

Beechcroft Care Homes Ltd

# Southbourne Care Home

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Southbourne is registered to provide accommodation and personal care for up to 21 people. People who live at the service are older people, some of whom have memory loss or dementia. There were 18 people living at the service on the first day of inspection.

The inspection took place on 27 and 28 February 2017 and the first day was unannounced.

A registered manager was employed at the service. 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 was also one of the directors of the company that own the service and they were also registered as manager of another service owned by the provider. They were supported in their role by a recently appointed manager who had day to day control of the service.

Southbourne was rated as requires improvement at the comprehensive inspection in November 2014 and again in December 2015. CQC issued warning notices to the provider telling them they must take action. Although sufficient action was taken at that time to make improvements, these have not all been sustained.

At this inspection in February 2017 we found improvements to the quality assurance processes had not been sustained. Systems had not been established that ensured the provider could identify where person centred care had been compromised. For example, the systems had not identified the how the lack of personalised information in care plans had impacted on the person centred approach to people's care. Also, the discrepancy with people's finances had not been picked up. There was contradictory information with regard to some risks assessments. Improvements to the general environment such as signage had been needed for some time and had not been addressed. Issues relating to cleanliness in people's bedrooms had not been identified and addressed.

People did not always receive care that was personalised for them. Some aspects of peoples care had been assessed and were being met. However, there was little evidence people were assessed as a whole person and plans put in place to put the person at the centre of their care. There was little information on care plans for staff to help them meet people's social care needs. Some information about the person's life, the work they had done, and their interests was recorded in their care files and this could have been used to develop personalised ways of stimulating and occupying people.

Only three hours staff time per week were allocated to providing activities. Four outside entertainers were booked each month. Staff did tell us that they had time to sit and chat with people and people confirmed this. We saw staff had some time to spend sitting with people. We also saw that one person was taken out shopping each week by a member of staff.

The financial records for three people contained small discrepancies between the records and the amounts of cash held. Following the inspection the manager sent information telling us the discrepancies had been accounted for in the way balances had been recorded and plans had been put in place to minimise the risk of this reoccurring.

One member of staff, whose first language was not English could not understand the questions we asked about reporting abuse. The management team told us they always ensured the staff member was on shift with other staff whose first language was the same. Following the inspection further systems were put in place to ensure all staff knew how to report any suspicions of abuse. We also raised concerns that staff whose first language was not English would not be understood by people living with dementia. However, we saw no evidence that this was the case. Interactions we saw were positive with many smiles and nods.

Risks to people's health and welfare were minimised. Risks such as falls and pressure areas were assessed and well managed. However, some contradictory information in one person's care plan meant they may be at risk of not having their nutritional needs met, although we saw no evidence of this.

The environment needed further improvement to make it suitable for people living with dementia. There was limited signage to help people find their way around. One toilet on the ground floor had no sign indicating it was a toilet. The provider told us they intended to refurbish the ground floor and would include many improvements to make the environment more suitable for people living with dementia. Some areas of the service, particularly bedrooms were untidy. For example, one bedroom had food all over the floor and another had a pile of dirty clothes on a table. The manager arranged for these matters to be dealt with straight away. Other areas of the service, such as the lounge, hallway and dining room were clean and free from offensive odours.

Staff did not have a good understanding of the principles of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). However, throughout the inspection we heard staff applying the principles of the MCA. That is staff assumed people had capacity to decide things for themselves. Staff asked people what they wanted to do and frequently offered choices of food and drink. Staff also asked people for their consent before they provided any care.

Not everyone living at Southbourne was able to tell us about their experiences. Therefore we spent some time in the main lounge and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us. We saw some good interactions between staff and people living at the service. With people being engaged in conversations about what they liked to do. However, we noted that for over 30 minutes there was no interaction between staff and people in the main lounge.

People received personal care from staff that were trained and knowledgeable in how to support them. People's needs were met by ensuring there were sufficient staff on duty. Relatives and visiting professionals we spoke with told us they felt there were enough staff available whenever they visited. During the inspection we saw people's needs were met in a timely way and people did not have to wait for long periods of time for their needs to be met. Staff told us they felt there were enough staff available. People were protected from the risks of unsuitable staff being employed to care for them, as there were robust recruitment procedures in place.

