Southlands Residential Home Limited

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Inspection report

Withins Lane
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Lancashire
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Tel: 01204528369

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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?	Requires Improvement

Summary of findings

Overall summary

The unannounced inspection took place on 01 March 2016. We had previously carried out an inspection in November 2013 when we found the service was meeting all the regulations reviewed at that time.

Southlands Residential Home is a large detached property, registered to provide accommodation for up to 27 people. This is provided in either single or shared rooms. The home has large, well maintained gardens and a large car park for visitors. It is situated close to local amenities and bus routes into Bolton. At the time of the inspection there were 22 people residing at the home.

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. 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. On the day of the inspection the registered manager was unavailable. However, the administration manager and the care manager facilitated the inspection.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities)
Regulations 2014. This breach related to staff support. You can see what action we told the provider to take at the back of the full version of the report.

We looked at rotas and saw that staffing levels were good. Staff we spoke with confirmed this. We saw that there was a robust recruitment procedure, which helped ensure employees were suitable to work with vulnerable people.

Appropriate risk assessments were held in care files. The environment and equipment were maintained and checked regularly.

Staff had undertaken training in safeguarding adults and were aware of the procedures to follow if they had a concern. Staff had also undertaken appropriate medication training and safe systems were in place for the ordering, dispensing, storage and disposal of medicines.

We observed the lunchtime meal and saw that the food was of a good standard and people's nutritional needs and requirements were catered for. Monitoring charts were completed to ensure people's health and well-being was being overseen.

Care plans included a range of health and personal information and were regularly reviewed and updated.

Staff had undertaken a robust induction programme on commencement of their employment and training was on-going within the service.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS).

People told us staff were kind and caring. We observed interactions between staff and people who used the service and saw that they were friendly and courteous. People's privacy and dignity was respected.

Information was given to people who used the service and their relatives and communication was good.

A number of staff had undertaken training in end of life care and people's wishes for the end of their life were documented.

People's choices with regard to times to get up and go to bed, the clothes they wished to wear, what food they wanted and how they wanted to pass the day were respected. These choices and preferences were recorded within the care files.

There was a range of activities on offer at the home and people were encouraged to follow their own hobbies and interests.

There was an appropriate complaints policy but there had been no recent complaints. We saw a number of compliments received recently by the home.

People who used the service, relatives and staff said the management were approachable at all times.

Policies and procedures were in need of updating and some contact details were out of date.

Staff supervisions and appraisals had not been undertaken for some time and staff meetings had not been held for a significant length of time, though one was arranged for the near future.

There were a number of audits and checks in place but monitoring and analysis of matters such as accidents and incidents was not undertaken.

The service linked in with local meetings to help ensure they were aware of current good practice guidelines.

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.

Staffing levels were good and we saw that there was a robust recruitment procedure.

Appropriate risk assessments were held in care files.

Staff had undertaken training in safeguarding adults and were aware of the procedures to follow if they had any concerns.

Staff had also undertaken appropriate medication training and safe systems were in place for the ordering, dispensing, storage and disposal of medicines.

Is the service effective?

Good

The service was effective.

The food was of a good standard and people's nutritional needs and requirements were catered for. Monitoring charts were completed to ensure people's health and well-being was being overseen.

Care plans included a range of health and personal information and were regularly reviewed and updated.

Staff had undertaken a robust induction programme and training was on-going.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring.

People told us staff were kind and caring. We observed interactions between staff and people who used the service and saw that they were friendly and courteous. People's privacy and

dignity was respected.

Information was given to people who used the service and their relatives and communication was good.

A number of staff had undertaken training in end of life care and people's wishes for the end of their life were documented.

Is the service responsive?

Good

The service was responsive.

People's choices with regard to times to get up and go to bed, the clothes they wished to wear, what food they wanted and how they wanted to pass the day were respected. These choices and preferences were recorded within the care files.

There was a range of activities on offer at the home and people were encouraged to follow their own hobbies and interests.

There was an appropriate complaints policy but there had been no recent complaints. We saw a number of compliments received recently by the home.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

People who used the service, relatives and staff said the management were approachable at all times.

Policies and procedures were in need of updating and some contact details were out of date.

