centre of the service and large safe baloneys on the upper floors.

There were 36 people in Southlands at the time of our inspection, 15 of whom lived with dementia and 21 who required nursing care and support. Not all of the people living in the service were able to express themselves verbally and communicate with us.

This inspection was carried out on 17 and 20 March 2016 by three inspectors. It was an unannounced inspection. Due to a number of complaints received in respect of staffing concerns the comprehensive inspection was brought forward.

The registered manager is currently on long term leave and had previously made a decision to retire giving six months' notice. The deputy manager was being supported by the area manager until a newly recruited manager comes in to post in April 2017. 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People, relatives and staff told us there were insufficient staff deployed to consistently meet people's needs. We found that the staffing levels had been an issue and this had been discussed at a recent resident and staff meeting. The area manager confirmed that there had been problems but with the recruitment of new staff the problem was in the process of being resolved. We found during the inspection that the staffing levels were sufficient to meet people's needs and keep them safe.

People's individual preferences for meaningful activities were currently not being fully met and this had been acknowledged by the provider and actions were being taken to address this.

Whilst complaints were logged and responded to they were not always responded to in a timely manner. We saw also that whilst complaints were either substantiated or not substantiated there were no actions recorded by the registered manager and therefore the provider could not be assured that appropriate action had been taken or that they had an overview of the investigation.

There was a system of monitoring checks and audits to identify the improvements that needed to be made. There were improvements needed to the completion of the audits to ensure that the provider had an overview of the service provided and be enabled to drive improvement.

People's individual assessments and care plans were reviewed monthly or when their needs changed. There were plans for to involve people at monthly reviews and invite their relatives or legal representatives to participate in reviews that were scheduled. Families told us that they had mixed messages and had not been involved in these reviews as yet. One family had a review however during the inspection which assured us that these were in the process of being arranged. People were promptly referred to health care professionals when needed. Personal records included people's individual plans of care, life history, likes and dislikes and preferred activities. The staff promoted people's independence and encouraged people to do as much as possible for themselves.

Staff knew each person well and understood how to meet their support and communication needs. Staff communicated effectively with people and treated them with kindness and respect. People were able to spend private time in quiet areas when they chose to.

Medicines were stored, administered, recorded and disposed of safely and correctly. Staff were trained in the safe administration of medicines and kept relevant records that were accurate.

Staff had received all essential training and monitored to ensure its completion by all staff within a set time frame. All members of care staff received regular one to one supervision sessions. Staff knew how to recognise signs of abuse and how to raise an alert if they had any concerns. Risk assessments were centred on the needs of the individual. Each risk assessment included clear measures to reduce identified risks and guidance for staff to follow or make sure people were protected from harm. There were thorough recruitment procedures in place which included the checking of references.

The CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Appropriate applications to restrict people's freedom had been submitted and the least restrictive options had been considered. Staff sought and obtained people's consent before they helped them. People's mental capacity was assessed and documented appropriately when necessary about particular decisions; meetings with appropriate parties were held and recorded to make decisions in people's best interest, as per the requirements of the Mental Capacity Act 2005.

The staff provided meals that were in sufficient quantity and met people's needs and choices. People praised the food they received and they enjoyed their meal times. Staff knew about and provided for people's dietary preferences and restrictions.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Whilst staffing levels were suitable on the day of the inspection, it is recommended that the staff deployment and task allocation are monitored closely to ensure that they meet peoples changing needs.

Medicines were stored and administered safely

Staff knew how to refer to the local authority if they had any concerns or any suspicion of abuse taking place.

Risk assessments were centred on individual needs and there were effective measures in place to reduce risks to people.

Safe recruitment procedures were followed in practice.

Is the service effective?

Good

The service was effective

Mental Capacity Act 2005 (MCA) assessments were completed routinely as required and in line with legal requirements.

People were given choice about what they wanted to eat and drink and were supported to stay healthy.

A multi-disciplinary approach to care ensured people had access to health care professionals as needed.

Staff had undertaken essential training and had formal personal development plans, such as one to one supervision.

Is the service caring?

Good

The service was caring.

Staff communicated effectively with people and treated them with utmost kindness, compassion and respect.

Staff promoted people's independence and encouraged them to do as much for themselves as they were able to.