People's needs were met by kind and caring staff. We saw people were relaxed and happy in staffs' presence. Staff carried out their duties in a caring and enthusiastic way. Comments from people included "They (staff) do more than is asked of them." Comments from visitors included "Everyone's very helpful –

can't fault it" and "Lovely people, and they (staff) are looking after her [relative] very well." People's privacy and dignity was respected and all personal care was provided in private.

People's care plans were reviewed regularly. People and their relatives were supported to be involved in making decisions about their care. The manager had started to hold more regular meetings for people and their families where they could raise any concerns. People and their relatives were confident that if they raised concerns they would be dealt with.

People's medicines were managed safely and they were supported to maintain good health. Records showed people had seen their GPs and health and social care professionals as needed. One visiting healthcare professional told us that the home was very good at contacting them when required. They said staff always acted on any advice given.

People were supported to maintain a healthy balanced diet. People told us they were happy with the meals served to them and always had a choice of main meal. Meals at Southbourne were not cooked at the service but at another nearby service operated by the same provider. They were then transported to Southbourne in a sealed system. The management told us there was always sufficient food available and staff had access to food at other times if needed, for example if someone wanted a sandwich in the middle of the night.

The manager and registered manager were open and approachable and they told us of their plans to improve the service. Staff spoke positively about the manager. One told us "You can talk to [name] about anything." Staff also praised the registered manager, they told us "If you want anything [name] will arrange it." Staff told us they felt well supported and received regular supervision.

We have made recommendations in relation to medicines management, the MCA and the environment.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

People were protected from the risks of abuse as the service had established systems to ensure this.

Risks to people's health and welfare were not always well managed.

People's medicines were managed safely.

People were protected from the risks of unsuitable staff being employed to care for them, as there were robust recruitment procedures in place.

People's needs were met by ensuring there were sufficient staff on duty.

### Is the service effective?

Good 

The service was effective.

The environment needed further improvement to make it suitable for people living with dementia. This was being addressed by the registered manager.

People's rights were protected as staff followed the principles of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS).

People received care from staff that were trained and knowledgeable in how to support them.

People were supported to maintain a healthy balanced diet.

People were supported to maintain good health.

### Is the service caring?

Good 

The service was caring.

People's needs were met by kind and caring staff.

People's privacy and dignity was respected and all personal care was provided in private.

People and their relatives were supported to be involved in making decisions about their care.

### **Is the service responsive?**

Aspects of the service were not responsive.

Aspects of people's care such as their social care needs were not person centred and responsive to their needs.

People's care plans contained details of how some of their needs were to be met and were reviewed regularly.

People and their relatives were confident that if they raised concerns they would be dealt with.

**Requires Improvement** ●

### **Is the service well-led?**

Aspects of the service were not well led.

Systems had not been established that ensured the provider could identify where person centred care had been compromised.

Staff and visitors told us the manager and registered manager were open and approachable.

**Requires Improvement** ●

# Southbourne Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 and 28 February 2017. The first day was unannounced.

One Adult Social care (ASC) inspector conducted the inspection.

Before the inspection we gathered and reviewed information we held about the registered provider. This included information from previous inspections and notifications (about events and incidents in the service) sent to us by the registered provider. Prior to the inspection, the registered manager had completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service does well and what improvements they plan to make.

Not everyone living at Southbourne was able to tell us about their experiences. Therefore we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

We met with all the people using the service and spoke with four people in private. We spoke with three staff, the registered manager, the manager and three visitors. We also spoke with a visiting healthcare professional. Following the inspection we received information from the local authority's quality improvement team.

During the inspection we looked at a number of records including three people's care records, the provider's quality assurance system, accident and incident reports, three staff files, records relating to medicine administration, complaints and staffing rotas.

# Is the service safe?

## Our findings

This key question was last inspected in April 2016. The inspection was focussed to look to see if the warning notices issued following the inspection in December 2015 had been met. The warning notice related to the quality assurance systems at the service not assessing, monitoring and mitigating the risks to people's health, safety and welfare. At that time we found sufficient improvement had been made to meet the requirements of the warning notice. At this inspection in February 2017 we found the improvements had been maintained. However, we identified other areas of concern.

