

Southfield House Limited

Southfield House Residential Care Home

Inspection report

Woodford Road
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Tel: 01614408432

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Southfield House is a residential care home that was providing 24-hour personal care and accommodation to 22 older people, aged 65 and above at the time of the inspection.

People's experience of using this service:

The service had an open and supportive culture. Systems were in place to monitor the quality and safety of care delivered. There was evidence of improvement and learning from any actions identified.

There were sufficient numbers of trained staff to support people safely. Recruitment processes were robust and helped to ensure staff were appropriate to work with vulnerable people.

People's needs were thoroughly assessed before starting with the service. People and their relatives, where appropriate, had been involved in the care planning process.

Staff were competent and had the skills and knowledge to enable them to support people safely and effectively. Staff received the training and support they needed to carry out their roles effectively. Staff received regular supervisions and annual appraisals were planned.

Staff had awareness of safeguarding and knew how to raise concerns. Steps were taken to minimise risk where possible.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff supported people to access other healthcare professionals when required. Staff supported people to manage their medicines safely.

People's outcomes were consistently good, and people's feedback confirmed this.

Staff worked with other agencies to provide consistent, effective and timely care. We saw evidence that the staff and management worked with other organisations to meet people's assessed needs.

We observed positive interactions between staff and people. Staff had good relationships with people and were seen to be caring and respectful towards people and their wishes.

People were supported to express their views. People we spoke with told us they had choices and were involved in making day to day decisions.

The provider and registered manager followed governance systems which provided effective oversight and monitoring of the service.

The premises were homely and well maintained. We observed a relaxed atmosphere throughout the home.

The service met the characteristics of Good in all areas.

Rating at last inspection:

At the last inspection of the service (published 25 May 2018) the home was rated Requires Improvement overall and there were two breaches of regulations in relation to safe care and treatment and good governance. At this inspection the overall rating has improved to Good.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Southfield House Residential Care Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was undertaken by one adult social care inspector on both days of the inspection.

Service and service type:

Southfield House provides 24-hour personal care and accommodation to a maximum of 23 older people. The home's accommodation includes a variety of styles of bedrooms some of which are suitable for people who may use a wheelchair with extra wide doorways and ensuite facilities. The home is located in a residential area close to Bramhall village, and has extensive garden areas.

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.

Notice of inspection:

This was a planned inspection based on the rating at the last inspection.

What we did:

We reviewed information we had received about the service since it registered with the Care Quality Commission in October 2010. This included details about incidents the provider must notify us about. We contacted the local authority commissioning team to gather information about the service; they were positive and raised no concerns about the care and support people received.

The service had completed the Provider Information Return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with four people who used the service and two visiting relatives to ask about their experience of the care provided. We also spoke with the registered manager, the deputy manager and three staff members.

We reviewed a range of records. This included four people's care records, risk assessments and three medication administration records (MARs). We also looked at four staff personnel files around staff recruitment, training and supervision. We reviewed records relating to the management of the service, audits, and a variety of policies and procedures developed and implemented by the provider.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse and harm.
- There was a safeguarding and whistleblowing policy in place.
- Staff we spoke with had a good understanding of their responsibilities and how to safeguard people. One staff member said, "I've done safeguarding training and I also know about whistleblowing. Issues would be in relation abuse or neglect such as financial, physical or emotional. I would talk to the manager if there was an issue and I know I can contact the local authority as well."
- Staff received appropriate safeguarding training and refresher courses.
- The service followed safeguarding procedures, made referrals to the local authority and notified CQC as required.
- People told us they felt safe living at Southfield House. One person said, "I have no worries at all living here and it feels like a safe place to be." A second person told us, "I feel very safe here and I have no worries at all about that side of things."

