

# Top Care Homes Limited

# Southminster Residential Home

## Inspection report

Station Road  
Southminster  
CM0 7EW

Tel: 01621 773462

Website: [www.southminsterresidentialhome.co.uk](http://www.southminsterresidentialhome.co.uk)

Date of inspection visit: 20 August 2015

Date of publication: 15/10/2015

## Ratings

### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



## Overall summary

We carried out an unannounced comprehensive inspection on 24 and 26 March 2015 at which six breaches of the legal requirements were found. These related to staffing levels, premises and equipment, person-centred care, safe care and treatment and governance. After this inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to the breaches.

We then received further concerns in relation to manual handling, staffing levels and attitudes, person-centred care and how poor practice is managed. As a result we

undertook a focussed inspection to look into those concerns. This report only covers our findings in relation to those topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Southminster Residential Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Southminster provides care and accommodation for up to 40 people. It does not provide nursing. There were a total of 31 people living in the service at the time of our inspection.

# Summary of findings

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.

The registered manager supported staff to provide care that was based on individual needs, however the systems in place to review the care being provided were not effective.

The provider and manager had a detailed action plan in place; however it was too soon to measure whether the changes were sustainable and effective.

Whilst the manager supported staff to develop their skills and meet people's needs, there were not effective measures in place to deal with poor practice.

There were sufficient staff to provide people with the care and support they required to meet their needs and keep them safe.

The provider and manager had implemented new measures to identify and minimise risk, however it was not yet clear whether these changes were sustainable and effective.

People were treated with kindness and respect by staff who knew them well.

Staff treated people with respect and dignity.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

We found that action had been taken to improve safety.

There were measures in place to minimise risk but these were not yet fully embedded

There were enough staff to provide people with safe care and meet their needs.

**Requires improvement**



### Is the service caring?

The service was caring

Staff treated people well and were kind and caring when they provided care and support.

Staff respected people and maintained their privacy and dignity.

We could not improve the rating for caring from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection.

**Requires improvement**



### Is the service responsive?

We found that action had been taken to improve the responsiveness of the service

People received support which was personalised to meet their needs however the service did not always review the care being provided

**Requires improvement**



### Is the service well-led?

We found that action had been taken to improve the leadership within the service.

Measures to deal with poor practice were not always effective

There was an action plan in place to address concerns raised at the previous inspection; however it was too soon to measure whether these were working.

We could not improve the rating for Well Led from inadequate because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection.

**Requires improvement**



# Southminster 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.

This inspection took place on 20 August 2015 and was unannounced.

The team inspected the service against selected aspects of four of the five questions we ask about services: is the service safe, caring, responsive and well led.

The inspection was undertaken by two inspectors.

Before our inspection we reviewed the information we held about the service, this included the provider's action plan following the previous inspection on 24 March 2015 and information of concern about the service which we had received.

At the visit to the service we spoke with eight people who lived there, five relatives, the registered manager and deputy manager, the provider, seven care and housekeeping staff. We also spoke with three visiting health and social care professionals about their view of the service.

At the visit we looked at six care plans and looked at documents relating to the deployment of staffing.

# Is the service safe?

## Our findings

People told us that they felt safe at the service, one person said they were, “Perfectly safe and treated with respect.” A family member said that, “I can leave here and feel that [relative] is safe and treated well.”

There were measures in place to minimise risk, however the systems set up after the previous inspection 24 March 2015 to identify risks were not yet fully embedded. We had received feedback that people were at risk, in particular as a result of poor manual handling. However, we observed a person being supported in transferring from a wheelchair to a chair and noted that staff had the skills required to meet their needs. The manager told us that all staff had received or were scheduled to receive refresher manual and handling training, in response to the concerns raised at the inspection of March 2015. We noted the manager had the necessary qualification to train staff in this area. A member of staff had recently started working at the service and had not yet received manual handling training. Whilst the manager was able to describe the member of staff’s skills in this area, there were limited systems in place to formally assess the competency of new staff and minimise risk.

We looked at people’s care records and saw detailed manual handling risk assessments were in place, where necessary. We noted that following a review this had been amended in response to the person’s changing need. Following the recent inspection there had been a review of all manual handling risk assessments and care plans and as a result new slings had been ordered for some people. Whilst this one-off programme of reviews had taken place in response to the previous inspection, it was not yet clear whether systems to monitor this risk on an ongoing basis were sustainable and effective.

