

Mr & Mrs T Lamont

Southwater Residential Home

Inspection report

4 Conway Crescent
Paignton
Devon
TQ4 5LG

Tel: 01803524140

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Southwater is a 'care home' which offers accommodation with care and support to up to seven older people. Nursing care is not provided by the service. This service is provided by community nurses. At the time of the inspection there were six people living at the home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

When we last inspected the service in March 2018 we found eight breaches of the Health and Social Care Act 2008 and associated regulations. The overall rating for the service was 'Inadequate'. It was rated Inadequate in two domains; 'Is it safe?' and 'Is it well led?' It was rated 'Requires Improvement' for 'Is it effective?' and 'Is it responsive?' It was rated Good for 'Is it caring?' The Care Quality Commission (CQC) issued requirements for breaches of the regulations related to consent and the employment of fit and proper persons. We took enforcement action against Southwater regarding breaches of the regulations related to safe care and treatment, staffing and governance. We imposed a condition on the provider's registration, requiring the provider to send a monthly progress report on the areas of greatest concern and risk. The provider also changed their registration to reduce the number of people living at the service from up to 18, to seven. The service was put in 'special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

The provider sent an improvement plan outlining the immediate steps being taken to protect people and improve the service, and continued to send monthly progress reports to CQC which showed ongoing improvements. This comprehensive inspection in November 2018 was carried out to check whether the improvements made had been sustained and the service was now providing safe and effective care to people. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, the service is now out of special measures.

Prior to the inspection in March 2018 Southwater had developed a joint action plan with the local authority under their 'Provider of Concern' process. The majority of the actions in the plan had been completed when it was reviewed in October 2018, and the service continues to be monitored by the community nurse team and local care trust.

At this inspection in November 2018 we found action had been taken to address all areas of concern, but improvements were still needed. Some care plans contained inaccurate information, and were not person centred. People had not been consulted when their care plans were reviewed or their end of life wishes documented. In addition, the systems in place for assessing and monitoring the quality of the service, had not identified these issues, which meant they were not yet fully effective.

When we last inspected in March 2018, the registered manager had needed to take an unplanned leave of absence from the service and there was nobody with the knowledge and training to manage, monitor and carry out the day to day running of the service in their absence. At this inspection we found there was now a management team at Southwater who were able to carry out the day to day running of the service in the registered managers absence. The registered manager and management team acknowledged the areas in which the service needed to develop and improve, and were working with the local authority to make this happen. "One person living at Southwater told us, "I think it's a well-oiled machine...They are a good team."

When we last inspected in March 2018 we found people did not receive safe or effective care because staff did not always have the competence, skills and experience required, or receive the necessary support and training. People were at risk because there were not always trained staff available to administer their medicines. Staff did not understand the legislative frameworks designed to protect people's rights. At this inspection we found staff had detailed knowledge of people's individual risks and the measures necessary to minimise them. Their practice was routinely monitored through supervision and observation. All staff had completed relevant training which meant people were now receiving safe and effective care and their legal rights were protected. People were receiving their medicines safely. Staff documented the support provided on the computerised care planning system, and referred people promptly to external health professionals if required. The community nursing team were available daily for advice and guidance. Risks were further mitigated because the service now only supported people with low level needs.

At the last inspection we found staff were not always available to meet people's needs and keep them safe. At this inspection we found the staff team had stabilised and the rotas were clear and easy to follow. Staff were visible and safely supporting people throughout our inspection. One person told us, "When I ring my bell they come pretty quick. There's always somebody overnight if you need them."

At the last inspection we found people were not always protected from risks posed by the environment. At this inspection we found people now lived in an environment which had been assessed to ensure it was safe.

People had previously been at risk because the service did not routinely ensure prospective staff were suitable to work with vulnerable people before employing them. We found staff were now recruited carefully and appropriate checks had been completed to ensure they were safe to work with vulnerable people. People were protected from abuse because staff understood and knew what action to take if they suspected someone was being abused, mistreated or neglected.