Staff supervisions and appraisals had not been undertaken for some time and staff meetings had not been held for a significant length of time, though one was arranged for the near future.

There were a number of audits and checks in place but monitoring and analysis of matters such as accidents and incidents was not undertaken.

The service linked in with local meetings to help ensure they were aware of current good practice guidelines.

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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.

The inspection took place on 01 March 2016 and was unannounced. The inspection was undertaken by one adult social care inspector from the Care Quality Commission (CQC).

Prior to the inspection we had received a completed provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and what improvements they plan to make. We also reviewed the information we held about the service including notifications the provider had sent us. Prior to the inspection we contacted Bolton local authority commissioning team and the local Healthwatch to see if they had any information about the service. Healthwatch England is the national consumer champion in health and care. We used a 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 with us.

During the inspection we spoke with four people who used the service, two relatives and five staff, including the administration manager and the care manager. The registered manager was unavailable on the day of the inspection.

We looked around the premises and observed how staff delivered care and support. We looked at six care plans and five staff personal files, training records, quality monitoring audits and other records held by the service.

Good

Is the service safe?

Our findings

People we spoke with who used the service told us they were able to have a key and lock their rooms if they wished to. This made them feel safe. A relative told us they had moved their loved one from another home as they felt the staffing levels at the previous home were inadequate. They said the numbers of staff on duty at Southlands were much better.

We looked at recent rotas and saw that staffing levels looked appropriate. We asked staff whether they felt there were enough staff on duty on all shifts and they said there were. One relative told us, "There are always plenty of staff around, someone visits [my relative] daily and there are always enough staff". We observed care throughout the day and saw that staff were able to deliver care in a relaxed and unhurried manner and there were always staff a short distance away from the different lounges and rooms that people occupied.

We looked at five staff personnel files which evidenced a robust recruitment programme. The files included an application form, job description, proof of identity, two references and certificates relating to qualifications and training. We saw that staff had Disclosure and Barring Service (DBS) checks to help ensure they were suitable to work with vulnerable people.

We looked at five care plans. They included appropriate risk assessments relating to areas such as falls, nutrition, moving and handling, mobility and behaviour.

The service had a safeguarding adults policy and a whistle blowing policy. All staff we spoke with had received training in safeguarding adults and were aware of signs and symptoms of abuse. They all knew the reporting procedure and were confident to report any suspected abuse or poor practice they may witness. We noted that some of the contact details for safeguarding were out of date and brought this to the attention of the administration manager. She agreed to address this at once.

We saw the service's records relating to health and safety and fire action, such as gas certificates, equipment maintenance records, fire risk assessment and records of regular alarm and emergency lighting tests. All were complete and up to date. Fire equipment and notices were in place around the home.

The home was clean and tidy in all areas and there were no malodours present. We saw the home's cleaning schedules and cleaning audits where any issues had been identified and addressed promptly.

Accidents and incidents were recorded appropriately and followed up on an individual basis. Where a person who used the service had suffered a number of falls, for example, a referral would be made to the falls team and appropriate equipment acquired and measures put in place to help minimise further risk.

Staff had received appropriate medication training and there was a medicines policy in place which included information about controlled drugs, end of life medicines and homely remedies. We observed a senior staff member administering medicines and she was able to talk us through the ordering, storage and disposal systems at the home. We looked at medication administration records (MAR) sheets and these were

completed accurately. There was a procedure in place to follow in the event of a medicines error. Although the home was small and all the staff knew the people who used the service very well, we suggested a photograph of each person who used the service should be placed with the MAR sheets and the managers agreed to implement this. This would help minimise the risk of errors when administering medicines. Medicines audits were undertaken regularly by the pharmacy who supplied the medicines and we saw recent audits which did not highlight any major problems.

The service had a food hygiene rating of five – meaning their rating was good. The local infection control team had carried out an infection control audit in the home in December 2015. This was a follow up to a previous audit for which the service had scored 79%. In December their score had improved and they had achieved 93% for this audit.

Good

Is the service effective?

Our findings

We spoke with four people who used the service and two relatives. One person told us, "The food is really good, everything is kept very clean, there is a good standard of cleanliness". Another said, "There is always an alternative [meal] if you don't like what you are given". A relative said, "The food looks lovely. The staff tell us when [our relative] is not eating and help and encourage her when this happens and monitor her food and fluid intake".