Assessing risk, safety monitoring and management

- People had pre-admission assessments before they moved into the service. This meant the service knew that they could cater for people's care needs. We saw other professionals were involved in these assessments, such as social workers.
- Admission assessments were completed, with detailed care plans to meet people's needs.
- People's care files included risk assessments in relation to their specific care needs. The risk assessments were person centred and covered areas such as people's physical health, mental health, medicines and mobility.
- Fire risk assessments were in place which covered all areas in the home. People also had Personal Emergency Evacuation Plans (PEEPs) in their care file information to ensure people were supported in the event of a fire, which were specific to each person's needs.
- Premises risk assessments and health and safety assessments were in place and reviewed regularly, including gas, electrical and fire equipment.

Staffing and recruitment

- We looked at five staff personnel files and saw evidence of robust recruitment procedures. All potential staff were required to complete an application form, and attend an interview so that their knowledge, skills and values could be assessed.
- The provider undertook checks on new staff before they started work. This included checking their identity,

their eligibility to work in the UK, obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

- A dependency tool was used to organise staff rotas. Staffing levels were determined by the number of people using the service and their needs and could be adjusted accordingly. We saw the number of staff on duty was more than the number required to meet people's assessed needs safely.
- There were enough staff on duty to meet people's needs, and one staff member told us, "I feel we have enough staff available to meet people's needs." A person we spoke with commented, "Staff are on hand during the night and come quickly when I call them." A second person told us, "I tell staff what I want, and they do it straight away."

Using medicines safely

- Medicines were stored, administered and disposed of safely, including controlled drugs, which are subject to more rigorous guidelines.
- We saw that all staff who administered medicines had the relevant training; records showed staff were up to date with medicines training and staff received regular competency checks.
- No-one we spoke with expressed any concerns about their medicines.
- There were protocols in place for 'as required' (PRN) medicines such as pain relief medicines, including the minimum time interval between doses.
- Regular audits of medicines took place.
- We observed staff worked efficiently but were not rushed when administering people's medicines. Staff checked people's medicines before administering them and signed people's medication administration records (MAR's) when given, as is required. The medicines trolley was secured safely when not in use and was clean and not overstocked.

Preventing and controlling infection

- The service was clean and free from malodour throughout.
- Infection control audits were undertaken regularly, and these were audited by the registered manager to ensure compliance.
- We saw personal protective equipment (PPE) was readily available and accessible, such as disposable gloves and aprons, and staff used these during the inspection.
- Staff received training in the management of infection control and food hygiene.
- The service had achieved a rating of 'five' (the highest rating) from the Food Standard's Agency (FSA). FSA are regulators for food safety and food hygiene.

Learning lessons when things go wrong

- The service had an up to date accidents and incidents policy.
- Accidents and incidents were recorded and monitored by the registered manager for any patterns or trends.
- Risk assessments were reviewed following incidents. There were no regular themes or trends in the incidents recorded.
- The registered manager submitted statutory notifications to CQC and informed the local safeguarding authority where appropriate.

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

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

- People's needs were comprehensively assessed and regularly reviewed.
- Care records identified people and their relatives were involved in care planning. One relative said, "We were all involved in discussing my needs before I came here." A second person told us, "The manager came to see me when I was in hospital to discuss my care needs and this included my family. I visited the home first and then decided to come here after I had a look around."
- People's preferences, likes and dislikes were acknowledged and recorded, and we saw staff respected these choices, for example regarding what to eat or what activities to take part in.
- People's past life histories and background information were also recorded in the care documentation.

Staff support: induction, training, skills and experience

- Staff received induction, training, observations and ongoing supervision to support them in their different roles.
- New staff were given time to work alongside experienced staff to enable them to familiarise themselves with people's needs. A staff member told us, "I had an induction at the beginning and spent time shadowing other staff as well as learning the care planning system, reading procedures and training."
- Staff we spoke with felt supported. One staff member told us, "I feel supported here and enjoy working here. I get supervision with the deputy manager and this is always helpful."
- People and their relatives felt staff were competent. One relative said, "Staff use a common-sense approach and are competent in what they do as far as I am concerned."

