

Southwinds Limited

Southwinds

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

This unannounced inspection took place on 31 December 2015. At our last inspection on 13 August 2015 we found there were breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014 in respect of the way records were written and maintained, and the care and welfare of people who used the service.

Southwinds provides accommodation and personal care for up to 25 people with a learning disability. There were 13 people living in the home on the day of our inspection.

There was a registered manager in post. 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.

At the inspection in August 2015 a warning notice was issued as the provider was breaching legal requirements in the way people's records and those relating to the management of the home were monitored and managed. At this inspection we found that some improvements had been made, however no action had been taken to protect the rights of people who lacked the capacity to make choices for themselves. When people were unable to

Summary of findings

consent, mental capacity assessments and best interest decisions were not completed. The provider had not considered that some people were being restricted and that deprivation of liberty safeguards referrals were needed.

There were no audits in place to monitor the quality of the service or incident trends to identify where improvements could be made.

Systems were in place to support staff and give them opportunities to discuss their performance and development. There were whistleblowing arrangements in place which staff could use anonymously if they preferred. Staff could use this to raise concerns about the care people received and the way the home was managed.

People received a varied and nutritious diet but were not provided with a choice of meals. People had access to health care professionals when specialist support was required.

People told us they felt safe. Risks associated with their care had been assessed in response to our previous concerns. Staff had received training to use equipment correctly and safely. Staff understood how to report concerns about people's safety and how to protect them from harm and abuse. People told us they were happy with their care and we saw that the staff were kind. People were supported to maintain relationships with family and friends who were important to them.

People enjoyed socialising together and spending time alone if they preferred. If people were unhappy or wanted to raise concerns or complaints they knew who to speak with and felt their concerns would be listened to.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People received their medicines to keep them well. People's risks were assessed. Staff knew how to raise any concerns to protect people from harm.

Good



Is the service effective?

The service was not consistently effective.

Staff did not demonstrate an understanding of the Mental Capacity Act 2005 and its requirements. People received a varied nutritious diet but were not provided with choices about their food. People received support from health care professionals when specialist advice was required.

Requires improvement



Is the service caring?

The service was caring.

People received kind and caring support. People could choose how they wanted to spend their time. People were supported to maintain the relationships that were important to them.

Good



Is the service responsive?

The service was responsive.

People had opportunities to socialise together or independently if they preferred. People knew who to speak with if they wanted to raise any concerns or complaints.

Good



Is the service well-led?

The service was not consistently well-led.

There was no audit programme in place to monitor the quality of the service. Relatives had been asked to share their views of the service. People had not had the opportunity to complete the satisfaction survey but had meetings with staff to discuss what they would like to do. Staff had supervision sessions to discuss their performance and development.

Requires improvement



Southwinds

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 unannounced inspection was undertaken by one inspector. Before the inspection we reviewed the information we held about the home and spoke with the local authority's quality monitoring team.

On this occasion, we had not asked the provider to send us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt was relevant.

At the visit to the home we spoke with four people who lived there, one relative, the registered manager, the deputy manager and three members of the care staff. As some people were unable to speak with us we observed the care in the communal areas of the home so we could understand people's experience of living at Southwinds. We also looked at the care plans for three people and records relating to the management of the home.

Is the service safe?

Our findings

At our focused inspection on 13 August 2015 we found that the provider had followed the action plan they had written to meet the shortfalls in relation to the requirements of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. However, we found at that inspection that further improvements were required to ensure people medicines were managed safely.

At this inspection we looked at the way medicines were managed and found that the improvements noted at our last inspection had been sustained. In addition further action had been taken to ensure people's prescribed medicines were managed correctly. People we spoke with told us they had their medicines regularly. One person told us, "The manager helps me put all my tablets for the week in a box. They're kept in the office and I go there to take them. I used to keep them in my room but this is better for me". When people were prescribed external preparations such as creams and ointments we saw these were stored securely. One person told us, "I've got a special cream. They [the staff] showed me how to use it and they keep it safe for me". People's medicines were reviewed regularly by their doctor to ensure their prescriptions met their needs. We saw that accurate records were kept of the medicines which had been administered and regular checks were in place to ensure there were adequate supplies of people's medicines available.

Staff had a good understanding of how to protect people from harm and abuse. Staff knew what action they should take to share their concerns. They told us that they would feel confident to report directly to the registered manager and to external organisations, for example the local

authority and ourselves. One member of staff said, "I wouldn't hesitate to speak up about my concerns. We have a poster now which gives us the number to call to report as well".

