

Holmleigh Care Homes Limited

Southfields Residential Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
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

About the service

Southfields Residential Care is a residential care home providing personal care up to nine people aged 18 and over. There were nine people being supported at the home at the time of the inspection.

The service did not always reflect the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

Parts of the provider's governance systems were not consistently reliable or effective. Systems used to monitor the safety of the home had failed to identify and ensure that people's bathrooms and the home's flooring had been suitably maintained. This meant people were at risk of harm or the spread of infection as parts of the home could not be effectively cleaned. Control measures had not been implemented to reduce the risk to people while the maintenance issues were being addressed.

People were supported with their nutritional needs and medication and were appropriately referred to health care services as required. The management of people's risks were managed well and recorded in their care plans for staff to follow such as the risk and management of people who experience epilepsy or risk of choking.

The audits used to monitor people's care records and health needs were not comprehensively completed to identify gaps in people's care records. For example, the risk management plans for some people who were at risk of pressure ulcers or had specific mouth care requirements needed to be clearer. People's care plans did not always reflect changes in their support requirements after an incident had occurred such as the breakdown of their skin.

The registered manager was not available during the inspection, however we found that the deputy manager had a good understanding of people's needs and the running of the home. The deputy manager took immediate action to address our concerns and implement improvements.

Staff told us they felt supported by the management team and were suitably trained to carry out their role.

People were supported by a stable staff team who knew them well. People and their relatives told us they felt people were cared for by staff who were kind and compassionate. We observed staff engaging with people with kindness, respect and dignity. People's independence and access to the community and engaging in recreational activities was promoted and encouraged.

Staff regularly sought people views through key worker and house meetings. Staff treated people equally and respected their decisions and choices. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service didn't always consistently apply the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people did not fully reflect the principles and values of Registering the Right Support for the following reasons. People could not be assured that the provider had taken all reasonable steps to maintain a safe environment and mitigate risks to people. Effective systems had not been continually used to manage risks to people when concerns had been identified to driving improvements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: The last rating for this service was Good (published 10 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to people's safety and monitoring of the quality of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Southfields Residential Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Southfield Residential Care is a 'care 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was not available during the inspection, however the deputy manager supported us with the inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided and observed how staff interacted with people. We spoke with three members of staff and the deputy manager.

We reviewed a range of records and the premises. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke to two relatives and continued to seek clarification from the provider to validate evidence found. We received feedback from three professionals who regularly visit the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; preventing and controlling infection

- The provider had not adequately maintained parts of the home and this posed a risk to people's safety.
- We found cracks in bathroom tiles, mouldy tile grout, broken seals around the wet room floor, gaps in two people's vinyl flooring and the stair carpet was worn at the base of some of the stair treads. This meant that people's bedroom floors and bathrooms could not be effectively be cleaned and put people at risk of harm and the spread of infection. Some people may be at risk of trips or falls due to the worn and broken flooring.
- An electrical socket in one of the communal bathrooms had been damaged the day before the start of our inspection and had been reported to the provider. An electrician had been contacted to repair the socket however, no interim arrangements had been implemented to manage the risk to people or staff until the repair had been completed. This meant people who used the bathroom were at potential risk as the electrical socket had not been isolated or alternative arrangements put in place.
- At the time of our inspection staff did not have access to all the information they needed to safely support people with their personal risks such as the risk of pressure ulcers or oral care requirements. However, staff were able to describe how they supported people to minimise their risks.
- When people's care had been reviewed following incidents such as the breakdown of people's skin; their care records had not always been changed to reflect their new risk management requirements so that staff would have up to date guidance.
- Staff had not always ensured that all people were supported to maintain healthy lives and have regular access to health care services such as dentist and opticians to assist people in managing or monitoring any potential health risks.

We found no evidence that people had been harmed, however the provider had not taken all reasonable steps to maintain the safety of the premises and mitigate the risks to people. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. Quotes had been obtained to refurbish the bathrooms and flooring of the home. The electrical socket had been fixed and external contractors had been arranged to service all equipment used to support people. The deputy manager was making progress in reviewing people's risk management and health care action plans to ensure people were supported to maintain their health and well-being.

