

Somerset Care Limited

Southlawns

Inspection report

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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

Southlawns is a care home which provides accommodation for up to 40 older people who require personal care. At the time of the inspection 38 people were using the service. Some of the people who lived at the service needed care and support due to dementia, sensory and /or physical disabilities. The service also provided day care for people.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

We inspected Southlawns on 11 and 12 January 2017. The inspection was unannounced. The service was last inspected in December 2013 when it was found to be meeting the requirements of the regulations.

People told us they felt safe at the service and with the staff who supported them. One relative told us: "Our first choice was Southlawns as they were the most friendly and welcoming, and we believed they would suit (my relatives) needs the best. (My relative) has been at the home since (last spring) and we have not been disappointed with our choice." External professionals told us "Southlawns is safe and treatment received is effective. People appear very happy and staff have always been caring and supportive and know their clients well, " "I feel Southlawns provides a safe and supportive service and the care assistants go over and above their normal duties," and "I have only heard positive comments from people regarding the service at the home."

People told us they received their medicines on time. Medicines administration records were kept appropriately and medicines were stored and managed to a good standard.

Staff had been suitably trained to recognise potential signs of abuse. Staff told us they would be confident to report concerns to management, and thought management would deal with any issues appropriately.

Staff training was delivered to a good standard, and staff received updates about important skills such as moving and handling at regular intervals. Staff also received training about the needs of people with dementia. An external professional commented "Staff seem knowledgeable and well trained."

Recruitment processes were satisfactory as pre-employment checks had been completed to help ensure people's safety. This included written references and an enhanced Disclosure and Barring Service check, which helped find out if a person was suitable to work with vulnerable adults.

People had access to medical professionals such as a general practitioner, dentist, chiropodist and an optician. People said they received enough support from these professionals.

There were enough staff on duty and people said they received timely support from staff when it was needed. Most people said call bells were answered promptly and we observed staff being attentive to people's needs. An external professional said, "Staff are very helpful and accommodating."

Care was provided appropriately and staff were viewed as caring. Relatives said "They are very patient with (my relative). She is happy and settled. Staff are very good and kind," and "They (the staff) treat them (people who live in the home) beautiful." An external professional said "Both families and residents are very happy with care and support being received."

The service had some activities organised. Activities were organised by three activities organisers. Activities included bingo, flower arranging, cooking, reminiscence and sing-alongs, a gardening club as well as a range of external entertainers. Some trips out were available. The library and local church visited. People had the opportunity to participate in one to one activities for example a game of Scrabble.

Care files contained information such as a care plan and these were regularly reviewed. The service had appropriate systems in place to assess people's capacity in line with legislation and guidance, for example using the Mental Capacity Act (2005).

People were happy with their meals. Everyone said they always had enough to eat and drink. People said they were provided with a choice of meals. People said they received enough support when they needed help with eating or drinking.

People we spoke with said if they had any concerns or complaints they would feel confident discussing these with staff members or management, or they would ask their relative to resolve the problem. They were sure the correct action would be taken if they made a complaint.

People felt the service was well managed. For example, members of staff said the manager was "Approachable," and "Professional." An external professional said, "Management is very flexible in allowing people to come at very short notice and very professional and understanding in managing unpredictable behaviour."

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

Medicines were suitably administered, managed and stored securely.

There were satisfactory numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Staff knew how to recognise and report the signs of abuse.

The service was clean and well maintained. Health and safety checks and systems to prevent infection and cross contamination were satisfactory.

Is the service effective?

Good ●

The service was effective.

People's capacity to consent to care and treatment was assessed in line with legislation and guidance.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences.

People had access to doctors and other external medical support.

Is the service caring?

Good ●

The service was caring.

Staff were kind and compassionate and treated people with dignity and respect.

People's privacy was respected. People were encouraged to make choices about how they lived their lives.

Visitors told us they felt welcome and could visit at any time.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support responsive to their changing needs. Care plans were kept up to date.

People told us if they had any concerns or complaints they would be happy to speak to staff or the manager of the service. People felt any concerns or complaints would be addressed.

There were suitable activities available to people who used the service.

Is the service well-led?

The service was well-led.