Arrangements for ensuring people's monies were not misappropriated were not robust. The manager managed monies on behalf of some people and we looked at the records for three of these people. We found small discrepancies in all three, between records and amounts of cash held. The manager told us they would arrange for a full audit of all accounts. Following the inspection the manager sent information telling us this had been completed. The discrepancies had been accounted for in the way balances had been recorded and plans had been put in place to minimise the risk of this reoccurring.

People were protected from the risks of abuse. Two staff we spoke with knew about different types of abuse, how to recognise abuse, and told us what they would do if they thought someone was being abused within the service. Those staff also knew who to contact outside of the service but were confident the manager would address any concerns they raised. However, one staff member we spoke with did not have English as their first language and could not understand the questions we were asking. We discussed our concerns with the manager and registered manager. They told us this staff member always worked with a staff member whose first language was the same and who could speak English fluently. They also told us they had used an internet service to translate Southbourne's safeguarding procedures into the person's first language. Following the inspection we spoke with the manager to clarify the system in place to protect people from the risks of abuse. The manager told us that after we had raised our concerns with them, they and the registered manager had introduced further systems to ensure all staff had a full understanding of safeguarding procedures. They told us a senior member of staff who was fluent in two languages was assisting the registered manager in providing training to staff to ensure they fully understood the procedures. The senior staff member was also holding classes for staff whose first language wasn't English in order to improve their use of English. The staff member we spoke with had also been enrolled on a college course in order to help them improve their English.

People who were able to share their experiences with us confirmed they felt safe and were comfortable with the staff team. For those people who could not tell us if they felt safe we observed them interact with staff in a relaxed manner, and were smiling and laughing. People held staff's hands when talking to them, showing us they felt safe in their company.

People were protected from the risks associated with the employment of staff who may be unsuitable to work with people requiring help with their care needs. This was because there was a robust recruitment system in operation. We looked at the files for three staff, including the staff member most recently recruited. In all three files we saw that staff had been thoroughly checked to ensure they were suitable to



work at the service. These checks included obtaining a full employment history, seeking references from previous employers and checking with the Disclosure and Barring Service (DBS.) The DBS checks people's criminal history and their suitability to work with vulnerable people.

Arrangements for identifying and managing risks were in place to keep people safe and protect them from avoidable harm. Risks to people's safety and wellbeing were assessed. Risks in relation to nutrition, falls, pressure area care and moving and transferring were assessed and plans put in place to minimise the risks. For example, pressure relieving equipment was used when needed to reduce the risk of people developing a pressure ulcer. However, some other information about risks was contradictory. For example, one person's records indicated their food and fluid intake was poor and food and fluid charts were being used to record the person's intake. However, we saw that a more recent nutritional risk assessment said their risk level was low. This contradictory information meant the person may be at risk of not having their nutritional needs met. However, the person's weight was stable and there was no indication their nutritional needs were not being met.

People were supported to receive their medicines safely and on time. Medicine Administration Record (MAR) charts indicated people received their medicines on time and as prescribed by their GP. During the inspection we observed staff offering people their medicines at the specified times, explaining to them what their medicines were for and ensuring they had a drink available to take their medicines with.

We noted a discrepancy between the quantity of tablets held for one person and the number there should have been as identified on the MAR chart. The registered manager identified this was because the quantity of tablets carried forward from the previous month had not been recorded. This oversight related to one quantity of medicine only but could have led to medicines not being re-ordered when required and the person not having medicines to take as required.

Medicines were stored safely in a locked trolley in a locked cupboard. Only staff who had received training administered medicines. Fridge and room temperatures were checked daily to ensure medicines were stored at a safe temperature. Audits of medicines were undertaken on a monthly basis and records were kept of any medicines returned to the pharmacy.

Some people had been prescribed medicine to be taken when required (PRN) for pain relief or anxiety. Where PRN medicine was prescribed to help manage people's anxiety there were no guidelines within their MAR as to when the medicines should be administered. For example, one person was prescribed medicine to be taken when they became anxious. There was no indication of how staff would recognise when the person was beginning to become anxious, or if alternative interventions should be used before the medicine was given. The staff member we spoke with was clear about when they would give the medicine and felt other staff would do the same. We saw directions for managing people's anxiety was contained in people's care plans but this did not specify at what point any PRN medicines should be given. Where people were prescribed PRN medicine for pain relief there were no directions on how staff might recognise the person was in pain if they could not tell them. These issues had been highlighted at the inspection in December 2015. The manager agreed to prepare guidelines for staff to follow in these circumstances. Following the inspection they wrote to confirm this had been completed.