People's privacy and dignity was respected by staff.

Appropriate information about the service was provided to people and visitors.

Is the service responsive?

Good

The service was not always responsive to people's individual needs. The provision of activities were not always reflective of peoples' individual needs and wishes.

Complaints were not always responded to in a timely way or actions recorded when the complaint was upheld.

The delivery of care was in line with people's care plans and risk assessments.

The service sought feedback from people and their representatives about the overall quality of the service.

Is the service well-led?

Requires Improvement

The service was not consistently well-led. Whilst monitoring systems were in place they were not yet embedded and sustained over time, and had not detected the shortfalls that we identified during our inspection.

People and staff were at the heart of the service. Emphasis was placed by the management team on continuous improvement of the service.

There was an open and positive culture which focussed on people.

Southlands Place

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 carried out 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 was carried out on 17 and 20 March 2017 and was unannounced. The inspection team consisted of three inspectors.

The provider had completed a Provider Information Return (PIR) prior to our 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. We considered the PIR and looked at records that were sent to us by the registered manager and the local authority to inform us of significant changes and events.

We looked at eight sets of records which included those related to people's care and medicines. We looked at people's assessments of needs and care plans and observed to check that their care and treatment was delivered consistently with these records. We consulted documentation that related to staff management and six staff recruitment files. We looked at records concerning the monitoring, safety and quality of the service, nutrition and the activities programme. We sampled the services' policies and procedures.

We spoke with 20 people who lived in the service and 7 of their relatives to gather their feedback. Although most people were able to converse with us, others were unable to, or did not wish to communicate. Therefore 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 spoke with the area manager, deputy manager, activities co-ordinator, three registered nurses, eight members of care staff, two members of kitchen staff, one laundry assistant and a person responsible for the maintenance of the premises. We also contacted two health professionals who oversaw people's care in the home. We obtained feedback about their experience of the service.

Good

Is the service safe?

Our findings

People told us they felt safe however all the people we spoke with told us they were dissatisfied with the number of staff that were deployed in the service to meet their needs. They told us, "I do feel safe with the regular care workers, they are friendly and kind, I just wish they had more time for us", "I think the staff are stressed because they have so much work to do but they are ever so caring", "A lot of agency staff," "The staff are really kind when they get to you but often we have to wait a long time before they can come because they are overworked, there is not enough of them." One person told us, "I really want to go out to the gardens but they don't always have enough staff to take me." Two relatives told us, "Often in the evening you cannot see any staff around, all it takes is for the nurse and the care workers to be busy with one or two persons in their bedrooms, the others just have to wait" and, "Lovely staff, just not enough of them especially for looking after people with dementia." We were also told, "My (relative) can use the bathroom if they are reminded but there has been a few problems."

Due to a number of concerns raised by people who lived at Southlands Place the staffing levels had been increased and families had the opportunity to discuss their concerns at the last resident meeting on the 09 March 2017. However we were told that the staffing levels had been a problem over the past four months. The staff worked in two teams, one for each floor. It was confirmed that the dependency tool used for 38 people had identified that one registered nurse and three care staff were required on each floor during the day and either two registered nurses and three care staff or one registered nurse and four care staff at night. In addition to the care team there was a kitchen team, hospitality team, domestics and maintenance staff. However the staff deployment had not been consistent over the past few months. Rotas confirmed that there were times when agency staff had not been available to cover the shortages. This was confirmed by the staff, people and families. A resident and family meeting on the 9 March 2017 had highlighted the staffing issues specifically in the answering of call bells and the area manager had stated that the difficulties/issues regarding 'inconsistent staffing levels' cannot continue and that these were being addressed.

Each morning the nurse checked each person on the floor to see if anyone needed a visit from a GP, and participated in handovers from earlier shifts before starting the 'medicines round'.

We were told that should any concerns or emergencies needed urgent attention from a nurse who was already responding to a person's needs, the nurse from the other floor would come to help. However this would leave a floor unattended by nursing staff. Staff told us, "Since the end of last year there have been staffing problems, especially as people with dementia definitely need more attention and more time for any daily living task, the layout of the floors doesn't help as it is so big and half empty." Our observations and what people, visitors and staff told us, supported this.