People did not face discrimination or harassment. People's individual equality and diversity was promoted and staff were committed to this. Staff promoted people's independence and treated them with dignity and respect. People were supported to make choices about their day to day lives, for example how they wanted their care to be provided and how they wanted to spend their time. The service ensured people and their advocates where appropriate, were fully consulted and involved in all decisions about their lives and support. At the time of the inspection they had not been consulted about the content of their care plans however, although action was being taken to address this before the end of the inspection.

People had sufficient to eat and drink and received a balanced diet. Care plans guided staff to provide the support they needed. People spoke very positively about the food and choices available. They enjoyed the ambience of the dining room and socialising there with friends.

The service was proactive in identifying and meeting the information and communication needs of people living with dementia and/or experiencing sensory loss.

There was a regular afternoon activities programme at the service. People were supported to participate, but it was their choice to do so. People were also supported to pursue their own hobbies and interests, and maintain links with their families and local community.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The actions we have taken can be found at the back of the full version of the report.

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.

Staff had the skills and experience required to keep people safe.

People received their medicines safely.

There were enough staff to meet people's needs and keep them safe.

People were protected from avoidable harm and abuse.

People lived in an environment which was regularly checked to ensure safety throughout.

Is the service effective?

Good ●

The service was effective.

Staff had the training required to enable them to meet people's needs and keep them safe.

People's legal rights were protected.

People were referred promptly to external healthcare services.

People were supported by staff who knew them well.

People had sufficient to eat and drink and received a balanced diet.

Is the service caring?

Good ●

The service was caring.

Staff, were kind, caring and compassionate.

Staff were committed to promoting people's independence and supporting them to make choices.

People with sensory loss were supported to lead a full life within the home.

The service provided people with the opportunity to express their views and make decisions about their care.

People were supported to maintain on-going relationships with their families.

Is the service responsive?

The service was not always responsive.

Care plans did not always accurately reflect people's needs.

People were not consistently involved in developing and reviewing their care plans.

People's end of life wishes were not consistently documented.

People were able to take part in a range of social activities.

Systems were in place for the management of complaints.

Requires Improvement ●

Is the service well-led?

One aspect of the service was not well led.

Systems to monitor the quality of the service were not fully effective.

Managers and staff were committed and proactive in improving the service for the benefit of the people living there.

The service promoted a culture of openness and transparency.

Requires Improvement ●

Southwater 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 inspection took place on 13 and 14 November 2018 and was unannounced. It was carried out by one adult social care inspector.

Prior to the inspection we reviewed information we held about the service, including notifications, previous inspection reports, safeguarding reports and feedback from Torbay and South Devon NHS Foundation Trust, commissioners and community health professionals. A notification is information about specific events, which the service is required to send us by law.

We looked at a range of records related to the running of the service. These included staff rotas, all staff supervision and training records, six medicine records, meeting records and quality monitoring audits. We also looked at six care records.

We spoke with six people and three relatives to ask their views of the service. We spoke with eight members of staff including the registered manager, finance and compliance officer, office manager, cook, housekeeper and care staff.

We also spoke with commissioners and two health and social care professionals who supported people at Southwater to obtain their views about the service.

Is the service safe?

Our findings

At the inspection in March 2018 there were significant concerns about people's safety. We found people's medicines were not managed or administered safely; risk assessments were not always completed or accurate; staff did not always have the competence, skills and experience to support people safely; people were not always being protected from risks posed by the environment; staff were not always available to meet people's needs and keep them safe and the service did not routinely ensure prospective staff were suitable to work with vulnerable people before employing them. We found three breaches of regulations related to staffing, safe care and treatment and the employment of fit and proper persons. The service was rated 'Inadequate' in this domain.