It is recommended the service obtains advice from a pharmacist with regard to the administration of PRN medicines.

Procedures were in place to protect people in the event of an emergency. Staff had been trained in first aid and there were first aid boxes easily accessible around the home. Personal emergency evacuation plans

were in place for people. These gave staff clear directions on how to safely evacuate people from the building should the need arise, such as in a fire.

Any accidents or incidents that occurred were recorded and reviewed by the manager and registered manager to see how they happened and whether any actions were necessary to reduce the risk of reoccurrences. For example, the accident audit completed in November 2016 identified one person had two falls in the same place around the same time. A urine infection was diagnosed and anti-biotics prescribed by the GP. No further falls were recorded. Risk assessments were reviewed after each incident and care plans were updated as required.

People living at Southbourne had varying levels of need. Some people needed the help of two staff and others just needed prompting and support with their personal care. Not everyone living at Southbourne was able to tell us if they thought there were enough staff to meet their needs. However, the relatives and visiting professionals we spoke with told us they felt there were enough staff available whenever they visited. During the inspection we saw people's care needs were met in a timely way and people did not have to wait for long periods of time for their needs to be met. Staff told us they felt there were enough staff available. They said they had time to sit and chat with people as well as meeting personal care needs.

On both days of inspection there were three care staff on duty in the mornings and evenings. Management and ancillary staff such as a cleaner were also on duty. Rotas showed there were always two staff on waking duty each night. The manager told us the local authority's care needs banding tool was used to calculate staffing levels. They said staffing levels could be increased when there were changes in people's needs.

The premises and equipment were maintained to ensure people were kept safe. In December 2016 the registered manager had completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service does well and what improvements they plan to make. The PIR told us 'Equipment is bought as required serviced and maintained according to law and manufacturing instructions including lifts and hoists. Records showed this to be the case. For example, hoists, pressure relieving equipment, gas and electrical installations were checked in line with the associated regulations. However, we saw that the carpet by the door of one bedroom was badly frayed. This could present a trip hazard. The registered manager agreed to address this issue to minimise the risk of anyone tripping on the carpet. We spoke with the maintenance person who had been asked to deal this and they were doing this during the inspection.

Arrangements were in place to minimise the risk of cross infection. Throughout the inspection we saw staff wearing disposable gloves and aprons when required. We saw staff changed gloves and aprons when providing personal care to different people and when dealing with food. Regular audits were completed to ensure infection control procedures were followed.

## Is the service effective?

### Our findings

People living at Southbourne had needs relating to living with dementia, their mobility and general health. People received care and support from staff who had received a variety of training to help them meet their needs. At the inspection in December 2015 we found not all staff had received the training they needed in order to be effective in their role. At this inspection in February 2017 we found improvements had been made. We had previously served a Warning Notice in relation the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). At this inspection in February 2017 we found staff had received training in the MCA and DoLS.

The 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 who lived at Southbourne were able to make day to day decisions for themselves, but may not have the capacity to make more complex decisions about their health and welfare. Although staff had received training they did not have a clear understanding of the MCA and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. They were not aware that people's capacity to make decisions may need to be assessed or that best interest decisions would need to be made if the person did not have capacity to make a particular decision. However, this did not impact directly on people as throughout the inspection we heard staff applying the principles of the MCA. Staff asked people for their consent before they provided any care and frequently offered choices of food and drink. The registered manager agreed to check the staffs' understanding of the MCA.

We recommend the provider ensures staff have a thorough understanding of the MCA.

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 service had a locked entrance gate and people were not free to leave the service unaccompanied. However, people were able to go out into the garden unaccompanied if they wished and had been assessed as safe to do so. Because of the restriction on leaving the service the registered manager had made applications to the local authority to deprive everyone living at the service of their liberty in order to keep them safe. Due to the large number of applications being processed by the local authority only one authorisation had been granted at the time of the inspection. This authorisation was due for renewal and the manager was contacting the local authority to ensure this was completed.