We discussed with the area manager the staffing levels. They told us the ratio of staff to the number of people matched the provider's policy but acknowledged that staffing shortages had at times not ensured the staffing levels were consistent. Although people using the service had not experienced a negative impact on their health and welfare, there was not enough staff consistently available to respond promptly when

people needed help, nor respond to a possible emergency to keep people safe. As a result, people's needs were not consistently met. This was acknowledged by the organisation and the management team provided evidence that a recruitment drive was in progress. It is a recommendation that staff deployment and task allocation are monitored closely by the provider to ensure that peoples needs and wishes are consistently met by a suitable number of appropriately qualified staff at all times.

Staff who worked in the service understood the procedures for reporting any concerns. All of the staff we spoke with were clear about their responsibility to report suspected abuse. There was a detailed safeguarding policy in place in the service that reflected local authority guidance. This included information about how to report concerns and staff knew they should report to the local authority or the police if necessary. Staff were aware of the whistleblowing procedure in the service and staff we spoke with expressed confidence that concerns would be raised.

The premises were safe for people because the home, the fittings and equipment were regularly checked and serviced. Safety checks had been carried out throughout the home and these were planned and monitored effectively. These checks were comprehensive, appropriately completed and updated. They addressed the environment, water temperature, Legionella testing, service logs relating to the lift, appliances and fire protection equipment. Equipment that was used by staff to help people move around was checked and serviced annually. Each person's environment had been assessed for possible hazards. People's bedrooms and communal areas were free of clutter. A security system ensured that people remained safe inside the service and people were assisted or accompanied by staff when they needed or wished to leave the building.

There were plans in place that detailed how people would be kept safe in case of an emergency. There was a fire risk assessment of the overall premises. An appropriate business contingency plan addressed possible emergencies such as fire, evacuation, extreme weather and outbreak of disease. People who lived in the service had personal emergency evacuation plans in place. These were available to staff and emergency services in an accessible location and showed the level of support that people required to evacuate the premises. Staff had received fire training and drills were regularly carried out and documented in order to ensure that staff had the skills and training to respond to an emergency. There was appropriate signage about the exits. There were regular checks of the fire warning system, fire doors, emergency exit doors, break glass points and emergency lighting. In case of a medical emergency the organisation had provided suction machines and defibrillators, however whilst new and fit for use they were not easily assessable or ready for immediate use. This was immediately actioned by the registered nurse.

There was an effective system in place to identify and log any repairs needed and action was taken to complete these in a reasonable timescale. Most repairs were completed on the same day as they were reported. The home employed a full time maintenance manager and staff were positive that any issues they reported would be dealt with promptly.

Accidents and incidents were being monitored to identify any areas of concern and any steps that could be taken to prevent accidents from reoccurring. Appropriate logs were completed by care workers, assessments were carried out by the nurses and all relevant information was forwarded to the management who analysed it on the day. The registered manager had carried out monthly audits and compared them to previous audits to identify any possible trends or patterns. These audits were further monitored by the area manager on a monthly basis.

Risk assessments were centred on the needs of the individual. Staff were aware of the risks that related to each person. An assessment for a person who was at risk of falls included consideration of their diet,

clothing, exercise, mobility, hearing, continence, medical condition and mental health. This person had been referred to the GP and falls team and staff were aware of how to help this person move around. Following risk assessments for those at risk of falling out of bed, the beds were lowered and 'crash' mats put in place. Crash mats are used to soften a fall should it occur. These assessments were reviewed during 'monthly evaluations' and updated when necessary. Staff helped people move around safely and people had the equipment and aids they needed within easy reach. If a person needs to be moved with an electrical devise they had their own individual sling that matched their size and requirement. One person's sling was reviewed following an incident and a physiotherapist had been consulted to identify the best sling to be used.

Medicines were managed appropriately within the home in order to ensure that people received their medicines as prescribed. There was a clear medicines policy in place. This included information about how to report and manage any medicines errors that had occurred. Staff were aware that they would need to report errors and how and when to seek additional medical advice when required. Stock levels were managed appropriately and there was a sufficient supply of medicines available. Medicines that were no longer needed were disposed of appropriately and records were maintained to ensure all medicines that came into the home were accounted for.