At this inspection in November 2018 we looked to see whether improvements had been made and found that the service was now safe. People told us they felt safe. Comments included, "I feel very safe. I've got a call bell. The staff are very kind", "It's a very safe house. Everything's all locked up. Staff come quickly when you need them" and, "You feel almost as safe as you do with your own family." This view was shared by a relative who told us, "Yes, I do feel it's safe. I'd like to move in there myself."

At the time of the last inspection people were at risk because there were not always trained staff available to administer their medicines. At this inspection we found improvements had been made and people received their medicines safely. There were now five members of staff trained to administer medicines, with at least one on duty at all times. They were observed monthly to ensure their continued competence. One person chose to self-medicate with support from staff. They told us they were happy with this arrangement and it was working well.

Medicines were kept in a locked cupboard and medicine administration records (MAR), were signed when medicines were administered. There were no drugs requiring additional security on the premises. People with prescribed medicines to be taken 'when required' (PRN), such as paracetamol, had records in place to provide information to guide staff in their appropriate administration. Fridge temperatures were checked daily to ensure medicines were being stored at the correct temperature. Daily audits of the medicines and administration processes were carried out, and annual reviews completed by the pharmacist.

At the last inspection we found people were at risk because staff did not always have the skills and competence to identify and monitor risk, particularly in relation to pressure area care, dehydration and malnutrition and when people's needs increased. At this inspection health professionals continued to express concern about this.

We discussed these issues with the management team who told us they had learnt from the feedback they had received and taken action to keep people safe. Staff had completed relevant training and told us they now felt more confident and competent. One member of staff told us, "I did the pressure area training. I was surprised how easily pressure sores can be caused. I am more alert to the risks and cream all pressure areas as required." The community nurse team visited the service daily, and staff told us they would ask them for advice and guidance if necessary. Since the last inspection people with complex needs had moved to

accommodation where their needs would be better met. Southwater had amended their statement of purpose to state, "Southwater provides accommodation for a maximum of 7 service users with low level needs, who may need to move in the event of deterioration." This meant risks were mitigated because there was nobody at the service assessed as being at significant risk due to skin breakdown, moving and handling, or nutrition and hydration.

At the last inspection we found staff were not confident or competent in using the new computer based care planning system. This meant information about people's risks and care needs was not accurately or consistently documented. At this inspection we found improvements had been made. The office manager told us, "It's now sorted and lessons have been learnt." Staff had completed training and the quality and detail of their recording was checked daily by the management team. They told us, "We have learnt a lot about the importance of recording. It's not enough just to be caring and homely. You need to evidence what you are doing." Any risks associated with people's care had been assessed and were documented on the computerised care planning system. There was clear information about the level of risk and the action required to keep them safe. For example, one person was assessed as being at risk due to their mobility. The risk assessment advised staff to assist them to get into a car by helping them to turn around and sit in the car, then shuffle round and bring their legs into the car one at a time.

At the last inspection we found people were not always protected from risks posed by the environment. At this inspection we found regular environmental health and safety checks had been undertaken, electrical equipment was tested for safety, and legionella and temperature checks were carried out on the water and water outlets. People were protected from risks associated with fire. Measures had been taken to improve fire safety and the home was now compliant with fire regulations. People's needs were considered in the event of an emergency situation, for example their mobility and the number of staff they would need to support them to exit the building safely.

At the last inspection there were not always staff available to meet people's needs and keep them safe. At this inspection we found a clear and effective rota system was now in place, which showed there were sufficient numbers of staff, including a senior, on duty at all times. In addition, the service was recruiting additional waking night and bank staff to cover if required. One person told us, "When I ring my bell they come pretty quick. There's always somebody overnight if you need them." Staff sat down and spent time with people, interacting with them in a calm, unhurried way. People were supported at their own pace. We heard a member of staff reassuring a person as they mobilised saying, "You're safe. You're in good hands with me."

At the last inspection we found people were at risk because the service did not routinely ensure prospective staff were suitable to work with vulnerable people before employing them. At this inspection we found all staff had been checked by the DBS (Disclosure and Barring Service). The DBS checks people's criminal history and their suitability to work with vulnerable people.

