

Mr & Mrs V L Goaman

Southlands Court Residential Home

Inspection report

Bridgerule
Holsworthy
Devon
EX22 7EW

Tel: 01288 381631

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Ratings

Overall rating for this service

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We carried out an unannounced focused inspection on 5 October 2015.

We last inspected the home in June 2015 and found breaches in six of the regulations we looked at. Following that inspection, the provider sent us an action plan. We did not feel it was sufficiently comprehensive and so requested a second action plan, which was more comprehensive. The June 2015 inspection found there were not effective systems to assess, monitor and mitigate risks and records were not always accurate and complete. We gave the provider until 30 September 2015 to ensure those systems were in place so that people's health and safety were better promoted. We undertook this focused inspection to check that they had followed their plan and to confirm that they now met that one legal requirement, as this related to the way the home

was run. The other breaches will be looked at during a subsequent inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for (location's name) on our website at www.cqc.org.uk

Southlands Court provides accommodation and personal care for up to 25 people. Any nursing needs are met through community nursing services. There were 24 people resident at the time of the inspection.

The service has a registered manager. 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.

Summary of findings

The arrangements for staff training were used more effectively. Staff were receiving the training which the registered manager said was required for them to provide safe care, such as moving people safely.

Staff induction was structured and was now started prior to new staff delivering care to people. A structured supervision of their work was planned to ensure new staff's practice would be monitored and they would be supported. This structured supervision was then to be rolled out to include all staff members; this had not yet started. People told us, "On the whole staff know what to do" and "Very good really."

Risks were being assessed and managed. Staff meetings informed staff of where improvement was needed, such as not propping open fire doors and medicine management. The registered manager was undertaking regular audits, such as the safety of the home environment. Maintenance arrangements were improved

and now included work being signed off so it was clear what had been dealt with and what still needed work. On admission risks to people's health and welfare and a plan of how to deliver their care were in place for staff reference. Policies and procedures had been reviewed in July 2015 as a source of staff reference, although the registered manager expressed the opinion they were of no value.

People using the service, their families and health professionals had their opinion of the service surveyed. Where possible the registered manager had made changes in response to their comments. However, recruitment difficulties were negatively affecting what could be achieved, such as more outings. The registered manager was well known to people and their families and available to hear their views and support staff. She was supported by the provider who visits the home most days.

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 well-led?

The service was well led but some improvements were not yet embedded as regular practice at the home.

Safety was better promoted through checks and monitoring so that risks could be identified and managed.

Arrangements for staff support and supervision of their work were more structured.

People's views were sought and acted upon where possible.

There was a strong management presence at the home.

Requires improvement



Southlands Court 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 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 unannounced inspection took place on 5 October 2015. It took place to check whether there were effective systems to assess, monitor and mitigate risks to people

using the service. This was because our inspection in June 2015 found people were not protected through risk management at Southlands Court. The inspection team consisted of one inspector.

During our inspection we received information from three people who used the service and one person's family. We reviewed the records of the last person admitted, and the last staff member recruited, to the service. We spoke to three staff members, the registered manager and registered provider. We looked at quality monitoring records, such as quality monitoring audits, servicing records and survey results. We received information from a learning advisor visiting the home to work with a staff member undertaking an apprenticeship in care work.

Is the service well-led?

Our findings

Our inspection in June 2015 found the registered provider and manager did not have effective arrangements in place to ensure that risk was being managed effectively and promote people's safety. This inspection found the arrangements were more robust but some were not fully embedded.

Our previous inspection found that staff training had lapsed. The registered manager said the same system was in use then as now but had previously "fallen down"; she felt it was now being used more effectively. They confirmed that all health and safety training, such as moving people safely and first aid, were now in date and records confirmed this. Induction training was now starting before the newly recruited staff member worked delivering care. The registered manager said, "We make it quite clear what the expectations are." Arrangements for a more structured supervision of staff were in place for new staff. This was then to be rolled out to include all staff members; this had not yet started.

An independent learning advisor visiting the home said the registered manager was very supportive of a staff member undertaking an apprenticeship in care. They said the staff member was "Very, very good." People told us, "On the whole staff know what to do" and "Very good really."

People described their care as "very good". One said they felt safe, in particular because of the security in place and because the home was rurally located. Another told us, "You can more or less do and have what you want."

The home environment was in a good state of repair and maintenance. The registered manager said the maintenance arrangements were improved because any remedial work was now signed off by the maintenance staff and so it was clear what work had been done and what might still need attention. They showed us the records of how this arrangement was working.

Our previous inspection found that hazards had not always been risk assessed or managed, for example, the risk of Legionella. Following that inspection expert advice had been sought, a risk assessment undertaken, and recommendations were being followed up. Improvement included an on-going, contractual arrangement to ensure safe water management would continue.

Risk was being assessed and mitigated. The registered manager was undertaking regular environmental risk assessments. Where risk had been identified and could be managed this was done. For example, where doors had previously been wedged open, posing a fire risk, staff had been reminded doors must not be propped open. Staff were receiving information through regular staff meetings, which covered subjects including medication management and how to handle soiled laundry safely.

The registered manager reiterated that they were available to support and supervise staff on a day to day basis should a staff member have any questions or concerns. The registered manager said she had complete confidence in staff's knowledge and ability to provide the service she would expect, based on the ethos of the home and staff training. She questioned the value of having policies and procedure as staff reference material. However, policies and procedure had been reviewed in July 2015. An independent learning advisor visiting the home said they always expected their students to know where to access policies for reference.

Our previous inspection found one person had no record of risk assessments or care plan although they had lived at the home for several days. The registered manager said this was now completed prior to admission and showed us the care plan and risk assessments of the person last admitted to the home. These identified the person's needs and how those needs were to be managed.

The registered manager was auditing the service as part of the quality monitoring arrangements. This included medicines management, the home environment and health and safety. They were able to describe the events and follow up from accidents which had occurred at the home but were not auditing the information to provide a systematic overview of accidents and incidents at the home from which lessons might be learnt.

People's views were sought and acted upon through the open door policy and surveying people's opinion. We observed many visitors conversing with the registered manager. One told us, "They're doing all they can for mum. I have no concerns."

Comments from a recent survey had been followed up. For example, one person was worried because staff recruitment was deemed to be difficult and they had complex needs which they feared might not be met. The

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registered manager said she had allayed their fears. Another person asked for more outings. The registered manager described recruitment difficulties and how this adversely affected what the home could offer. The provider said staff recruitment was an on-going issue and they intended to increase staff wages as an incentive. She said, "I want really good staff who need to be rewarded for it." Currently the registered manager had to lead shifts to cover staffing shortfalls, for example, she said she was working a night shift the week of the inspection.

Staff told us they had found the CQC findings from the June 2015 inspection difficult. Following the inspection the registered manager held a meeting which included assuring staff their care and commitment to people using the service was not being challenged. Staff told us there had been changes since the inspection, which included new equipment for moving people safely.