People and staff said management ran the service well, and were approachable and supportive.

There were systems in place to monitor the quality of the service.

The service had a positive culture. People we spoke with said communication was very good.

Good ●

Southlawns

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.

We visited Southlawns on 11 and 12 January 2017. The inspection was carried out by one inspector. The inspection was unannounced.

Before visiting the service we reviewed the Provider Information Return (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service. We also reviewed notifications of incidents. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern.

During the inspection we spoke with 12 people who used the service. We had contact (either through email or speaking to) with 7 relatives. We also spoke with the registered manager, three more senior managers and 5 members of staff. Before and after the inspection we had written contact with 5 external professionals including GP's and other health and social care professionals who visited the service regularly. We inspected the premises and observed care practices during our visit. We looked at 3 records which related to people's individual care. We also looked at 8 staff files and other records in relation to the running of the service.

We used the Short Observational Framework Inspection (SOFI) over the lunch time period of the first day of the inspection. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People told us they felt safe. For example one person said, "The manager would not tolerate raised voices." Relatives said, "Their security is good, " and "Yes we think that it is safe." An external professional said, "I have never had any concerns about safety."

The service had a satisfactory safeguarding adults policy. All staff had received training in safeguarding adults. Staff demonstrated they understood how to safeguard people against abuse. Staff told us they thought any allegations they reported would be fully investigated and satisfactory action taken to ensure people were safe.

Risk assessments were in place for each person. For example, to prevent poor nutrition and hydration, skin integrity, falls and pressure sores. Risk assessments were reviewed monthly and updated as necessary. People were provided with safe moving and handling support where this was necessary. Staff said they had received training about moving and handling, and we were able to check this was the case from the records we inspected.

People's medicines was administered by staff. People said their medicine was always on time and medicines did not run out. Medicines were stored in locked cabinets either in a medicines room, or in locked cupboards in people's bedrooms. Medicine administration records were maintained electronically, and completed correctly. A satisfactory system was in place to return and/or dispose of medicine. Medicines which required refrigeration were appropriately stored, and the temperature of the refrigerator was checked daily. Training records showed that staff who administered medicine had received comprehensive training. Staff said they felt competent to carry out the administration of medicines. The pharmacist had checked the system, and their report said its operation was satisfactory. The electronic medicine management system provided daily management reports about whether medicines had been administered appropriately, and also reported on existing stock levels.

Incidents and accidents were recorded in people's records. These events were audited by the registered manager to identify any patterns or trends which could be addressed. Where necessary, action was taken to reduce any apparent risks.

The service kept monies on behalf of some people. This was for when people needed to purchase items such as toiletries and hairdressing. Suitable records were kept, and receipts were obtained for expenditure. We checked monies kept, and cash tallied with the totals recorded in records.

There were enough staff on duty to meet people's needs. We were told, "I have never had an occasion to hunt for a member of staff," although another relative said "Honestly we do not feel that there is always enough staff around and the staff that are on duty do seem to have a lot to do." In the morning rotas showed there was 4 care assistants on duty. In the afternoon, until 9:30 in the evening there was 3 care assistants on duty. During the day until 9:30pm there was also one shift leader and one supervisor on duty. At night there was 2 care assistants and one supervisor on waking night duty. The registered manager worked at the service, on a full time basis. There was a deputy manager who carried out some shifts. Ancillary staff such as

catering, cleaning, laundry, administrative and maintenance staff were also employed. At the time of the inspection staff appeared not to be rushed and attended to people's needs promptly.

Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as two references and a Disclosure and Barring Service (DBS) check.

We received some comments about staff turnover and perceived occasional shortages of staff. For example: "There is a challenge of recruiting staff although this appears to be not only a county problem but a national issue." A relative said "There is a lot of agency (staff used). They are not regular staff which can be difficult for old people." However, from our observations, on the day of the inspection, the vast majority of the staff on duty were permanent members of staff, and staff appeared to work cohesively together. Staff members or people we spoke with did not raise any concerns about staffing levels, competence or staff turnover.

