

Bridgewood Trust Limited

# Southlees

## Inspection report

84 Aldonley  
Almondbury  
Huddersfield  
West Yorkshire  
HD5 8SS

Tel: 01484428366

Date of inspection visit:  
11 December 2018

Date of publication:  
09 January 2019

### 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

Southlees is a care home providing personal care for up to six people with a learning disability. There were five people in total living in the home at the time of the inspection. At our last inspection in 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The registered provider was working within the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service were supported to live as ordinary life as any citizen.

People were safely cared for because systems and processes underpinned the individual support they needed. Risks were appropriately assessed and mitigated, with each person's full involvement where possible.

People were safely and individually supported with their medicines and staff demonstrated good understanding and safe practice for this. Medicines were securely stored. We spoke to the registered manager about the importance of labelling opened medication.

Staff understood how to safeguard people from harm, and there was a thorough system for recording and learning from accidents and incidents. Premises and equipment were regularly checked for safety.

Staff training and supervision was continuous and staff were very well supported in their role.

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.

People were supported to lead healthy lives and there were effective links with other professionals.

People's dietary needs were well met and understood by staff.

Staff respected people's privacy and dignity and there were good opportunities for people to be independent. There was a very friendly, supportive atmosphere and people said they were cared for.

Care was person centred and people's individual needs were promoted and respected. Care records showed individual preferences and people choose their own preferred lifestyle.

The registered provider was very involved in people's care and support and they knew each person well.

There was clear effective leadership and teamwork, with good communication at all levels.

Audits were in place and regular feedback was sought about the quality of the service. Documentation was securely filed and wherever possible, easy-read formats were produced so people were very well included and informed.

Further information is in the detailed findings below

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

the service remains Good.

# Southlees

## **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 was a comprehensive inspection. The inspection took place on 10 December 2018 and was announced. We gave the provider 48 hours' notice of our inspection as we needed to be sure someone would be in to speak with us. The inspection team was made up of one adult social care inspector.

We gathered and reviewed information before the inspection such as the provider information return (PIR), notifications about the service and liaison with other agencies, such as the local authority and safeguarding team.

We spoke with one person who used the service, one member of care staff and the registered manager (who was also the registered provider). We looked at the premises including one person's room with their permission. We looked at two support plans, two staff files, training and supervision records and documentation to show how the service was run, such as maintenance records, policies, procedures and audits.

## Is the service safe?

### Our findings

At the time of the inspection two people were available in the home to speak with. Everyone else was out on activities. People told us they felt safe. One person said, "Yes [I feel safe]." Staff told us they felt people were safe as they had procedures in place to make them feel safe in their home.

Staff involved individuals in identifying their individual risks and agreed strategies for their safety. Staff understood the potential environmental hazards, such as the risk of fire and they knew the emergency procedures to follow. Safeguarding procedures were known and followed, staff clearly understood how to keep people safe from harm. The safety of each person was discussed at supervisions so staff were clear about agreed strategies of support, such as how to manage behaviours that challenged.

Safe recruitment procedures were followed and staffing levels were based upon people's individual needs. The registered provider told us staffing levels were reviewed and adjusted according to people's changing needs. No one at the time of inspection required one to one support.

People were supported with their medicines on an individual basis. Medicines were stored securely and accurate temperature checks in place. Records of medicines were maintained well and staff told us they were confident in the medicines management process. Not all medicines were labelled with the date they were opened We spoke to the registered manager about this and this was completed straight away.

The home was clean with regular cleaning regimes. People were supported to be involved in their own daily cleaning chores, such as tidying their rooms, making drinks and setting the table. Individual safety features were in place in the premises to mitigate risks to each person. We saw the home had been adapted for people. For example, wet floor showers in the bathrooms for people to promote independence.

## Is the service effective?

### Our findings

We could see and records showed staff had the right skills to care for people. Staff had good opportunities to complete regular training and they had team and supervision meetings in support of their work and their own well-being. The registered manager told us they also worked alongside staff. This promoted consistency within the team.