Medicines administration records (MAR) were completed appropriately. Medicines records included a photograph of the person as well as information about any allergies they may have to particular medicines. Information was included in the MAR sheets concerning the protocol for administering 'as and when' required medicines such as homely remedies. The competence of staff who administered medicines had been checked and staff had been assessed as competent. The assessments included observation of practice. Regular reviews of medicines were completed by the GPs who supported the home. We observed that the morning medicines took up to three hours to give and to complete. We discussed this with the area manager who told us that they were working with the local pharmacist and GP to see if some of the medicines could be administered later in the day. At present the home was half full so this may become a problem when more people come to live at the service.

There was an infection control policy in place that provided clear guidance for staff concerning the steps they should take to protect people from the risk of infection. It had been identified that an infection control lead was needed for the home and the deputy manager had been delegated this task. Audits had been carried out to identify any potential risks and actions that needed to be taken in relation to infection control. It was noted in the home's infection control policy that a spill kit was required to safely manage spills of bodily fluids and these were easily assessable. There was a malodour in one specific room which when reported was immediately actioned and traced to the wet room in the persons' room.

Appropriate checks had been carried out to ensure that staff recruited to work in the service were suitable and of fit character. Checks had been made through the Disclosure and Barring Service (DBS) and staff had not started working at the home until it had been established that they were suitable to work there. Staff members had provided proof of their identity and the right to work and reside in the United Kingdom prior to starting to work at the home. For example, we saw that a staff member had provided their biometric residence permit as evidence of their right to live and work in the United Kingdom. References had been checked before staff were appointed and where possible references had been taken up with the previous employer. Checks were made that nurses employed by the service had current professional registration and systems were in place to allow on-going monitoring.

Good

Is the service effective?

Our findings

People said the staff gave them the care they needed when staffing levels allowed them to do so. People told us, "They are ever so efficient but they have to work fast because they can't stay long", "They are very efficient and they know me well", "I get what I ask for, even if sometimes I have to wait" and, "The food is always nice and tasty." A relative told us, "The staff are definitely very knowledgeable, they understand how to get the best of my relative" and, "When we manage to talk to a nurse or a carer, they are always very receptive and willing to help, even when they are so busy." A health professional who was involved in people's care in the service said, "They ask for advice and support appropriately and appear to know the residents well."

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 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. Appropriate applications to restrict people's freedom had been submitted DoLS for people who needed continuous supervision in their best interest and were unable to come and go as they pleased unaccompanied. The registered manager had considered the least restrictive options for each individual. This included using low beds rather than bed rails.

Staff were trained in the principles of the MCA and the DoLS and were able to tell us about the main principles of the MCA. People's mental capacity had been assessed when they lived with dementia or when they experienced confusion, in regard to their ability to use their call bells for help, for consenting to care and support and for their ability to understand and consent to their care plan. Staff were knowledgeable of how to approach people when they were not able to consent to care interactions. One staff member said, "It's about asking and ensuring it is what they want, never force a situation." Another staff member said, "If someone initially refuses, we withdraw and try again later." Staff sought consent from people before they helped them move around or before they helped them with personal care. A person told us, "The staff are always polite; they check it is OK with me first."

The management team had ensured that all staff attended essential training. At the time of our visit, 85% of the staff had received essential training and the training schedule aimed at 90% by June 2017 which would include all new staff completing training. Staff were reminded by the management team when they needed to renew their training. The training offered to staff included 'living in my world' which was a dementia awareness training. Service specific training was to be introduced which would include diabetes and other health related training. Training related to activities, had been arranged but not yet attended.

Care staff were supported to study and gain qualifications for a diploma at level two or above in health and

social care. The staff we spoke with told us they were supported by the organisation to study and gain qualifications. Care staff and nurses were to be encouraged to study for up to level five diplomas. As yet the senior care role had not been introduced but as staff were recruited this would be put in place. New care staff had a two week induction when they started work. This included shadowing more experienced staff before they could demonstrate their competence and work on their own. There was supporting documentation that showed that competency checks had been carried out, which included checks for nurses in regard to the management of medicine. We were told that induction checklists were in progress and that the 'Care Certificate' was about to be introduced for all new staff. This certificate was launched in April 2015 and is designed for new and existing staff, setting out the learning outcomes, competencies and standard of care that care homes are expected to uphold. Registered nurses provided regular one to one supervision sessions to care workers. One member of staff said, "This does help us, I can discuss how I feel my job is going."