The environment was clean and well maintained. Appropriate cleaning schedules were used. Hand gel was available to assist in minimising the risk of cross infection. The service was warm, and had sufficient light. One relative commented: "I have always found the premises and rooms to be always clean and tidy." Another relative said: "Decoration is very good. (The home is) very clean (and) does not smell like some homes we visited." Staff wore uniforms and had aprons available to them to assist in preventing cross infection.

We were told the laundry service was efficient. We saw there were appropriate systems in place to deal with heavily soiled laundry. There were no offensive odours.

The boiler, gas appliances and water supply had been tested to ensure they were safe to use. Portable electrical appliances had been tested and were safe. A current gas safety certificate was in place. The electrical circuit had been tested and was deemed as safe. Records showed the passenger lift and manual handling equipment had been serviced. There was a risk assessment to minimise the risk of Legionnaires' disease, and systems were in place to take action to minimise the risks identified. There was a system of health and safety risk assessment in place. There were smoke detectors and fire extinguishers on each floor. Fire alarms, emergency lighting and fire extinguishers were checked by staff, the fire authority and external contractors, to ensure they worked.

Is the service effective?

Our findings

Staff had received suitable training to carry out their roles. New staff had an induction to introduce them to their role. The registered manager said when people started to work at the service she spent time with them to explain people's needs, the organisation's ways of working, and policies and procedures. New staff also worked alongside more experienced staff before being expected to complete shifts.

The registered manager said she was aware of the need for staff, who were new to the care industry, to undertake the Care Certificate. The Care Certificate is an identified set of national standards that health and social care workers should follow when starting work in care. The Care Certificate ensures all care staff have the same introductory skills, knowledge and behaviours to provide necessary care and support. The registered manager said new care staff, without previous care experience were required to do the Care Certificate.

We checked training records to see if staff had received appropriate training to carry out their jobs. Records showed that people had received training in manual handling, fire safety, health and safety, infection control, safeguarding, and first aid. All staff had also undertaken further training about dementia awareness. Staff who administered medicines, and who handled food had received suitable training. Staff had completed a diploma or a National Vocational Qualification (NVQ's) in care. We were told training about the Mental Capacity Act and Deprivation of Liberty safeguards was being arranged for April and May 2017. Other training such as food handling, first aid and infection control, for those who needed it, or who needed a refresher, was arranged between the end of January and the late Spring. Staff members told us "We receive a lot of training," and "It is amazing. I cannot fault it." A relative said "Senior staff are very knowledgeable and the more junior staff are also very good." External professionals commented "Staff seem knowledgeable and well trained," and "The staff that I generally deal with are knowledgeable, well trained and able to make sensible decisions and requests to the doctors."

Staff told us they felt supported in their roles by colleagues and senior staff. There were records of individual formal supervision with a manager, which showed staff had received between two and four supervision sessions in the last year. Staff told us senior staff and managers were supportive and approachable.

People told us they did not feel restricted. A relative told us "There are no restrictions. The staff are very understanding and very good at managing situations, especially when (my relative) wanted to get up at three in the morning to have breakfast." People told us they felt there were no restrictions imposed upon them living at the service. People said they felt involved in making choices about how they wanted to live their lives and spend their time. For example, people told us staff involved them in decisions about how their personal care was given and they were able to choose when they got up and went to bed. People and staff told us there were not set times when people had to get up or go to bed.

People's capacity to consent to care and treatment was assessed in line with legislation 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 people lack mental capacity to take particular decisions, any decisions 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. The application procedures for this in care homes and hospitals are 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 were being met.

The registered manager said, where necessary, applications had been submitted to the local authority to assess people who may lack mental capacity to make decisions for themselves. The staff we spoke with demonstrated a basic awareness of the legislation. However we noted that the majority of staff had received no formal training about the Mental Capacity Act and Deprivation of Liberty Safeguards although this was being arranged.