The manager told us that since the last inspection they had requested increased support from the district nurses to minimise the risk from pressure sores and other health risks. We spoke to a district nurse who supported people at the service who were at high risk of developing pressure ulcers. They told us staff managed skin care well and worked with health professionals to minimise risk in this area.

The provider and manager told us that they had reviewed and improved the way they identified and acted on

assessed risk throughout the service. They now carried out detailed risk assessments of individual areas and activities. We were shown a number of examples, for example a risk assessment was in place for the treatment room, which detailed the actions to be taken to minimise any potential hazards. These measures had only recently been set up and it was not yet clear whether this change was sustainable and effective.

There were sufficient staff to meet the needs of people at the service. We had received concerns that there were insufficient staffing in the mornings and people were being supported to get up earlier than they wanted. We visited in the morning whilst people were getting up and we noted that there were five care staff to support 31 people, plus additional cleaners and kitchen staff. We spoke to and observed people who were up. They told us that they were early risers, and they did not appear distressed or unhappy to be up at this time. Staff were able to describe in detail which people liked to get up early and it was clear that these decisions were being made based on personal preference. We also noted that a number of people were still in bed and staff said this was their choice.

Staff told us staffing levels were safe and there was always a member of staff to keep an eye on communal areas when other staff were carrying out personal care. The manager and deputy manager provided on call support. The manager and staff said that if they had any concerns about the level of staffing, one of the managers would provide hands on care. Families told us they had no concerns about the numbers of staff on duty.

At our last inspection we were told staff went on breaks at the same time leaving people without the support they needed. Furthermore, after that inspection, we had received feedback that there had been no improvement in this area. At this inspection we observed that staff were deployed effectively and breaks were staggered and taken at times that had minimal impact on the delivery of care. The manager told us that the timing of staff breaks had now changed and no more than two members of staff were allowed to have a break at the same time. The manager had analysed people’s needs and staffing activity throughout the day to help them improve how they deployed staff. As a result they had instructed staff to avoid taking breaks during times when people needed most support, for example when they got up in the mornings and during meal times.

## Is the service safe?

We had received feedback that good staff were leaving the service and that there was an issue with staff retention. At our visit, we noted that most staff had been working at the service for a number of years and we did not have any concerns with staff turnover. We discussed staff retention

with the manager and looked at staffing records. We noted that a small number of staff had left over the last year for a number of reasons, and this primarily related to personal circumstances.

# Is the service caring?

## Our findings

People told us that they were happy at the service, one person said, “The staff are very friendly and helpful, they treat you like a person.” A family member told us their relative was a bad sleeper and staff had given them a cup of tea and a sandwich at two o’clock in the morning. They felt that this was a good example of the staff team’s caring approach and said, “It’s all those little things that happen that make a difference.”

Staff knew people well and treated them with kindness. A family member told us that their relative could not communicate verbally but that, “Staff know her and can tell on her face what she wants.” We had received feedback after our last inspection that staff did not have compassion for people; however the people and their families that we spoke with were overwhelmingly positive about the staff and managers at the service. A family member told us that, “Staff are not just doing the job, there is a genuine care ethic.” A visiting health professional was also complimentary about the care provided at the service and told us, “Staff know people inside out and go the extra mile for them.” We observed interactions between staff and people and found them to be positive, for example members of staff sat down with people and chatted to

them. Staff were seen smiling to people and talking to them in a friendly manner throughout our visit. Where people were being cared for in bed we observed staff going in to have a chat with them.

All staff demonstrated a good knowledge and understanding of people’s care needs and preferences. This included ancillary staff who we observed greeting people by name. Staff looked out for people, for example they encouraged a person to sit down who had been walking for some time and we observed the member of staff checking that they were all right. A person remarked how pleased they were that staff had brought them a cup of coffee when they had come back from having their hair cut.

We observed staff providing care and support respectfully and in ways that maintained people’s dignity. Relatives said that they felt their family member was treated with dignity and respect, for example we were told that staff were gentle and discreet when supporting someone in bed. Staff told us choice was important and described how some people being cared for in bed chose to have the door open and others closed. People’s individuality was recognised, a family member told us that, “Staff were quick to get to know everyone’s foibles and adjust.” The provider told us that they had booked for a large number of staff to attend ‘virtual’ dementia training. Staff told us that they were looking forward to this so that they could better understand the needs of the people they cared for.