During this inspection health professionals queried the effectiveness of infection prevention at the service. We discussed this with the registered manager. They advised that staff had recently completed training in infection control, and we observed that gloves and aprons were readily available and in use throughout the service. Safe laundry systems were in place.

People were protected from abuse because staff understood and knew what action to take if they suspected someone was being abused, mistreated or neglected. They had completed safeguarding training, and there was a safeguarding policy in place. The service had engaged with the local authority safeguarding process as required. Staff told us, "If I had any safeguarding concerns I would report it to the manager and they

would act on it," and "I wouldn't have any qualms about whistleblowing. I would say, I wouldn't stand by."

People did not face discrimination or harassment. People's individual equality and diversity was promoted and staff were committed to this. People had detailed care records in place with clear information about how they wanted to be supported.

Is the service effective?

Our findings

At the last inspection in March 2018 we found people were at risk of receiving a service from staff who were not appropriately trained and supported; The home was not taking appropriate actions to protect people's rights; People were not promptly referred to health care services when required or the recommendations of health care professionals followed. We found three breaches of regulations related to staffing, safe care and treatment and the need for consent. The service was rated Requires Improvement in this domain.

At this inspection in November 2018 we looked to see whether improvements had been made and found that the service was now effective. Staff were competent in their roles and had very good knowledge of the individuals they supported, which meant they could effectively meet their needs. For example, they described how one person sometimes became confused and frightened. They told us, "We give lots of reassurance and are there for them at all times." We observed staff supporting this person to find the toilet, pointing out the picture of the toilet to orientate them and telling them, "Don't worry, I'll wait for you. Let me shut the door." People told us, "Care staff understand the support I need" and, "They know when I'm in pain. They can tell by my face." Relatives commented, "I love the place. They look after [my family member] really well. They are really good with their memory problems" and, "My relative has settled in really well. They really like it. They are well looked after there."

Since the inspection in March 2018 the provider had ensured staff completed training they deemed 'mandatory'. A memo on the staff noticeboard reminded staff that this training must be completed. It included training in pressure area care, manual handling, infection control and fire safety, and was due to be refreshed annually to ensure their skills and knowledge remained up to date. Staff confirmed they had done "masses of training", much of which had been face to face rather than on line. They had not yet completed training in equality, diversity and human rights, however this was arranged in response to feedback given during the inspection.

An induction was in place for new staff which lasted for six weeks. During this period, they completed training, shadowed more experienced members of the staff team and received individual supervision and support from the management team. A booklet was being developed to provide information about the service and its ethos, policies and procedures. Staff were supported and received regular supervision, and team meetings were held. A member of staff told us, "Supervision is useful. The last supervision was excellent."

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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the inspection in March 2018 we found the service was not taking appropriate action to protect people's rights. At this inspection we checked whether the service was now working within the principles of the MCA, whether any restrictions on people's liberty had been

authorised and whether any conditions on such authorisations were being met.

People's legal rights were upheld. Consent to care was sought in line with guidance and legislation. The provider had understood their responsibility in relation to the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). People's care plans recorded that their mental capacity had been assessed when required, and that DoLS applications to the supervisory body had been made when necessary. Staff had received training in respect of the legislative frameworks and had a better understanding. This showed the provider was following the legislation to make sure people's legal rights were protected.

At the inspection in March 2018 we found staff did not always refer people promptly to healthcare services when required. The management team told us they had been 'drumming in' to staff that they needed to be more assertive and confident when requesting a GP visit. They had reinforced the importance of contacting the out of hours service if necessary, or calling the paramedics. As a consequence, people were now being referred promptly to healthcare services when required. This was the case during the inspection when a GP was called to visit a person at the service, and had seen them before the end of the day. People told us they were supported to attend medical appointments or when the doctor visited. One person said, "I invite the carer to come in as well when the doctor is calling."