We saw that people's risk of avoidable harm had been assessed since our last inspection. The risk assessments had been re-written and were specific for all aspects of people's care. One person's mobility had deteriorated and they needed to be moved using a hoist. We saw there was a risk assessment in their care plan. Staff told us they had been trained how to use the hoist safely and only the staff who had attended the training were able to operate it. This ensured the person's safety was maintained. People's ability to leave the building in an emergency had been reviewed. We saw that when people's mobility had altered their personal evacuation plan had been updated to ensure they received the appropriate level of support to keep them safe.

Some people presented with behaviour which challenged. Staff told us they had identified what could trigger an increase in people's behaviours and told us how they would support people. We saw that the support described by staff was reflected in people's care plans and demonstrated that staff had recognised the importance of a consistent approach.

Staff told us there were arrangements in place to check for staff suitability to work in the service before they were employed. We looked at two recruitment files and saw that pre-employment checks, including police checks, had been completed before people were able to start work. This ensured that staff were suitable to work with people living in the home.

Is the service effective?

Our findings

At our last inspection in August 2015 we found that mental capacity assessments and best interest decisions had not been completed when required to protect people's rights. This had still not been addressed when we undertook the focused inspection on 13 August 2015 or at this inspection. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment 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 saw that the doctor had been asked to speak with people who used the service and record their consent to care. We read two care plans in which the doctor had recorded that the people did not have the capacity to consent. There were no capacity assessments in place for these people to identify what decisions they would need support with or how other decisions were made in their best interest. For example, a sensor mat had been used for one person with a history of falls, to alert staff when they were out of bed. The decision to use the mat and subsequent discontinuation had not been recorded in this person's care plan to indicate why these decisions had been made and that either of the actions were in their best interest.

Staff told us that they could not use bedrails on people's beds as these were considered to be restraint. The use of bedrails is acceptable to keep people safe if their use has been risk assessed and they are placed with either the

agreement of the person or the decision is shown to be in their best interest to keep them safe. This demonstrated a lack of understanding of the Act by the registered manager and the staff.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

People told us they enjoyed the food but we saw they were not offered a choice of meals. People we spoke with said they didn't know what they were having for lunch. One person said, "We don't know what we're having today." Another person said, "We'll have fish tomorrow. We always have fish on Friday". People told us and we saw there was only one meal choice at lunchtime. One person said, "I didn't know what we were having but they know I don't like peas and beans so they don't give them to me". The registered manager showed us some menu changes which they planned to implement shortly, to ensure people had a choice in the future.

Some people were unable to eat whole foods because of a risk of choking. We saw that the registered manager had sought specialist advice to ensure people were supported correctly and the food and drinks they provided met with people's needs. At lunchtime we saw that people received food that met their individual requirements. When people needed help and support with their meal, this was provided in a kind and patient manner.

People told us they thought the staff knew how to look after them. Staff told us they had received training to provide them with the skills they needed to care for people. One member of staff told us, "We've had training recently so we know how to use the hoist correctly".

People told us they went to the doctor and dentist when they needed to. One person said, "I go to the dentist and [member of staff] comes with me to make sure I'm alright. She's a special person. I don't need my hand held though, I'm not a wimp". We saw that other healthcare professionals were contacted for advice whenever additional support was needed.

Is the service caring?

Our findings

People we spoke with told us the staff were kind to them. One person told us, “Yes, they look after me”. Another person said, “If I won the lottery I’d take them on holiday with me”. We saw people looked relaxed and at ease with staff. One person wanted to teach a member of staff how to dance and we saw that other people enjoyed watching and laughed when the member of staff got the steps wrong. The member of staff said, “Stop laughing, you’ll put me off”, which made people laugh more. Staff chatted with people as they were delivering care and acknowledged them when they saw them in the communal areas. We heard staff speaking kindly, using endearments and offering non-verbal support, for example touching people’s arms to reassure them.

People told us they could choose how to spend their time. One person asked us to look at their bedroom and we saw they had personalised it to reflect their interest in art and crafts. The person told us, “I like to look after my room

myself because I’ve got so much in it”. Another person said, “I go to see the neighbour”. Some people wanted to sit in the communal areas whilst others preferred to remain in their rooms. We saw that staff respected people’s wishes and supported them to spend their day as they preferred.

We saw that people’s personal needs were provided in privacy. We saw that staff spoke quietly to a person before they took them to the bathroom and their care was delivered behind a closed door.