Some areas of the service, particularly bedrooms were untidy. For example, one bedroom had food all over the floor. The manager told us this would have been picked up when staff collected the person's lunch crockery. Another room had a pile of dirty clothes on a table, and the manager said the person frequently

changed their clothes themselves and would have left them for staff to remove. The manager arranged for these matters to be dealt with straight away. Other areas such as the lounge, dining room and corridors were clean and tidy with no unpleasant smells. The service held a food hygiene rating of 5.

At our inspection in December 2015 we found some improvements had been made to the environment and there was improved signage around the service that helped people find their way around. We had been told that further improvements were planned. At this inspection in February 2017 we found improvements were still needed to the environment to make it more suitable for people living with dementia. For example, there was limited signage to help people find their way around. One toilet on the ground floor had no sign indicating it was a toilet. The registered manager told us they were continually improving the environment. They told us they had just been granted planning permission to extend the ground floor of the property, which they hoped would be completed by the end of 2017. They said this would include a refurbishment of the ground floor and would include many improvements to make the environment more suitable for people living with dementia. Guidance on suitable environments had been sought from the Kings Fund organisation and the provider planned to use this knowledge when making improvements to Southbourne. The Kings Fund 'tool' enables providers assess how suitable the environment is for people living with dementia.

We recommend the provider regularly reviews the environment to ensure it meets the needs of people living there.

There was a comprehensive staff training programme in place and a matrix indicated when updates were needed. Staff had received training in a range of subjects including medicine administration, first aid and moving and transferring to help meet people's needs. However, we saw one staff member did not follow safe moving techniques when helping one person from their chair. We discussed this with the manager who addressed this with the staff member. The registered manager who provided moving and transferring training said they would ensure the staff member received an update to their training. Following the inspection the registered manager provided evidence the staff member had received further training and had been assessed as competent in moving and transferring.

Staff had also received more specific training such as caring for people living with dementia. We saw staff taking time to find out what people wanted, by listening to them and checking with them they had understood what the person wanted. Relatives we spoke with told us they felt staff had the training and experience needed to meet people's needs. The 'quality questionnaire' that was sent to people and their relatives early in 2017 indicated that all 19 people who responded felt staff had the skills and knowledge to do their job.

The registered manager told us new staff undertook a detailed induction programme, following the Skills for Care, Care Certificate framework. The Care Certificate is an identified set of standards used by the care industry to ensure staff provide compassionate, safe and high quality care and support. We looked at the file of the most recently appointed member of staff which showed they had started to work towards the Care Certificate.

Staff records showed that they received regular supervision and appraisals. Staff received individual supervision sessions with senior staff and group supervisions when staff were updated on a variety of topics, such as the importance of monitoring food and fluid intake and safeguarding people. We asked how they ensured staff fully understood their training and assessed their competency to continue to do their job. The manager and registered manager felt they achieved this through supervision and observation of staff while they were caring for people. We were concerned that staff whose first language was not English may not be

able to communicate effectively with the people they supported. The managers assured us there had been no concerns in this area and that they had observed people interacting very well with the staff member. We also observed the staff member interacting well with the people they were supporting.

People were supported to receive a healthy balanced diet with plenty to drink. Staff frequently offered people tea, coffee or cold drinks. People told us they were happy with the meals served to them and always had a choice of main meal. Meals at Southbourne were not cooked at the service but at another nearby service operated by the same provider. They were then transported to Southbourne in a sealed system. We discussed this with staff and management. They told us there was always sufficient food available for people to be able to make choices about what they would like to eat. Staff had access to food at other times if needed, for example if someone wanted a sandwich in the middle of the night. People were offered their breakfast individually when they got up, which meant people did not have to wait for their meal.

Some people needed their meals pureed or softened, and staff were clear about what support people needed with their meals. For staff whose first language was not English, the details of the types of food and support people needed had been translated into their first language. We saw these procedures on the wall in the kitchen. The manager told us this was an additional measure that had been put in place to ensure staffs' understanding. They did not have concerns staff did not know people's dietary requirements.

People were supported to maintain good health and staff made referrals to healthcare services where required. Records showed people had seen their GPs and health and social care professionals as needed. People told us they always saw their GP when needed. We spoke with one visiting healthcare professional who told us that the home was very good at contacting them when required. They said staff always acted on any advice given and were confident people's healthcare needs were being met.