People were happy with their meals. At lunchtime we observed that everybody had enough to eat and drink. Staff said they knew people's individual likes and dislikes. A choice of meal was available to people. Menus were on each table with the choice of meals available for the day. All tables had a table cloth. Vegetables were served in serving dishes so people could have a choice of what vegetables they wanted and the quantity they could manage. People were regularly offered cups of tea, coffee or a cold drink. Before lunch staff went around people's bedrooms and asked them if they wanted to come down for lunch in the dining room, or have their meal in the bedrooms. At lunch time, either in the dining room, or in their bedrooms, we observed people receiving appropriate support to eat their meals. For example, people were observed receiving individual support from a staff member when this was required, and staff were observed to be very attentive and sensitive to individual needs. Lunch appeared to be hot when served and the people who lived in the service appeared to enjoy it. A relative told us "The menu always looks good and (my relative) is always given choices," and another relative said "Food is of a high standard."

People told us they could see a GP if requested. We were also told that other medical practitioners such as a chiropodist, dentist or an optician visited the service. Records about medical consultations showed that people saw, where appropriate, GP's, opticians and district nurses regularly. A relative said, "Doctors are very quick to respond to requests for visits." A health professional said, "Care is very good. The home is one of the best in the area. We do not find many pressure sores. The staff are on the ball."

The home had appropriate aids and adaptations for people with physical disabilities such as bath chairs to assist people in and out of the bath, and a passenger lift. The home's environment was maintained to a good standard. All areas were well decorated, with clean and comfortable furnishings and fittings. The home was clean and tidy, and there were no offensive odours. People told us they liked their bedrooms and these were always warm and comfortable. There was a noticeboard which displayed the date and the weather.

Is the service caring?

Our findings

Relatives and professionals were positive about the care people received from staff. People told us, "It is very, very good," "Staff are very nice," "I cannot find any fault," and "The attention people get is very good." Comments from relatives received included: "Southlawns offers us 'piece of mind' for the needs and comfort (of my relative)," "First class, (my relative) has been there eight years. I can't complain." An external professional said, "I can only speak for my client who always said how much she enjoyed staying there and how good the staff were."

We observed staff working in a kind, professional and caring manner. Staff were judged to be patient, calm, and did not rush people. Staff provided personal care discreetly. Staff were viewed positively by people, their relatives and professionals. People told us, "Staff are very kind, helpful and good...they do care." Staff said, "Care is really good," and "Care is excellent. People are very well cared for." Comments from relatives included: "I have always found the staff from the management downwards to be professional, helpful, dedicated and nothing is too much trouble," "All staff are excellent," "Staff are very helpful and very supportive," and "Staff are always happy to help." Staff were seen as understanding people's needs. For example a relative said "It always amazes me that any member of staff seems to know all about (my relative.)"

The people we met were all well dressed and looked well cared for. A relative said, "Staff look after (my relative) well she is always well dressed and washed." People's bedroom doors were always shut when care was being provided.

Care plans we inspected contained enough detailed information so staff were able to understand people's needs, likes and dislikes. There was some information about people's background, and life prior to moving into the service. This information is useful to staff to help to get to know the person when they move into the home. The registered manager said where possible care plans were completed and explained to, people and their representatives.

There were mixed views about whether relatives were consulted or received a care plan. For example: "I am not aware of a care plan because staff have not discussed this with me," and "We have not been made aware of any care plan at all." However another relative said, "Yes it was developed in the first week of entering the home, and has been reviewed since." The registered manager told us there was a system in place where people and their relatives should be consulted about their care plans, and the review of them.

People said their privacy was respected. For example, we were told staff always knocked on their doors before entering. To help people feel at home their bedrooms had been personalised with their own belongings, such as furniture, photographs and ornaments. The people we were able to speak with all said they found their bedrooms warm and comfortable. Bedrooms were lockable.

Family members told us they were made welcome and could visit at any time. People could go to their bedrooms, and also to one of the lounges if they wanted to meet with visitors. Relatives told us: "It is an

open house for visiting."

Is the service responsive?

Our findings

Relatives were positive about the care they received from staff. We observed staff acting in a kind and considerate manner. When people rang call bells for help most people said these were answered promptly. For example we were told: "They come straight away," "Generally call bells are answered promptly, occasionally there seems a delay but then the bell has been triggered a number of times in quick succession." Another person said "There are occasional waits, but not on a daily basis." However another relative said "Call bells are not always answered as quickly as they should be (as there are not enough staff around)."