We saw that people were supported to maintain the relationships which were important to them. People told us they had visited their families over Christmas. One person said, “I went and stayed with my family. It was lovely”. A relative told us, “[The person who used the service] came to visit us over Christmas but they were keen to return to their home here. That tells us they’re happy here”. Relatives told us they could visit whenever they wanted and felt welcomed by the staff. We saw that visiting relatives were welcomed by staff and offered drinks

Is the service responsive?

Our findings

People had been living at Southwinds for a long time. Staff knew about them, their likes and dislikes and preferences for care. One person said, “[The member of staff] is a special person and they know about me”. A member of staff told us, “We’ve worked here for a long time and we know people really well”. We saw that people who were able to had the opportunity to review their care with staff. One person told us, “I look at my care plan when they bring it out. I’m happy with it”.

We saw that people were supported to take part in social activities together or independently if they preferred. People told us they had recently made and posted cards to soldiers who were spending Christmas in hospital. One person told us, “They asked if we wanted to do it. Some people didn’t want to and that was fine but I enjoyed it”. During our visit we saw people playing games, drawing and listening to music. We watched people playing a game together where they had to remove bricks without toppling the tower they had built. We saw that people laughed and showed their enjoyment of the game which they played with the support of a member of staff.

We saw one person was singing along to the music on the radio and their relative told us, “They love their music. It’s their life”.

People told us they had recently been to watch the Christmas tree lights turned on. One person said, “We could sing if we wanted but I can’t sing, I wouldn’t get onto the X Factor”! Another person told us, “I go dancing every week. I love it”. A member of staff told us, “Me and the registered manager have been discussing how we can organise some day trips for people, if they want to”.

One person told us they volunteered in a charity shop and said, “I work in the shop three days a week”. Another person said they helped a neighbour. They told us, “I’m going next door now. I do jobs for them”. A member of staff told us, “Sometimes other people say they want to get a job and we have looked into it but then they change their mind”.

People told us they would speak with the registered manager if they were worried or had concerns. One person said, “I’d talk to the manager. They would help me sort it out”. Another person said, “I talk to the manager of my favourite member of staff”. We saw there was information displayed to inform people how to make a complaint or raise a concern. The registered manager told us that no complaints had been received.

Is the service well-led?

Our findings

At our last inspection on 13 August 2015 we identified that improvements were required in the way records associated with people's care and the management of the home were completed and maintained. We also had concerns about the way staff were supported and empowered to raise concerns, anonymously if they preferred, about the service. We found there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 and issued the provider with a warning notice. We told them that improvements were required by 16 October 2015. The provider sent us an action plan on 16 October 2015 setting out how they would address the concerns we had identified.

At this inspection we saw an audit process had been setup but at the time of our inspection no audits or trend analysis had been undertaken. This meant the registered manager was not monitoring the quality of the service to identify where improvements could be made.

We saw that there were meetings arranged for people living in the home in Southwinds to discuss what was happening in the home and what they would like to do in the future.

We saw that people had been asked if they wanted to go to the local Christmas tree light switch on, make cards and take part in an arts afternoon. The registered manager told us they had sent a satisfaction survey to relatives and asked them to share their views of the service. We saw one response which reflected positive comments about the

home and praised the homely atmosphere. The registered manager told us they had not shared the satisfaction survey with the people who used the service but would consider doing so in the future.

We saw that a member of staff had been designated to improve people's records so that they accurately reflected their care. The member of staff told us, "I've been working on the care plans. I've had time set aside to do it". We looked at three care plans and saw that they had been re-written to reflect the care that people were receiving. Staff told us they had been reminded of the need to complete the records regularly. One member of staff said, "Because this is a small home and people have lived here for a long time it's easy to forget it's a care home. We had a meeting to discuss the importance of completing records so we're more on the ball now".

At our last inspection we found there were no whistle blowing arrangements in place to support staff who wanted to raise concerns about the care of people and the way the home was run. At this inspection we saw a process had been implemented. Staff told us the process had been shared with them and they had signed to confirm the arrangements had been discussed with them.

Staff told us a programme of supervision sessions had been introduced. One member of staff told us, "Yes, we have individual supervision sessions with the registered manager now. I had mine last week. We talked about the work I've been doing and discussed plans we have for the future".

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

Regulation 11(1)(3)

Care and treatment of service users must only be provided with the consent of the relevant person. If the service user is 16 or over and is unable to give such consent because they lack the capacity to do so, the registered person must act in accordance with the Mental Capacity Act 2005.

The enforcement action we took:

Warning Notice