## Is the service caring?

### Our findings

Not everyone living at Southbourne was able to tell us about their relationships with staff. Those people that could tell us their views and their visitors said staff were kind and caring. All the interactions we saw between people and staff were positive. Comments from people included "They (staff) do more than is asked of them." Comments from visitors included "Everyone's very helpful – can't fault it" and "Lovely people, and they (staff) are looking after her [relative] very well."

We saw many 'thank you' cards from people whose relatives had lived at Southbourne. They had commented "I cannot put into words how wonderful and caring all the staff at Southbourne have been in looking after [relative]." The 'quality questionnaire' that was sent to people and their relatives early in 2017 indicated that all 19 people would 'definitely' recommend Southbourne to family and friends.

We saw people were relaxed and happy in staffs' presence. Staff carried out their duties in a caring and enthusiastic way. Staff were observed to be kind and patient, supporting people in an easy, unrushed and pleasant manner. They walked with people at their pace and knelt down to be on people's level when chatting to them. Staff were mindful of people's needs. They offered plenty of fluids and discreetly asked if people needed help with personal care.

Staff at Southbourne treated people with respect and kindness. We heard staff listening and communicating well with people, giving them their full attention and talking in a pleasant manner. When speaking with people staff used people's preferred names. We saw that people responded well to staff, speaking, smiling and laughing with them. There was laughter and appropriate banter between staff and the people they supported. For some staff English was not their first language and we closely observed them communicating with people. These staff were able to understand what people were saying to them and people did not appear to have difficulty in understanding what staff were saying to them.

One staff member told us "This is their world" and that everyone needed to be treated as an individual. They went on to say "This place feels like home – no-one makes me come to work."

People's preferences were obtained and recorded during their pre-admission assessment. Some people preferred not to socialise in the lounge areas and spent time in their rooms. Staff demonstrated they knew the people they supported. They were able to tell us about people's preferences. For example, staff knew one person always liked to wear a particular item of clothing. We saw the person wearing this item throughout the inspection. People made choices about where they wished to spend their time.

Everyone had their own bedroom. People's privacy was respected and all personal care was provided in private. Staff knocked on people's bedroom doors and waited before they entered. Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

Not everyone was able to be involved in planning their care. We saw that where people or their relatives wished to take part in planning their care they could be. The 'quality questionnaire' that was sent to people

and their relatives early in 2017 indicated that all 19 people felt involved in planning care. Relatives told us that they could visit at any time and were always made welcome. They also said that staff always kept them informed of any changes in their relative's welfare.

## Is the service responsive?

### Our findings

People did not always receive care that was personalised for them. Some aspects of people's care had been assessed and were being met. However, there was little evidence people were assessed as a whole person and plans put in place to put the person at the centre of their care. There was little information on care plans for staff to help them meet people's social care needs. Some information about the person's life, the work they had done, and their interests was recorded in their care files and this could have been used to develop personalised ways of stimulating and occupying people.

In December 2016 the registered manager had completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service does well and what improvements they plan to make. The PIR told us 'We always ensure that a full initial assessment is completed prior to a resident coming to stay at Southbourne as well as a care passport and this is me document which enables the staff to get to know the resident' While each of the three files we looked at contained good assessments, the information in the care passports and this is me document was limited. The managers told us they had difficulty in initially obtaining this information. While staff could tell us about some people's previous interests, there was no evidence the documents had been added to as staff got to know people better.

Not everyone living at Southbourne was able to tell us about their experiences. Therefore we spent some time in the main lounge and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us. We saw some good interactions between staff and people living at the service. With people being engaged in conversations about what they liked to do. However, we noted that for over 30 minutes there was no interaction between staff and people in the main lounge. This was because staff only looked into the lounge occasionally and did not speak with anyone. During this time two people were chatting together, but the other five people were just looking around or were asleep. However, no one was anxious or upset during this time. We discussed with the registered manager and manager the need to ensure staff took every opportunity to communicate and interact with people.

We saw some records relating to 'pad rounds' and were told these were completed at set times when people's continence care was being managed. There was no evidence people had been individually assessed to determine when their continence needs should be monitored. We discussed this with the manager as this type of routine checking for everyone did not demonstrate people were receiving care that was responsive to their individual needs.