People were supported to eat a nutritious diet and were encouraged to drink enough to keep them hydrated. There was a machine in the lounge dispensing cool water for people and visitors to help themselves, and regular hot drinks were provided. Staff had a detailed knowledge of people's individual needs and preferences, which were documented in their care plan. Any specific dietary needs were well managed, for example diabetes. Meals were freshly made on the premises and people were offered a choice. One person told us, "The food is not routine. You get a choice. Anything you would like [registered manager] to buy for the table, you've only got to mention it and it's there the next day."

Southwater prided itself on providing a comfortable, homely environment for the people living there. Written feedback from a relative stated, "The registered manager has created an atmosphere and a culture of inclusivity, homeliness and intimacy on a level that I have not experienced in other care homes." People were supported to maintain their independence as far as possible. For example, a member of staff had carried out some research into the most effective signage to direct people living with dementia, and this was in use.

Is the service caring?

Our findings

People continued to be provided with a caring service. The philosophy of the home was described in the 'Statement of Purpose', which said, "At Southwater, we create an environment where our service users are treated with respect, and dignity which is always maintained through their individual care programmes, we encourage and assist individuals to achieve their maximum level of independence in a safe, caring, effective, friendly and well led care home."

People told us they received a caring service. Comments included, "It's wonderful. There isn't anything I don't like. I like the company. The manager is kind and won't run anybody down. You can talk to them as a mother figure" and, "I'm happy here. I don't get lonely." People's birthdays and special occasions were celebrated. One person told us how 14 members of their family had come for their birthday party. They had the use of the dining room for two hours, and there was a cake and cards left on the table for them.

People continued to be supported by staff who were both caring and kind. One person said, "The staff are more like members of my family. They are very kind. You always get the care that you need plus a little bit extra. If you want any shopping, your carer will get it for you." Staff were attentive to people's needs and understood when people needed reassurance or guidance. One person told us how supportive staff had been when their family member died. The staff and registered manager, spent time chatting with people. The conversations were positive and we heard and saw plenty of laughter and smiles. A member of staff told us how they spent time on Sunday afternoons chatting to a person with memory loss. They said, "They like talking about their history and their background."

The Statement of Purpose said, "Southwater is committed to equal opportunities and respecting personal and cultural identity. We do not discriminate any individual either service user or employee connected with Southwater." We observed that people were treated as individuals and staff were proactive in ensuring they felt accepted and valued for who they were. For example, a member of staff told us how much they enjoyed baking cakes for the people living at Southwater, and always made them 'low sugar' so the people living with diabetes could eat the same as everybody else. Individual needs and preferences were identified in 'one to one' sessions with staff, and documented in care plans. Staff spoke to us about how people would be treated and cared for equally regardless of their sexual orientation, culture or religion. They were sensitive and respectful of people's preferences, telling us, "We don't talk about religion. It's their belief and personal choice. If they would like to go to a place of worship we would assist them." There was communion every Sunday in the home for people who wished to attend.

People told us their privacy and dignity was maintained and respected. Staff knocked on doors before entering, and consistently asked people if they would like to be supported. People were able to make choices about how they spent their time, spending time in their rooms, in the lounge or dining room, or going out if they wished. The registered manager told us, "Some go out with their family and don't come back until late. Sometimes they bring takeaway curries in."

Staff involved people in their care, promoting their independence and supporting them to make daily

choices. One person enjoyed the company of the homes cat. They chose to leave their door open so the cat could come in. The person had been told to ring the bell if they wanted the cat removed at any time, and staff would come and remove it. Care plans contained clear guidance which meant people were supported to do as much of their own personal care as they were able. For example, "[Persons name] does voice their choice of bathing method each day. Able to dress themselves but requires help doing up buttons." One person told us, "The girls are ever so gentle. They wash my legs and feet and back. I say all the time, If I can do it myself I will do it. They respect that."