Staff knew how to communicate with each person. Staff were observed bending down so people who were seated could see them at eye level. A communication care plan for a person who had a sensory impairment included guidance for staff about how to communicate effectively with them. The staff followed this guidance and ensured they were heard and understood and escorted the person if they needed to be helped with finding their way around. The staff were observed during lunch assisting people who lived with dementia in an empathetic and kind way. Time was allowed to prompt and encourage people to eat. All staff used positive body language and were smiling when conversing with people. One person told us, "I communicate well with all the staff when they are not rushing around; they are very kind people, although the agency staff are not talking with us much." Staff checked people's hearing aids regularly and ensured their visual aids were in easy reach.

There was an effective system of communication between staff. Staff handed over information about people's care to the staff on the next shift twice a day on each floor. Information about new admissions, accidents and incidents, referrals to healthcare professionals, people's outings and appointments, medicines reviews, people's changes in mood, behaviour and appetite was shared by staff appropriately. Additionally there was a communication sheet on each floor which was used by staff. This system ensured effective continuity of care.

People praised the food they had and told us they were very satisfied with the standards of meals. They told us, "We have a lovely roast twice a week and a different type of fish each week, always delicious" and, "The food is always nice and tasty." A relative told us, "The meals are always well presented so they are appetising." We saw several people had their breakfast late in the morning as they preferred. We observed lunch being served in the dining areas and in people's bedrooms dependent on their wishes. The lunch was freshly cooked, hot, well balanced and in sufficient amount. The chef visited each dining area and assisted with the service. This enabled him to monitor the amounts people required and the quality of the presentation. There were coffee and tea making facilities in all communal areas along with soft drinks should they be preferred. Along with biscuits, cakes and pastries. Visitors were encouraged to help themselves which they enjoyed. Families told us of joining their loved ones for meals and said that the hospitality of the home was "excellent' and 'welcome'.

Menus were changed every four weeks and people were consulted about their preferences. There were two choices of main meal and desserts, and when people changed their mind and wanted an alternative their preference was respected. Alternatives at lunch included options of omelettes, salads, sandwiches, cheese and biscuit and soup. Evening meals included home-made soup and two options of hot dishes.

Kitchen and care staff were pro-active and kept a record of options chosen by each person. They told us,

"That way, if a GP wants to find out what someone has had for health reasons we can look it up." When people's dietary needs changed, nurses ensured the chef was made aware. The chef and kitchen staff were aware of each person's allergies, likes and dislikes, required portion sizes and whether assistance was required. This information was included in each 'person diet list' that was displayed in the kitchen. This system ensured that people's nutritional needs were effectively met.

People were weighed monthly and fluctuations of weight were noted and acted on. For example, if people lost a specified amount of weight within a timeframe, they were weighed weekly, provided with a fortified diet, and were referred to the G.P, dietician or a speech and language therapist when necessary. The area manager kept graphs that monitored people's weight as it then gave the full history and this could be tracked for trends or themes.

People's wellbeing was promoted by regular visits from healthcare professionals. People were registered with local GP surgeries, which visited the service on a weekly basis. A chiropodist visited every six to eight weeks to provide treatment for people who wished it. People were escorted to their optician or dentist appointments when needed and a visiting optician service provided dementia-specific eye tests that are tailored to each individual. People were offered routine vaccination against influenza.

People had been referred to healthcare professionals when necessary. For example, to a GP, tissue viability nurse, and if necessary memory clinic. When people became unwell, information was promptly communicated to staff at handovers so effective follow up was carried out. This ensured that staff responded effectively when people's health needs changed.

There were signage and pictorial aids displayed in the premises for people who lived with dementia. Which included personalised bedroom doors. The registered manager told us that extending signage and colour themes throughout the service were featured in their improvement plan as the service became established. As people came to live at Southlands Place changes in décor and dementia friendly signage would be accommodated to suit their needs and preferences.

All bedrooms were en-suite and there were six sluice rooms in place. There was a dedicated hairdressing salon, cinema room, activity rooms on each floor and variety of communal areas with free internet available and a restaurant area. Corridors were wide which ensured that people in wheelchairs were able to move around more freely independently without obstruction.