People's care plans were not always personalised for them. For example, one person's plan stated staff should ensure the person wore their glasses. However, that person did not need wear glasses. Some people could become anxious and this caused them to display certain behaviours. There were details in one person's plan on how staff should help relieve their anxiety. However, there were no details as to what point medicines prescribed to be taken 'when required' to relieve anxiety should be given to the person. Some people needed help to find their way around their environment but this was not identified in their care plans



and there was limited signage around the service to help them.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the previous inspection in December 2015 we found there was a good programme of activities on offer and people were able to participate in household activities such as washing up. We found during this inspection in February 2017 that there were few person-centred activities on offer. The manager told us three hours staff time each week were allocated to providing activities. Four outside entertainers were booked each month. The programme of activities only showed group activities and people did not have individual activity plans to ensure they had meaningful activities to promote their wellbeing. We discussed this with the registered manager and manager who felt that staff spent more time with people than was specifically allocated to activities. For example, encouraging people to help with household tasks such as folding washing. Staff did tell us that they had time to sit and chat with people and people confirmed this. We observed staff spending some time with people individually. Staff also told us some people enjoyed playing dominoes with them. There was also some opportunities for people to have animals visit them in their rooms. We saw that one person was taken out shopping each week by a member of staff. One visitor told us their relative had been a keen gardener. They said the registered manager was making plans, when the weather improved, for them to have an area for them to maintain themselves.

Most people spent their day watching television or chatting with their visitors. On the first day of the inspection there was a visiting guitar player, who sang with people, who were able to request songs they enjoyed. This was really enjoyed by people. Other regular activities included singers and visits from a person with a selection of animals. People told us they were happy with the level of activities on offer.

People's care plans contained information on other aspects of personal care such as washing and dressing and how staff should meet any pressure area needs. All care plans were being reviewed as they were large documents and it was difficult to easily find information. However, staff told us people's care plans contained all the information they needed to be able to care for the person in the manner they wished. Care plans were updated as people's needs and wishes changed. For example, where people's dietary needs had changed following a health care professional's input, their care plans showed the texture of food and fluid they required.

Staff had received training in caring for people who were living with dementia and we saw staff responded to people's needs in a sensitive manner. Staff were careful to speak slowly and calmly and gave people time to process any information, good eye contact was also maintained. One staff member told us the training had given them ways to reassure and distract people if they became anxious. They told us about how they spoke with one person about their family when they started to become anxious as this provided comfort to them. We saw one person was asked several times if they wished to put on more clothing, as they had not wanted to get fully clothed when they first got up. They did not want to at first, so in order to ensure the person stayed warm, staff continued to gently ask and persuade the person until they were happy to put on more clothing.

However, we spoke with one member of staff whose first language was not English and who had difficulty in understanding the questions we asked them. Although we saw them interacting with people in a kindly manner, we were concerned that they may not be able to understand what people were trying to say to them. We had particular concerns for people living with dementia who may get anxious if they could not communicate their needs to staff. However, we saw no evidence of this during the inspection. We spoke with

the manager and registered manager about this and they told us there had been no problems with communication between the staff member and people. They ensured the staff member always worked with another member of staff whose first language was the same and who spoke English fluently. The managers told us this had no impact on staff responding to people's needs as staff did not work side by side. It was just that the staff member who spoke English fluently was on the same shift as the staff member who did not. We saw staff working separately and ensuring people's needs were being met. They also said they were encouraging the staff member to attend classes to improve their spoken English.

The manager told us they were planning to hold more regular meetings for people and their families to discuss any issues they may have. A meeting was planned for the following week. After the inspection the manager sent us a copy of the minutes of the meeting. We saw that issues raised included the request for more fresh fruit. The manager was to order more fresh fruit. There was also a concern raised about the smell of urine in one bedroom. In the short term the manager was to address this and make improvements. In the longer term this room would be incorporated into the new extension. The provider advised that a more hygienic floor covering would be installed in this area when completed.

The registered manager and manager took note of, and investigated any concerns raised. We saw that since the last inspection two complaints had been recorded in the complaints file. These had been investigated and the complainants had been satisfied with the outcome of the investigation. People and visitors told us they felt able to raise any concerns and said they would speak to staff if they needed to. However, they told us they had never had to make a complaint. One visitor told us "I've never had to complain about [relative's] care in anyway."