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

- People's dietary needs and preferences were met, and people were involved in choosing their meals each day.
- During the inspection we observed the lunchtime meals. There was a calm and unrushed atmosphere, people took as much time as they liked to eat their meal and staff were available to provide any assistance to people.
- We found specialist diet types were provided for people to meet their dietary requirements, such as diets with food fortification. We saw extra drinks and snacks were served to people mid-morning and mid-afternoon.
- There were appropriate risk assessments and care plans in place for nutrition and hydration which were reviewed each month and people's daily nutritional intake was recorded.

- Malnutrition Universal Screening Tool (MUST) assessments were completed which enabled staff to closely monitor people's nutritional status and respond accordingly, such as if they needed to be referred to agencies for advice.

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

- Staff worked in partnership with other agencies to support people effectively and we saw evidence that staff and management worked with relevant health and social care professionals. One person told us, "The district nurse's visit me three times each week to dress my legs and I think they are doing a good job at looking after me."
- Records showed the service worked with other agencies to promote people's health, such as district nurses, dieticians, podiatrists and general practitioners (GPs). A healthcare professional who regularly supported the service told us, "The home refers to us appropriately and they are good at following any advice we give."
- Where necessary, the service supported people with arranging healthcare appointments.

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

- The premises were homely and well maintained. There was enough space inside and outside for people to get around freely without restriction, including when using a wheelchair and there was a passenger lift access to the upper floors of the home.
- We observed a relaxed atmosphere throughout the home during the two days of inspection and people moved from one area to another as they wished so they could take part in activities or enjoy a more 'quiet space.'
- People could choose to sit in different lounges or in their own rooms and there was easy access to the communal landscaped gardens.
- People's rooms were personalised and individually decorated to their preferences; we found people's rooms reflected their personal interests and contained personal family objects.
- The home was 'dementia friendly,' and there was clear signage to identify different areas or rooms such as bathrooms. The home had been redecorated throughout since the date of the last inspection.
- Some bedroom doors had additional items of meaning to the person to help them find their room.
- Equipment such as bath aids and hoists were in place to enable people to have a bath or shower safely.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff received training in MCA and DoLS. We observed staff understood consent, the principles of decision-making, mental capacity and deprivation of people's liberty. We observed staff asking for consent before assisting people, for example when mobilising or assisting with personal care. One staff member said, "MCA

is about protecting people and ensuring anyone who lacks capacity is supported to make a decision or to be involved in decision making. Sometimes you may need an advocate to act on their behalf if there is no family member and some people may have family member who are legally appointed to make a decision on their behalf."

- Capacity assessments were in place where people lacked capacity. Best interest decisions were recorded including people consulted, and the reasons for the decision; DoLS were being adhered to and a tracker sheet was maintained by the registered manager, so they knew the status of each DoLS application.
- Records showed people signed to consent to their care and treatment.

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

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

- We saw many good positive interactions between staff and people. Staff had developed good relationships with people, and appeared to know them well, including their likes and dislikes. Staff were seen to be caring towards people, and respected people's wishes.
- People were observed to be treated with kindness and were complimentary about the staff's caring attitude.
- We asked people and their relatives what they thought of the staff and responses were positive. One person said, "The staff seem caring in their ways and I have no concerns at all." A second person told us, "The girls, [staff] are all very nice, always happy and smiley." A relative commented, "I visit regularly, and I would know if anything was wrong, but I haven't seen anything of any concern so far; we've never had any issues."
- We observed people conversing with each other and they enquired about each other's welfare
- Equality and diversity were promoted. We found no evidence to suggest anyone using the service was discriminated against and no-one we spoke with told us any different.