- We saw evidence of current utility and safety certificates which demonstrated that other parts of the home were effectively maintained to reduce the risk of harm to people.
- We found other risks associated with people's care, were assessed and risk management plans directed

staff on how to manage and reduce people's risks. For one person, a risk management plan was in place to direct staff on how to manage and support them if they experienced seizures.

- Records showed that some people had been referred to the Speech and language therapist (SLT) when they had been identified as risk of choking. Food descriptors were recorded for people who required specialised diets to guide staff on the texture of people's meals. The deputy manager sought further guidance from the SLT team to ensure the description of people's dietary requirements was recorded in line with the new food descriptors guidance.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us, "I feel safe living here. I like it." Relatives also felt people were well cared for and safe living at Southfields Residential care.
- There were effective safeguarding systems in place. Staff knew how to identify abuse and were aware of how to report any concerns. The deputy manager was aware of their responsibility to report any incidents to the local authority and CQC if the registered manager was not available.
- Staff had received safeguarding training as part of their induction training and had on-going regular updates. Easy read safeguarding policies were available to people to assist them in raising concerns about their safety.

Staffing and recruitment

- People were supported by an established staff team who knew them well. The staffing levels were determined by the needs of people and where necessary additional staff were made available to cover staff absences or when people required extra support. An on-call system enabled staff to request additional support if required.
- People were protected from staff that may not be fit and safe to support them as safe recruitment practices were being used. The registered manager had interviewed and reviewed recruitment documents of new staff. Risk assessments had been put into place for staff where risks about staff had been identified during the recruitment process.

Using medicines safely

- People received their medicines and topical creams as prescribed as safe medicines management processes were being followed.
- Staff responsible for the management of people's medicines had been trained and their competencies had been assessed.
- Systems were in place to identify dates when people required specific weekly or monthly medicines or health procedures such as changing catheter bags.
- Some people received their medicines covertly in their best interest. The deputy manager was reassessing their mental capacity to manage their medicines and was planning to contact the GP to ensure that people still required their medicines in this method.
- We reviewed people's medicines administration records and found that they had been completed with no gaps. People's medicines care plans provided staff with the information they needed.

Learning lessons when things go wrong

- Accident forms were completed when incidents had occurred and reviewed by the registered manager who had oversight of the service.
- Learning when things went wrong was encouraged and any action needed was shared with staff through handover and staff meetings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Although there was limited evidence that people's care needs had been assessed using nationally recognised assessment tools, it was evident from staff practices that people were supported in line with current practices.
- Staff confirmed, and records showed that staff had sought advice and support from specialist health care professionals as needed and shared information about current and best practices. Staff had implemented local initiatives and assessment tools based on current practice to assist them in supporting people who may live with dementia.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained and given opportunities to develop and achieve additional training and qualifications.
- The deputy manager had plans to seek additional training in oral health care, end of life and to ensure all new staff completed the care certificate (nationally recognised set of care standards). The competencies of staff who supported people to have their nutrition and medicines via a Percutaneous Endoscopic Gastrostomy (PEG) tube were being reviewed.
- Staff had received some training to better understand the proposed changes in the provider's registration to support people with their personal care and accommodation under a separate contractual agreement.
- Records showed, and staff confirmed that they received regular supervision and an annual appraisal to review their work practices and personal development objectives.

Supporting people to eat and drink enough to maintain a balanced diet

- People's independence in relation to their eating and drinking was encouraged. Staff closely monitored people who were at risk of choking. Where people had risks associated with their eating and drinking or dietary needs, there was clear guidance in their care plans on how to support them.
- People were provided with a choice of home cooked food and were offered and encouraged to eat healthy snacks. Any requests for alternative meals or cultural and dietary needs were accommodated.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- Relatives spoke positively about the support provided by staff to help people access healthcare services in the community.
- One person told us staff supported them to visit the dentist and opticians and was wearing their glasses during the inspection.