Detailed assessments of people's needs were carried out and regularly reviewed. People were supported to maintain healthy lifestyles and there was evidence of close working with other relevant health professionals, such as GPs, dieticians and chiropodists. Staff were skilled at recognising potential triggers for people's poor mental health and they reassuringly reminded people about their individual coping strategies. People made individual choices about what they wished to eat and drink. We observed one person making their own drink. People were required were supported to eat and drink.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. The provider had a clear understanding of the legislation and was working appropriately to ensure people's rights were maintained.

The home was warm and welcoming. We were told by the registered manager one professional had come into the home and taken their shoes off as they felt they were walking into someone's home. The registered manager told us, "I felt an overwhelming amount of pride that people coming into their home feel like that. That's what we want to achieve."

## Is the service caring?

### Our findings

People said they felt well cared for at the home. One person said, "Yes, [name of staff] looks after me."

Another person when asked, smiled.

Staff we spoke with said they thoroughly enjoyed caring for people at Southlees and they felt supported and valued as part of the team. The registered manager promoted support for staff well-being, recognising this as a critical factor in staff delivering high quality care. One member of staff said, "I love my job. We receive lots of praise from the manager."

One person wanted to show us their room. This was personalised and the person told us, "I chose this colour [for the walls]." They were proud to show us pictures of their family, which were in frames in the bedroom.

Staff demonstrated a respectful rapport with people and they knew each person's needs well. Staff were proactive when people needed reassurance and used positive language to promote well-being. People were involved in all aspects of their care and support and staff gave good explanations and information about matters affecting them.

People's views were regularly discussed within regular individual meetings and people told us they directed their own care and support. For example, Going horse riding and holidays.

## Is the service responsive?

### Our findings

People were involved in planning their day around what they wanted to do individually, such as going to the shops or out to other local places. Staff we spoke with clearly understood the need for individuals to lead their own choice of lifestyle and made every effort to support them to do so. Staff had a very enabling approach to supporting each person, with a personalised programme of support responsive to their needs. On the day of the inspection three people were out in the community. In the afternoon two people went carriage riding. One person said, "I really like this with the horses."

The registered manager told us each person's care was based around their preferences and they facilitated what people wanted to do. People were encouraged to maintain links with their family members and friends, such as through regular visits and telephone calls. We saw people regularly went home overnight to spend time with their family and this was actively encouraged by the staff.

People told us they knew about their support plans and gave us permission to look at these. We found these were person centred; care planning was done with each person, and as such their preferred routines, interests and preferences for care were detailed. There was relevant health information for staff to know how to support each person. Regular reviews of people's care took place on an individual basis.

The registered manager told us how they were working to further develop more meaningful 'easy read' accessible information to help people understand important matters. The registered manager had ideas on how to do this and was taking this back to the managers meeting to incorporate.

The complaints procedure was available within the home. People and staff, we spoke with said they would be confident to raise any concerns with the registered manager. The registered manager had received no complaints ever; however, they had received many compliments. These included one from a visiting professional, who said, "Without exception each family member we have spoken to speak extremely high of the valued support and care the clients receive." A relative commented, "Just to let you know how much we appreciate the high quality of care." End of life had been discussed with people who chose to discuss this.

## Is the service well-led?

### Our findings

There was a registered manager at the time of inspection. 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.

There was clear leadership of the service and the well-structured management team promoted a positive culture of open communication. Staff understood the ethos of the service as well as their roles and what they were accountable for. Staff told us they were proud to work for the service.

People, relatives and staff were complimentary about how the service was run. The registered manager had a good overview of the needs of the service and how to ensure the quality of care was maintained in line with the regulations.

The registered manager carried out quality audits and sought regular feedback about the service from people, relatives, staff and visiting professionals. Regular maintenance checks were in place for equipment and premises. The registered manager undertook an annual satisfaction survey with people and their relatives. These had not been returned before the inspection. We looked at the previous survey in 2017 which showed positive feedback.

Documentation was clearly filed and securely stored and staff were mindful of confidentiality. We saw the registered manager was fully involved in the care of each person and was visible and present throughout the inspection. The registered managers information returns accurately reflected the findings of the inspection and there was clear provider insight into the strengths of the service and areas to develop. We saw the last rating displayed in the home.