The fabric of the building was new and well maintained. People told us 'I love the space and colours." visitors also said the environment was really lovely, comfortable and always clean.

Good

Is the service caring?

Our findings

People told us they were satisfied with how the staff cared for them. They said, "The carers are all lovely" and, "They are a good bunch." One person said, "The care staff are ever so busy but they always manage to smile and give you a quick chat nonetheless." One visitor told us, "Staff are helpful and appear responsive to people." A health professional said "On the whole staff appear friendly and willing to help, staff seem good and care in a compassionate and empathetic way" and "The staff seem helpful and accommodating." A relative told us, "The staff are wonderful." A friend of a person who lived in the service said, "My friend receives good care."

Following a staff meeting in March 2017, staff had expressed the wish to "Spend more quality time with residents" and, "More time with residents at lonely times." However the staff we spoke with told us they were still not able to spend enough time with people who may benefit from more companionship, due to staffing levels. They told us that this had been discussed with people and their visitors recently and hoped that new staff joining would help the situation. One staff member said, "It's more about how we work as a team because staff levels are always difficult to get right, we need to work smarter and free up time." We spent time in the communal areas and observed how people and staff interacted. There was a homely feel to the service and there were frequent friendly and appropriately humorous interactions between staff and people whom staff addressed respectfully by their preferred names. The staff approach was kind and compassionate. They paid attention to how keep people in good spirit. For example, one person was walking in the lounge and went to a staff member for comfort and the staff member's action was appropriate and kind. A person who called for help was provided with reassurance by a care worker who knew them well. They told us afterwards, "They are really very good to me."

People were assisted discreetly with their personal care needs in a way that respected their dignity. A person told us, "The staff are kind, they understand how I feel and they cover me when they help me with a wash." Staff were careful to speak about people respectfully and maintained people's confidentiality by not speaking about people in front of others. People's records were kept securely to maintain confidentiality. The placement however of the staff office on each floor meant that they were not visible to people and visitors and this contributed to people and visitors thoughts that there were no staff around. This was taken forward by the management team for consideration of a more visible area where staff could be visible whilst completing records and other paperwork. The premises included a quiet lounge in each of the floors where people could spend quiet times away from other people or meet with their visitors if they wanted privacy. These had been furnished and decorated to provide a comfortable and serene environment for people. There were also further function rooms on the top which could be utilised if necessary for a big family meeting.

The staff encouraged people to do as much as possible for themselves. Staff checked that people were appropriately dressed and all people were well presented with comfortable clothing and footwear. People washed, dressed and undressed themselves when they were able to do so. People followed their preferred routine, for example some people chose to have a late breakfast, or stay in bed. Staff presented options to people so they could make informed decisions, such as what they liked to eat, to wear or to do, to promote

their independence. A person had wished to shower independently and staff remained discreetly at close range to assist them if they called for help. Another person wished to dress independently. Staff had respected their wish and had tactfully alerted the person when the clothing was not correct. Staff told us of how they placed toothpaste on a person's toothbrush and gave them guidance about how to brush their own teeth. People's relatives were encouraged to take their loved ones out into the community or for a stroll in the garden.

Attention was paid to equality and diversity. People were encouraged to be themselves and staff told us that they assisted people in choosing how they wished to be dressed. People's spiritual needs were met with the provision of a religious service held for people of all faith denominations. If people wished to attend a church this would be arranged.

Clear information about the service and its facilities was provided to people and their relatives. There was a residents' 'handbook' that could be printed in large font to help people with visual impairment and included information about the facilities, the fees, the staff team, social activities and how to lodge a complaint. The complaint procedure was also displayed in the reception area. There was a website about the service and sister services that was informative, well maintained and user-friendly. All staff wore named badges. In each communal area a weekly programme of activities was displayed on an information board, along with a pictorial format to help people understand what was on offer. Menus were also in a pictorial form. People were also shown the dishes to help them make a choice.