# Is the service responsive?

## Our findings

At our inspection on 24 March 2015, we found that people were not supported to remain active, and that there was a lack of interaction and stimulation at the service. After the inspection we received further feedback that support was not person-centred and people were not encouraged to take part in meaningful occupation. At this visit we found that there had been improvements in this area.

People told us that staff supported them to remain active. One person told us, “They take me to the shop when I get a bit bored,” and a family member told us staff supported their relative to pick up a hobby again after many years. One person told us that they did not like taking part in the organised activities and that staff did not have time to support them to take part in their interests. When we raised this with the manager we were shown that they had spent time with the person talking through different options for how staff could support them to remain active. Two members of staff were now leading on the area of activities and we observed an organised art session which was tailored to individual skills and preferences. We saw a timetable showing other activities which had been planned. Whilst these organised activities catered for some of the people at the service, others did not enjoy taking part and told us that there was less taking place to meet their needs.

Prior to this inspection we had received feedback that some people were not encouraged to get out of bed and were not stimulated. Where people were cared for in bed, staff were able to give us good reasons for this. We observed that they did not appear distressed and that staff checked on them regularly, for example to offer drinks and interact with them.

Support was personalised and tailored to people’s individual needs. A family member told us, “We’ve seen a remarkable improvement since [relative] has been there.” A pre-admission assessment and a further comprehensive assessment of the person’s needs were in place. These included risk assessments relating to nutritional needs and the risk of developing pressure ulcers. We saw a wide range of charts for recording health needs, weight, nutrition, visits from health professionals including the district nursing team and GP. Staff told us that handover sheets were completed for the next shift to enable staff know about individual’s needs on a given day.

There was a document called ‘This is me’ in the care plans. This provided good background information about people’s history, needs, preferences, likes and dislikes. A family member told us that when their relative arrived at the home, there had been a comprehensive assessment which included, “What made my [relative] tick, how to calm them down when she became upset.” A visiting professional observed that they had seen a number of care records, as part of their work at the service and they were satisfied that the information was appropriate and of a good standard.

Whilst some of people had their needs reviewed on a regular basis, and when their needs had changed, other people had not had their needs and support formally reviewed. We discussed this with the manager and we were assured that they knew people’s needs and checked with people informally whether the service was meeting their needs. However, there were not adequate systems in place to ensure that reviews happened in a consistent and timely way, in particular for people with no families or families who did not visit regularly.



# Is the service well-led?

## Our findings

At our inspection in March 2015, we found the way the service was managed did not demonstrate effective or robust governance, management and leadership. At this visit we found that there had been improvements in the overall management of the service, however it was too soon to measure the effectiveness of any changes. The provider and manager showed us the detailed action plan which had been put in place to address our concerns. They had demonstrated effective leadership by addressing as a priority the issues raised in relation to risk assessment and the deployment of staffing. There were however a number of tasks still on-going or incomplete as the action plan was still being implemented.

The provider told us that they had become more heavily involved with the service, in particular in supporting the manager in driving forward the improvements required following the last inspection. They had also invested heavily in refurbishing the property and people told us they were very happy with the changes. We spoke with staff and

found that they were supportive of the manager and provider and were working with them to meet the requirement of the action plan. They told us that morale was improving and they were, “Pulling together as a team.”

Since the inspection of 24 March 2015, we had received feedback that management did not deal well with poor practice. At this visit we found that although the manager knew the service well and worked with staff to improve the quality of care being provided, they did not effectively and formally address individual poor practice. They gave an example of where they had raised with a member of staff concerns about their practice. Despite a commitment to resolve the issue, the manager was not able to demonstrate that they had comprehensively dealt with that member of staff to address their practice. Therefore, there was no record that the person had received additional training, shadowing or observations. This issue had not been raised at a supervision meeting and annual appraisal or through a formal disciplinary process. We discussed this concern with the manager and they acknowledged that the lack of formal systems meant that this issue had not been addressed effectively and they assured us measures would be put in place to improve their response in the future.