People were supported to maintain ongoing relationships with their friends and families, and could see them in private whenever they wished. During the inspection relatives arrived to have lunch with their family member and were asked if they would like to eat together in the persons room or in the dining room with the other residents. Relatives commented, "Every time I go to visit they are really welcoming "and, "They do keep the relatives informed [about their family members wellbeing]. I've no complaints at all. The staff are brilliant. They all talk and have a little chat."

People and their advocates were supported to express their views and be actively involved in decisions about the service as far as possible. Annual questionnaires were given to relatives asking for their views. Every evening a supper was held in the dining room, which provided an opportunity for people to come together, chat and air any grievances. A member of staff told us, "It brings people together."

Is the service responsive?

Our findings

At the last inspection in March 2018 we found the service failed to maintain an accurate and complete record of the support provided to people. We found a breach of the regulation related to governance. The service was rated Requires Improvement in this area. At this inspection in November 2018 we found that although there had been significant improvements in recording, care plans were still not consistently accurate. For example, one person's care plan identified them as being at high risk of skin breakdown and not being able to give consent to their care, which was not the case. People's end of life wishes had still not been documented, which meant there was a risk they would not be respected at the end of their lives. In addition, people told us they had not seen their care plans, although they were happy with their care. The management team told us care plans were reviewed monthly, however people had not been involved in this process, or had the opportunity to comment on their accuracy.

This is a repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We fed back our concerns about the care plans and reviews. The office manager took immediate action to address them. The computerised care planning system generated the care plans automatically, based on the information in the assessments. On investigation the office manager found that although the assessments had been completed accurately, the care plans created did not always reflect the persons individual needs, and were completely inaccurate on occasion. They contacted the software company and were shown how to edit the care plans to ensure they were person centred and accurate. Following the inspection, they advised they had amended the care plans where required and begun to meet with people individually to review their care plan with them. They would then be given a copy. They had also begun to talk to people and their families about their end of life wishes.

The Accessible Information Standard is a framework put in place making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Although there was a policy about the standard on the computerised planning system, the management team had not been aware of it prior to the inspection, and care plans did not contain detailed person-centred information about people's communication needs. Despite this, the management team and staff gave clear examples of how people were supported with communication. One person had their bank statement in braille, and had also requested the homes' statement of purpose in this format which was being arranged. Talking books were being organised. Information about day to day living at the home was communicated verbally, such as what was on the menu or what activities were planned. The office manager took immediate action to ensure detailed information about people's communication needs was included in care plans.

Although the information in the care plans was not consistently accurate, the management team and staff knew people well, and had detailed knowledge of their likes, dislikes and support needs. One person commented, "I feel comfortable with staff because they know us well." A member of staff described how they supported a person with a visual impairment who, "wants the

independence of walking", although they were nervous when mobilising outside. They told us they helped them down the steps using the handrail and then linked arms.

Where possible, prior to moving into the home, the management team met the person to gain an understanding of their needs and whether they could be met by the service. They felt it was important they completed their own assessment to ensure its accuracy, rather than rely on third party information, for example if the person was being discharged from hospital. They told us they would consult the local authority before accepting anybody whose needs could potentially become more complex. People were invited to visit and spend time at the home if they wished. One prospective new resident was visiting during the inspection, to meet the people living there and make an informed choice about whether they would like to move in.

Information about people's needs was shared at staff handovers at the changes of shift, and documented on the computerised care planning system. This meant staff were aware of any changes and could respond appropriately. Staff were advised to check the handover records if they had been off for a few days to keep themselves up to date. The finance and compliance manager joined the handovers by telephone, so they could be kept informed about any wider issues, for example related to medicines administration, the rotas or training.

The service employed an activities co-ordinator. There was a range of activities in the afternoons as well as the evening supper, where people socialised and played dominoes. Staff told us, "We don't force things on people. We say this is available. What would you like to do?" The activities included Tai Chi, music, bingo, arts and crafts, and people's art works were on display. People were also supported to pursue their individual hobbies and interests, for example making detailed models. One person commented, "Tuesday is my favourite day. We have a quiz. I also read a lot and watch a lot of documentaries."