People were involved in their day to day care when they were able to and when they wished to be. People's care plans and risk assessments were being reviewed monthly to ensure they remained appropriate to meet people's needs and requirements. There were some care plans that needed updating and this was in the process of being undertaken. There were plans for registered nurses to sit with people and go through their plans of care with them and to invite relatives and/or people's legal representatives to participate in reviews. A person told us, "I am definitely involved with what is going on; I am often asked if everything is to my liking; I told the manager I would get it sorted with the staff if it was not." However one family member had found the review difficult to arrange and this was referred to the area manager to discuss further.

People or their legal representatives were consulted about how they wished the service to manage their care and treatment when they approached the end of their lives. Staff were supported by a local hospice palliative team with whom they worked in collaboration to ensure people remained pain-free and comfortable. Therefore people could be confident that best practice would be maintained for their end of life care.

Good

Is the service responsive?

Our findings

People gave us mixed feedback about how the service was responsive to their needs. Two people told us, "I really want to go out to the gardens but they don't have enough staff to take me" and, "I would like to be taken for a little stroll everyday but I don't like to ask because I know they are busy." A relative told us, "The staff are lovely and yes, they respond well to my relative's needs whenever they can although in the evening it can take a longer time for them to come."

People were complimentary about some of the activities provided but felt more could be provided especially pastoral care for those who remained in their room or lived with dementia. This had been identified at the latest resident and family meeting on the 9 March 2017. Further comments included using volunteers "friends of Southlands and the area manager said this was a good idea to take forward. At present a family member told us that at weekends there is very little for people to participate in and they along with another family member held singing sessions when they visited and ensured it was not just for their loved ones but anyone who wanted to join.

The organisation also said that they acknowledged that activities needed to be improved. An experienced activity person has been over to assist Southlands Place staff in creating more meaningful activities for people. This advice will be continued to be used as the Southlands Place staff gain their experience. Staff had been signed up to an activity training programme to improve their understanding of meaningful activities. Some people felt the garden could be offered more especially for those people who lived with dementia on the first floor. Trips out were not routinely offered and people were only enabled to visit nearby amenities by families but it was confirmed that the purchase of a mini bus had been discussed and was imminent. We also noted that during our inspection that there were people who preferred or needed to stay in their room were provided with little to stimulate and encourage interaction. Activities currently provided did not reflect people's personal wishes and needs, however this was an area that the service were already improving with further training and support.

People were aware of how to make a complaint. The complaint procedure was displayed in evidence in the reception area.

People's needs had been assessed before they moved into the home to check whether the service could accommodate these needs. These assessments included an outline of people's life history and their likes, dislikes and preferences over their care and lifestyle. There were clear accounts of people's needs in relation to their communication, mobility, skin integrity, nutrition, health and medicines. This information was included in an initial care plan that was in place when people moved into the service. Individualised care plans about each aspect of people's care were developed further within six weeks, as staff became more acquainted with people, their particular needs and their choices. One person had displayed behaviours that challenge and more difficulty with moving around than originally assessed. Their care plan had been updated to reflect this and additional risk assessments relevant to these needs had been introduced. One person's family had been invited to participate with the development of their care plan and attention had been paid to their comments.

People were encouraged to personalise their bedrooms as they wished and bring their own articles of furniture to make them feel at home from the beginning of their stay. One person said, "I've got my bits and pieces around me, it's my home now."

Staff carried out a routine review of people's care plans six weeks after they came into the service. They told us that care plans were routinely reviewed and updated by staff every four weeks thereafter. We looked at eight files and found that seven had been appropriately completed and updated monthly to reflect people's needs.

People's likes, dislikes and preferences were taken into account. Staff asked people what they liked, disliked, and noted their preferences about routine, activities and food. The chef told us they did "A table tour of the dining room a couple of times a week" to check whether people enjoyed the food and took note of people's comments to inform their menu. One resident requested liver and bacon and this had been put on the next menu. There were care plans for people's daily routine such as for morning and evening care, lunch and supper. These included details of when a person liked tea at a specific time in the morning, preferred their meal on a small plate, and that they did not wish to be disturbed beyond a specific time at night. People's particular interests were noted, such as what type of books people enjoyed reading, when they liked doing crosswords, reading a particular newspaper or when they liked to walk around the service. One person disliked watching television or listening to the radio. We asked three members of staff to tell us about people's preferences and they were aware of these.