- Each person had a health action plan which had been completed when people had attended appointments. The deputy manager explained people's health and medicines were reviewed annually with the GP.
- Health care professionals told us they had a good working relationship with staff at the home and found them professional and informative about people's needs.

Adapting service, design, decoration to meet people's needs

- The home had been adapted to meet people's needs. Equipment such as ramps, accessible shower rooms, hand rails, stairlift and specialised equipment had been installed to enable people to retain their independence where possible.
- People's bedrooms were located on the ground and first floors of the home depending on their needs. People had been encouraged to personalise their rooms with items of interest and decoration of their choice.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff supported people to make day to day decisions about their care and ensured people's consent was sought before they provided them with support.
- Staff respected people's views and choices such as people's decision to smoke cigarettes. Staff provided people with information about their choices and encouraged them to make healthy decisions about their life.
- People's mental capacity to make decisions about their care had been assessed when staff had identified that people may lack capacity to make informed decisions. Decisions made on behalf of people who lacked mental capacity were carried out in their best interests and in partnership with other significant people such as their family or health care professional such as medical procedures.
- Staff were aware of their responsibility to support people in the least restrictive manner. The provider had applied to the local authority to deprive one person of their liberty.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Most people were unable to tell us their views and thoughts on the staff. However, we observed people looked happy and comfortable in their presence. Two people who spoke with us both expressed they were happy living at Southfield Residential Care and felt the staff were kind and friendly. Relatives also confirmed this view.
- An established staff worked in the home and knew people very well. Staff spoke positively about their work and spoke about people in a caring and compassionate manner.
- People's individual care records took into account protected characteristics. Information relating to people's chosen religion and culture was recorded in their care plans. One person was supported to maintain their faith and attend church on a Sunday.
- People had been supported to decorate the home with Christmas decorations. One person told us staff had bought them a chocolate advent calendar which they enjoyed opening each day. They said, "I like opening the chocolates. I am counting down to Christmas, I'm excited"

Supporting people to express their views and be involved in making decisions about their care

- We observed that staff supported people in making day to day decisions about their care and how they wished to spend their day. Staff respected their wishes and views and provided them with information about the choices available to them such as activities in the community.
- Staff knew each person's preferences and how they liked to spend their day. We saw that staff were consistent in how they provided support and encouragement to people who found it difficult to communicate their needs such as providing one person with art materials as they liked to draw.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was respected. For example, staff were discreet when assisting people with their personal care or discussing private information with them in the communal areas. Staff told us they supported people with personal care and household chores, encouraging them to do as much as they could for themselves.
- Staff were aware of the importance of supporting people in a dignified manner and respecting their privacy or requirement for private space and time.
- People were supported to maintain relationships with their families and friends. Staff helped to facilitate and support people to visit and stay overnight at their family homes.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff had a good understanding of people's needs and provided individualised care and support.
- People had personalised plans of care which had been developed with the individual or relevant family member if more appropriate. However, more information about people's likes, interest and life history was required to provide staff with personalised information about people with limited communication. The deputy manager explained that they had plans to review people's care records to ensure they reflected their personal backgrounds, interests and relationships.
- Daily records, monitoring charts and activities logs were completed detailing how people had spent their time, the care and support provided and staff observations of people's physical and emotional well-being.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There were a range of pictures, signs and easy read documents around the home to assist people in understanding their environment, safety, and planned activities.
- People had allocated keyworkers who had a better understanding of people's communication needs and unique ways of expressing themselves. The keyworkers worked closely with people to ensure they were given opportunities and time to communicate their views and needs. People's preferred methods of communication were recorded in their care plans.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to follow their interests and take part in activities that were socially and culturally relevant and appropriate to them. They enjoyed a range of activities such as going to the cinema, swimming, shopping and taking part in arts and crafts. One relative said, "They have a lot going on. The staff are good like that and get them out." People were also supported to save money and go on holiday supported by a staff member of their choice.
- The provider and staff supported some people to run and maintain a car. This allowed people to have more flexibility around their activities. For example, staff were made available to drive one person around the county to visit towns and villages of their choice.