People and their relatives told us if they had any worries or concerns they could speak to staff. A relative said, "Staff are absolutely brilliant. Any problem I can go to them and they'll sort it." People had a copy of the provider's complaint policy in their rooms and a daily feedback form which they could use to raise any concerns. Care plans provided information about the support people might need to access and use the complaints procedure. There had been one complaint since the last inspection which had been addressed in line with the policy.

Is the service well-led?

Our findings

At the inspection in March 2018 we found Southwater was not a well led service. At this time the registered manager had needed to take a leave of absence from the service and there was nobody with the knowledge and training to manage, monitor and carry out the day to day running of the service in their absence. In addition, the provider did not have effective systems for assessing and monitoring the quality of the service, which was impacting on people's safety. We found a breach of the regulation related to governance and the service was rated Inadequate in this domain.

At this inspection in November 2018 we found improvements had been made. The provider had kept us informed about their progress, sending monthly audits and updates as required by the CQC. However auditing systems had not identified that some care plans contained inaccurate information, were not always person centred or that people had not been consulted when their care plans were reviewed. The management team responded immediately to address all the issues we raised during the inspection, and overall our findings showed that improvements have been made in all aspects of the management of the service. However, systems to monitor the quality of the service are still to be fully established and embedded to demonstrate sustainability.

This is a repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a registered manager in post. 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.

The registered manager and management team were open and transparent. They promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. The management team acknowledged the areas in which the service needed to develop and improve, and were working to make this happen. The registered manager told us it had been a "really steep learning curve" since the last inspection, and, supported by the local authority quality assurance and improvement team, had made several changes to improve the quality and safety of the service. Another member of the management team told us, "We are so open to changing and getting better. The potential is there. It's been a big learning curve but the service has benefited." A relative commented, "It's a brilliant home. I'm so glad we found it."

There was now a management team at Southwater. This meant the registered manager delegated some management tasks to others, who were able to manage, monitor and carry out the day to day running of the service in the registered managers absence. The team consisted of the registered manager, an office manager, two trainee managers and a finance and compliance officer, with responsibility for governance and finances. They visited the home monthly and were in daily contact for the staff handovers. The

remainder of the management team were highly visible on a day to day basis, spending time with the people living there and staff on all shifts.

Following the last inspection, the service had reviewed its admissions criteria, recognising they were unable to safely support people with complex needs. The Statement of Purpose had been revised to make it clear that Southwater now supported up to seven people with low level needs, "who may need to move in the event of a deterioration in their health. "

The staff team had stabilised and there was greater clarity around roles and responsibilities. Care staff were monitored through supervision and observations of their practice, and staff told us they now received the training and support they needed to work safely and effectively. In addition, they were being supported in their professional development, completing national vocational qualifications. This included two members of the management team who were undertaking a qualification in leadership and management to support them in their roles.

Communication across the staff team had improved. The manager had an 'open door 'policy, and people and staff told us they were very accessible. Information was shared at staff handovers at the beginning of each shift. There were regular staff meetings where the progress being made by the service was discussed as well as actions outstanding.

Staff were unanimous in their view that the service had improved. Comments included, "I have no concerns anymore", "Things are a lot better than they were. It's much clearer now. Things have vastly improved" and "I think things have got a lot better. We are definitely moving in the right direction. "One person living at Southwater told us, "I think it's a well-oiled machine...They are a good team."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>17(2)(a) The systems in place for monitoring and improving the quality and safety of the service provided were not fully effective.</p> <p>17(2)(c) The service did not maintain an accurate and complete record of the care and treatment provided to each service user and of decisions taken in relation to this.</p> <p>17(2)(e) The service did not seek feedback from relevant persons in order to evaluate and improve the service they received.</p>