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

- We saw staff supported people in a way that allowed them to have control over their lives and enabled them to make day to day decisions, for example, we observed people having choice in where they ate their lunch or where they wished to sit. One staff member told us, "It's important to always let someone know what you intend to do and get their permission first."
- People we spoke with told us they had choices and were involved in making day to day decisions. One person said, "They did an assessment of my needs with me; I love the homely atmosphere here and I feel very lucky to be here." A second person told us, "Staff always involve me in deciding what I want to do or what I need them to do for me."
- Regular reviews were held with people and their relatives had opportunities to attend; care records recorded when relatives had been involved, or when telephone conversations had been held with them. Care records were reviewed each month to ensure they were up to date.
- Meetings with people and their relatives took place regularly and a schedule of meetings was posted for the year for people to see. We saw previous meetings had discussed decoration, food, entertainment, dignity, activities, trips out, staff, meals, TV, animal visits, school visits, communicating with relatives.
- Notes from meetings were provided in large print for easy reading.

Respecting and promoting people's privacy, dignity and independence

- Several staff were 'dignity champions.' The home kept a dignity champions folder which included information about how to respect dignity and there was information from a 'dignity action day' held in February 2019.
- A 'dignity tree' had been developed and people had posted their 'dignity wishes' each month such as 'privacy' and 'respect.'
- Staff were committed to providing good care for people; we observed they respected people's privacy and dignity and could tell us the ways they did this, such as ensuring doors were closed if supporting people with personal care.
- Staff valued the importance of maintaining people's independence and promoted this where possible, for example, people were encouraged to carry out tasks they could such as selecting their own clothes or choosing what activities they wished to take part in or what food they wanted each day.
- We observed staff supporting one person who wished to spend some time in their own room; staff ensured the person was comfortable and reminded them to press the nurse-call buzzer if they needed any assistance and ensured the call-bell was within easy reach of the person.
- Systems were in place to maintain confidentiality and staff understood the importance of this; people's records were stored securely in the office premises. Any access to the electronic care planning system was password protected and each staff member had their own individual log-in details.
- People told us staff promoted their dignity, one person said, "It's absolutely ideal for me being here; the staff are great, and this place is an absolute God-send."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Holistic assessments and care plans had been completed which reflected each person's needs, wishes and preferences.
- Any cultural or religious preferences had been recorded which ensured the service was aware of how people's cultural and religious needs should be met.
- Regular reviews ensured people had been involved in updating their care plans if they wished to be.
- People participated in activities that met their individual choices and preferences. We found people had a say in the type of activities and trips planned, and observed people engaging and enjoying the activities they took part in. One person told us, "There seems to be lots going on each day and I take part when I feel like it." A second person told us, "The food is great so far with a good choice each day and if I don't like what's on offer they will make me something else. I've been out on trips to Yorkshire; there's always lots going on but mostly I like my own company."
- The accessible information standard (AIS) was introduced by government to ensure people with disabilities received information in ways which were accessible for them. We found the service had met this standard. The service had information available in different formats upon request or where there was an identified need for this.

Improving care quality in response to complaints or concerns

- Processes, forms and policies were in place for recording and investigating complaints and there was an up to date complaints policy.
- People also had access to a 'service user guide' which detailed how they could make a complaint.
- People told us they knew how to make a complaint.
- We saw complaints and concerns were very minimal. We looked any historical complaints or concerns raised and found the registered manager had acted on these appropriately and fully communicated with the complainant during the process of investigation.
- The service had received a high number of compliments since the last inspection.

End of life care and support

- We looked at how end of life care (EOL) was delivered. The service followed the principles of the 'Six Steps' end of life care programme which is intended to enable people to have a comfortable, dignified and pain free death.
- The registered manager had an end of life care register in place, which listed anyone within the home who was currently on the six 'steps' pathway and staff completed a monthly review to decide whether the current

stage was still appropriate to reflect their situation.

- We saw where people had been willing to discuss end of life wishes, advanced care plans were in place which documented their wishes at this stage of their life, including where they wished to receive treatment. Care files documented whether a person had a 'Do Not Resuscitate' order (DNACPR) in place, with a copy of the form located at the front of their file.