Improving care quality in response to complaints or concerns

- There had been no formal complaints about the service since our last inspection.
- Staff and relatives were confident that they would identify changes in people's behaviours and emotions if people were unhappy. An easy read complaints policy was available to people.
- Relatives told us day to day concerns were always acted and were confident that any formal complaints would be appropriately managed.

End of life care and support

- No one was receiving end of life care at the time of the inspection.
- Staff were working with people and their families to identify people's future end of life care and any known wishes. This would ensure staff had the information they needed if people required end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider's governance frameworks had not been effective in managing risks to people and identifying shortfalls in their regulatory requirements.
- Audits used to assess and monitor the quality of care being provided were not robust or effective in driving improvements. For example, the quality sampling of people's records used in the medicines and record keeping audits and the outcomes were not clearly recorded. This meant the registered manager could not be assured that everyone's care records had been sufficiently reviewed and what action was needed to meet the provider's required standards. The recordkeeping audits had failed to identify that actions relating to people's health checks had not always been identified and that risk assessments were not always up to date.
- Systems used to record, and report maintenance issues identified around the home and the actions that had been taken were unclear. The provider's internal quality report completed in December 2018 had identified that there were concerns found in relation to the safety of the premises; however the required improvement actions had not been monitored and at the time of the inspection it was unclear if action had been taken to address these shortfalls. The provider's quality checks had not identified that a hoist had not been routinely serviced by their equipment suppliers and that improvement was needed to ensure that equipment suppliers could evidence to the provider that the equipment they were supplying remained safe to use.
- The risks these concerns could posed to people and had not been identified and the provider had not put control measures in place while they sought quotes and implemented contractors to carry out the repair work to the premises and servicing of equipment. This meant that people continued to be exposed to risk.
- The provider did not realise prior to our inspection that their monitoring systems had failed to identify that all regulatory requirements were not being met. Action had therefore not been taken promptly to improve the effectiveness of quality monitoring audits used in the home to identify and drive improvement.

We found no evidence that people had been harmed, however the provider's governance systems had not been effective in managing risks to people when concerns had been identified and driving improvements. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people; how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager was responsible for four of the provider's services and was supported by a deputy manager at Southfields Residential Care. A quality assurance manager visited the home and was in regular contact with the managers of the home and assisted the provider in monitoring the service.
- People and staff told us the registered manager and deputy manager were approachable and kind. Staff told us the manager's door was always open to discuss any concerns and felt respected and supported.
- The deputy manager had a good understanding of people's needs and the running of the home. Staff told us the staff morale was good as the team had become more stable. House and staff meetings were regularly held to provide people and staff with an opportunity to discuss and share any concerns.
- The registered manager circulated annual surveys to people, their relatives and health care professionals to assist them in assessing the quality of the service and people's experiences.

Continuous learning and improving care

- The deputy manager was keen to address the concerns found during the inspection and acted swiftly to start the process of addressing some of the maintenance issues, equipment servicing and record keeping. These actions were shared with staff.

Working in partnership with others

- The service worked in partnership and collaboration with a number of key organisations and health care professionals to support the needs of people in the home.
- We saw referral information and advice from various professional teams including the SALT (speech and language team), community learning disability team and the GP had been acted upon.
- Relatives told us that staff and keyworkers engaged with them and kept them informed of any changes.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>We found no evidence that people had been harmed, however the provider had not taken all reasonable steps to maintain the safety of the premises and mitigate the risks to people.</p>

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's governance systems had not been effective in managing risks to people when concerns had been identified and driving improvements.</p>

The enforcement action we took:

We issued a warning notice to the provider informing them they must be compliant with the regulation by 27th March 2020.