Before moving into the home the registered manager told us she went out to assess people to check the service could meet the person's needs. People, and/or their relatives, were also able to visit the service before admission. Copies of pre admission assessments on people's files were comprehensive and helped staff to develop a care plan for the person.

Each person had a care plan. All records were stored electronically. Care plans contained appropriate information to help staff provide the person with individual care. Care plans also contained appropriate assessments for example about the person's physical health, personal care needs, and moving and handling needs. Risk assessments were also completed with the aim of minimising the risk of people having inadequate nutrition, falls and pressure sores. Care plans were regularly reviewed, and updated to show any changes in the person's needs. All staff we spoke with were aware of each individual's care plan, and told us they could read care files at any time.

The service arranged organised activities for people. A relative said, "There are quite a few activities. A lot on." Activities were organised by three activities organisers. We were told activities provided included bingo, flower arranging, cooking, reminiscence and singalongs. There was a gardening club; people grew some tomatoes, grew flowers in raised beds, pots and hanging baskets. External entertainers regularly came to the service; these included singers, musicians and story tellers. There were also visits from petting and farm animals. On the day of the inspection there was a 'wake and shake' activity with an external facilitator which included arm chair exercises with pom poms set to music. There was also a knitting circle with a group of people who used the service and staff members. There were some trips out available, and the service hired a minibus for these. Trips have included going to the local supermarket, a trip to Weston Super Mare and going to the pub for lunch. One person said they got involved in some household activities such as laying the dining tables. People could have newspapers and magazines delivered. We were told the library visited. The church also came monthly to offer holy communion.

People said if they had any concerns or complaints they would feel confident discussing these with staff members or management, or they would ask their relative to resolve the problem. People said they felt confident appropriate action would be taken if they raised a concern. A relative told us, "The complaints procedure has been explained. We know that we can talk to the manager or duty manager at any time." A record of any complaints made was kept, with a record of what actions were taken to resolve the concern.

Is the service well-led?

Our findings

People and staff had confidence in the registered persons (owners and manager of the service.) For example people told us the registered manager was approachable, and helpful. The registered manager was observed engaging very well with people who used the service. Comments received from relatives about the management included: "Very helpful and supportive," "They run a very tight ship and they do very very well under difficult circumstances." External professionals said "(The manager) is very approachable," and "I have always been impressed (by the registered manager)."

Relatives and external professionals were positive about the culture of the service. For example, an external professional said "I have the highest praise for this home. There is generally a very pleasant and happy atmosphere."

Staff were positive about the culture of the team. None of the staff we spoke with had ever witnessed any poor practice, and all said if they had they were confident this would be immediately addressed by management. Staff members said morale was good within the staff team. Staff said, "Staff are all really positive," "Everyone works well as a team," and "There is a family atmosphere." Staff told us that if they had any minor concerns they felt confident addressing these with their colleagues. They said major concerns were addressed appropriately by the registered manager. Staff said the manager was "Approachable," "Firm but fair," and "Professional."

The registered manager worked in the service full time, and worked alongside staff. The registered manager said she was on call when she was not at the service.

We saw records of regular meetings with different groups of staff (such as care, catering, senior and night staff) as well as minutes for full staff meetings; of which four occurred in 2016.

Several relatives confirmed communication between staff and families was good, and they were informed of any concerns staff had about people's health and welfare. An external professional also said, "Communication is good."

Managers made 'satisfaction calls' to 5% of relatives each month to check these people were happy with care. Records showed people were happy with care and there were no concerns. Each month, a 'Quality Health Check' was completed by one of the organisation's quality assurance officers, who did not work at the service. A comprehensive report was provided of each visit which included observations of care practice, the environment, and meals. Records were reviewed such as staff files, care plans and accidents and incidents. The officer would also have conversations with staff and people who used the service. The registered manager provided a monthly report to the registered provider detailing any complaints, safeguarding referrals, staffing information and the financial performance of the service.

The registered manager said the area manager visited the service regularly. There were formal handovers between shifts. There were records that two meetings for 'residents, families and friends' occurred in 2016.

The registered manager was registered with the CQC in 2011. The registered persons have ensured CQC registration requirements, including the submission of notifications, such as deaths or serious accidents, have been complied with.