People had an opportunity to give their feedback about the quality of the service. Relatives and residents meetings were at least bi-monthly and people were invited to comment on any aspect of the service including activities and food. These meetings were scheduled late afternoon to enable visitors to attend if they had other commitments. As a result of the last meeting in January 2017, menus had changed and discussion about buying a mini bus taken forward. People and visitors were also updated on the registered manager's absence and imminent retirement. The meeting on the 09 March 2017 updated people again on the registered manager and the appointment of a new manager. Until their arrival people were informed that the area manager would be in the home for four days a week and contactable via telephone.

The first annual survey had been sent out and were at present being collated. These would be shared with everyone once completed.

Requires Improvement

Is the service well-led?

Our findings

People said "Good place, plenty of food and its comfortable, what more could you ask for." Visitors were very happy with the premises and the food. They also said staff were good but not enough of them and they had concerns about the activity provision and the response to call bells.

The registered manager is currently on long term leave and had previously made a decision to retire giving six months' notice. The deputy manager was being supported by the area manager until a newly recruited manager comes in to post in April 2017.

The concerns of family, visitors and of people who lived at Southlands Place about staffing levels whilst discussed at the meeting in March 2017 had been on-going for some months and people told us that they felt that their concerns whilst listened to had not always been taken as seriously as they would like. It was acknowledged by the management team that the staffing levels had been inconsistent and not in line with the arrival of people coming to live in Southlands Place.

Complaints that had been lodged had been addressed as per the service's complaint policy. However there was one that had been missed and due to the fact the registered manager was not available it could not be confirmed as to why it had been missed. The area manager stated the family would be contacted immediately and apologies given. We also found that whilst the complaint log stated when it was substantiated or not substantiated there was no documented action recorded. There was also no reflection of lessons learnt and whether further training was needed to prevent a re-occurrence of the cause of complaint. For example a person complained that a staff member had been rude and there was no action recorded. This was an area that requires improvement.

Regular staff meetings were held and encouraged the staff to be involved with the running of the service. These were usually held the day after the resident and family meetings so as any compliments, concerns and questions could be discussed and minuted. Staff were not all positive about the support they received from senior staff and management team. They reported that they could approach senior staff with concerns about care delivery and that they were confident that they would be supported. However they felt that their views and concerns on staffing levels were not always listened to. One staff member told us, "We have told them that we feel pressured and that we can always do our job as well we want to, can't sit and spend time with people especially those that don't have visitors we do our best and don't compromise our standards but we could do better."

The registered manager had been supported by the area manager who visited the service on a regular basis. Every month the area manager reviewed internal audits carried out by the registered and deputy manager that included accidents and incidents, medicines, reviews of people's care plans and updates of documentation, staff vacancies, maintenance issues and complaints. When action had not yet been completed, this was reviewed at the next visit and completion dates were set up. As discussed during the inspection, these needed to be further developed to see that the completion of audits were done with appropriate actions documented. For example: complaints and the falls audit. The falls audit identified

possible reasons, number of repeated falls and actions taken, but they had not identified times of falls and had not looked at the staffing levels or the staff deployment at times of falls, such as breakfast, lunch or tea where staff may be busy with other tasks.

The issues of staffing levels whilst acknowledged and a recruitment programme put in place had not always been addressed on a day to day basis which had resulted in the poor response to call bells and families being concerned. There was a system in Southlands Place that enables the management team to monitor call bell response but this had not been used despite the concerns being raised. This was actioned during our inspection and the call bell responses audited. This had confirmed that the concerns people had about call bell response in early March 2017 were correct.
The falls audit identified the reason and action taken but had not looked at themes or trends such as time of the falls. This meant that action taken did not look at staff deployment or levels. This may have reduced the repeated falls.

The area manager was open and transparent. They consistently notified the Care Quality Commission of any significant events that affected people or the service. They were fully aware of updates in legislation that affected the service.

The values and philosophy of care at Southlands Place was known by all denominations of staff. They told us of the vision they all held regarding their work, one staff member had many ideas that would enhance the support for people who lived with dementia and was eager to share ideas with the team.

The service's policies were appropriate for the type of service and clearly summarised, to help staff when they needed to refer to them. They were reviewed on an on-going basis, were up to date with legislation and fully accessible to staff for guidance. Records were kept securely and confidentially.