- People's relatives had provided positive feedback regarding end of life care, one comment stated, 'Thank you so much for the wonderful care you gave to [my relative] throughout her stay with you. [My relative] really enjoyed the social scene and the activities when she first came to you and we can't thank you enough for your kindness towards the end of the life. We will carry with us fondest memories of you all.' A second comment read, 'I would like to thank you for all you did for [my relative] during her years at Southfield House and during her final days. We all felt she was very happy and comfortable. It was reassuring for us to know that she was always safe, well cared for and in the company of friendly people. She would have been so grateful for everything you did for her. Thank you for your kindness in the few days when we all sat by [my relative's] bedside. Everyone was considerate and thoughtful and treated us with such compassion. You all helped to make the very sad situation as positive as it could be.'

- A visiting health and social care professional told us, "One good thing about Southfield is their ability to understand EOL needs and they refer to the district nurses appropriately and are following the six steps pathway."

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The service had an up to date statement of purpose which set out the aims, objectives and ethos of the service. The statement of purpose was also issued to all people using the service with their 'service user guide' and was also posted around the home.
- Southfield House had submitted all relevant statutory notifications to us promptly which ensured we could effectively monitor the service between our inspections; people's relatives were also informed when an incident occurred.
- A wide range of audits were undertaken by the registered manager and provider; these were used by the service to measure health, safety, welfare and people's needs; records confirmed this.
- It was clear from our discussions and observations that the registered manager valued people and was committed to providing a person-centred service. They had developed a positive culture within the service which was open and transparent.
- Staff told us they felt listened to and that the registered manager was approachable and supportive. One staff member said, "I get regular supervisions with the manager who is always available for advice." A second staff member told us, "The registered manager is very supportive and always available. I enjoy working here and love my residents. I get regular supervisions and we have shift handover meetings each day to discuss anything that has happened in between."

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

- Quality assurance systems were in place to ensure any shortfalls were identified and to drive continuous improvement within the service. The registered manager completed a range of audits and checks on a regular basis; action plans were completed to address any shortfalls.
- The registered manager was aware of their regulatory requirements, for example, they knew their responsibility to notify the Care Quality Commission and other agencies when incidents occurred which affected the welfare of people who used the service.
- People at all levels understood their roles and responsibilities and managers were accountable for their staff and understood the importance of their roles.
- The registered manager operated efficient governance systems which provided effective oversight and monitoring of the service, for example, the registered manager followed a regular programme of audits and was known to people by name.

- It was clear from our observations that the registered manager was fully involved and engaged in supporting staff and people throughout the inspection, providing guidance and instruction where appropriate.

- Regular awards were presented to staff which recognised good practice. These could be nominated by people supported by the service as well as the staff and management team.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager promoted best practice in person centred care. There was a clear culture based on achieving positive outcomes for people.

- People and their relatives spoke positively about the registered manager. Comments included, "Communication is always good, and I get to know anything that has happened daily," and, "The manager is doing a good job as far as I can tell."

- The service involved people in their day to day care and promoted their independence to make their own decisions; our observations confirmed this.

- Regular staff meetings were held which discussed people and their needs.

- Daily handover meetings were undertaken at the start and end of each shift each day to ensure staff had all the latest information about people. One staff member told us, "We hold regular team meetings and handovers which are useful as we get update information on all people. I feel there is good team working here."

- Regular meetings with people and their relatives were undertaken to discuss people, their needs and any concerns. We looked at previous meeting notes and saw discussions included decoration, food, entertainment, dignity, activities, trips out, staff, meals, TV, animal visits, school visits, communicating with relatives.

- People and their relatives' views had been sought through regular contact, surveys and quality monitoring. Responses received from the most recent surveys carried out in October 2018 were overwhelmingly positive. Any less-positive comments had been responded to so people and their relatives knew what action was being taken in response to their concerns; for example, one relative had commented about the recent redecoration and an explanation was provided about the reasons why the type of wallpaper had been chosen.

Working in partnership with others

- The service worked in partnership with the local community, other services and organisations.

- Records showed multi-disciplinary teams were involved in people's care.

- A social care professional who supported the service told us a visit had recently been made to the service and there were no concerns identified as a result of this visit.