## Is the service well-led?

### Our findings

The service is owned by Beechcroft Care Homes Limited. The registered manager was also one of the directors of the company that owned the service. They were also registered as manager of another service owned by the provider.

The registered manager took an active role within the service and visited on a regular basis in order to maintain oversight of the day to day running of the service. They also provided support to the manager and in-house training to the staff. There was a staff management structure in place to maintain the running of the home. The registered manager was supported in their role by a recently appointed manager who had specific responsibility for the management of the service in the absence of the registered manager. The manager was supported by a deputy manager and senior care staff.

This key question was last inspected in April 2016. The inspection was focussed to look to see if the warning notice from the inspection in December 2015 had been met. We found that sufficient improvement had been made to meet the requirements of the warning notices. This was because quality assurance systems including regular audits of the service were being completed. These had led to improvements for people, and positive feedback from relatives and people living at the service.

At this inspection in February 2017 we found the improvements made to the quality assurance systems had not been sustained. We found systems had not been established that ensured the provider could readily identify where the quality of person centred care had been compromised. For example, the systems had not identified how the lack of personalised information in care plans had impacted on the person centred approach to people's care. This led to the key question Responsive being rated as 'requires improvement'. This meant the key question was rated lower than at our inspection in December 2015 when it had been rated as 'good'. Also, the discrepancy with people's finances had not been picked up. There was contradictory information with regard to some risks assessments. Improvements to the general environment had been needed for some time and had not been fully addressed. Issues identified during the inspection relating to the cleanliness in people's bedrooms had not always been identified and addressed.

Some audits had been undertaken by the manager and other senior staff. For example the management of medicines, the quality of the care plans, the safety of the environment and accidents and incidents. However recommendations from the inspection in December 2015 relating to medicines to be administered 'as required' (PRN) had not been implemented. Where some issues had been identified, action had been taken to rectify the matters. For example, the audit in July 2016 had identified an odour in one bedroom. The room had been deep cleaned and the odour had been removed.

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

However, at this inspection in February 2017 we found that some improvements had been made within the service. For example, the key questions 'safe' and 'effective' were rated as 'good'. This was an improvement

to the ratings as at our inspection in December 2015 we had rated them both as 'requires improvement'. During the inspection the registered manager and manager demonstrated their commitment to improving the service. The registered manager told us of the improvements they planned to make to the environment. They also said they were considering introducing a computerised care planning system like they had at another of their services. Staff at the other service had indicated the computerised system was more easily updated. This ensured the most up to date information on people's needs was available to them. The manager told us how they were working to improve the systems in place within the service. Following the inspection the registered manager and manager had discussed our concerns over staff whose first language was not English and had put measures in place to address our concerns.

A quality questionnaire had been sent out to relatives in early 2017 and a report on the findings had been produced. Nineteen forms were returned and the results were very positive. Three of the forms had been completed independently by people living at the service. The others had been completed by people with the help of relatives or staff. The report indicated that people and their families found the manager approachable. Three areas for improvement had been highlighted by families. These were choice of food, the service at weekends and housekeeping. One person felt the service was not so good at the weekends due to manager not being present. The registered manager had produced a plan in order to address the matters.

There was a positive and welcoming atmosphere at the home. People told us they felt they could approach the registered manager and manager about anything. We saw good interactions between the managers and people living at the service and people obviously knew both managers well. The managers had a good knowledge of the people and staff who lived at Southbourne and were able to tell us about people's needs. Staff told us they thought there was a positive culture in the home. One staff member said "Everything here is team effort". They also told us the service was "Friendly, we get to know people and understand their needs. We're always here for them." Staff spoke positively about the manager. One told us "You can talk to [name] about anything." Staff also praised the registered manager, they told us "If you want anything [name] will arrange it." Staff told us they received regular supervision and felt well supported by both the manager and registered manager.

The manager told us they kept their knowledge of care management and legislation up to date by attending training courses, using the intranet and the Care Quality Commission's website. They had previously been registered as manager of another service and had obtained management qualifications. They told us they were well supported by the registered manager. Following the inspection they sent us an action plan for issues we had identified during the inspection. This showed us they had understood our concerns and acted on them swiftly.

The manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care  The provider did not ensure care and treatment of service users met their all their needs.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not have in place effective systems to assess, monitor and improve the quality and safety of the service.