We used a Short Observational Framework for Inspection (SOFI) during the inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed the lunchtime meal and saw that people's special diets, such as diabetic diet or fortified foods, were adhered to. Staff were vigilant in ensuring they noted what people had eaten and drunk and giving encouragement where required.

The tables were set nicely, with tablecloths, napkins and condiments. Milk jugs and sugar bowls were on the tables, allowing those who were able to help themselves. Assistance was given to people who required it and equipment such as plate guards were used where necessary. The meal was unhurried and relaxed and the interaction between staff and people who used the service was friendly and pleasant. People were asked if they wanted any more food and were given a choice of drinks. We were told that the chef knew everyone's likes and dislikes and provided alternatives for people when they wanted them.

We looked around the building and saw there was some signage to help orientate people to place. The administration manager told us they were considering having photographs or memory boxes on people's bedroom doors and painting bathroom doors in a different colour in the future, to further help people to find their way around.

We looked at five staff personnel files and saw that they had undertaken a thorough induction programme, consisting of a range of mandatory training, orientation to the home, reading of policies and procedures and introductions to staff and people who used the service. The administration manager told us that they intended to begin using the new Care Certificate for future inductions. This recently replaced the Common Induction Standards and National Minimum Training Standards.

We saw that training was on-going within the home and an in-house trainer attended every year to deliver refresher training in all the mandatory fields. Further courses could be accessed as and when appropriate and staff told us they were able to request specific training if they felt this was required. The home's care manager and administration manager had recently attended an infection control meeting, facilitated by the local infection control team, where best practice was discussed. They told us they intended to send staff to further meetings to enhance their knowledge and understanding of this subject.

We saw that care plans included a range of health and personal information. There were transfer of care forms for when people were admitted to hospital to ensure the hospital had the correct information about their health and support requirements. Do not attempt resuscitation (DNAR) forms were also kept in care files for those people who had made these decisions. The forms were appropriately completed.

Monitoring charts were completed for issues such as nutritional intake and weights. Professional visits from people such as GPs and district nurses were recorded and appointments noted. There was clear information about the level of support required by people.

Staff asked people for consent prior to delivering any support and we saw within the care plans that consent was sought for matters such as medicines administration. These forms were signed by the people who used

the service, in the files we looked at.

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 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.

We saw there was a statement of capacity within each of the six care plans we looked at. This set out an overview of the individual's abilities with regard to decision making and documented decisions and times when the person may need assistance with this. The care staff we spoke with demonstrated an understanding of the principles of the MCA and were aware of individuals' particular difficulties and abilities in this area.

The service had recently applied for a number of DoLS authorisations to help ensure people were kept safe within the home. We spoke with staff about what this meant in a practical sense and they were able to tell us what techniques were used with each individual to keep them safe whilst using the least restrictive means to do this.

Good

Is the service caring?

Our findings

We asked people who used the service about their experience. One person said, "Everybody is very kind, couldn't be better". Another told us, "They look after us well". A third commented, "The girls are great and look after me". A relative told us, "They are very accommodating as we come from a distance. Staff are particularly supportive of [our relative] because she has few family members". Another relative said, "All the staff are approachable, they communicate well with the family".

People at the home were well presented, some ladies wearing jewellery and make up. We observed interactions between staff and people who used the service throughout the day and saw that these were friendly and courteous. People's dignity was respected and they were asked what they wanted prior to being given support. The care manager showed us a room which had been earmarked to be made into a treatment room. This would give people an alternative place to receive treatment in private, rather than having to go to their bedrooms.

Visitors were made welcome at the home and told us the communication between themselves and the staff was good. People said they were contacted when there was any change to their relative's well-being and kept informed of progress.

The service produced a welcome pack for people who may want to use their services and their families. This included a leaflet about the home, a life story booklet for people to complete to give information about their background, preferred priorities of care, statement of purpose, complaints procedure and reference to the latest CQC inspection report. There was also a list of staff members and their designations.

We saw that the service had techniques in place to help them communicate with an individual who had multiple sensory impairments. For example, they used pictures and some simple signs and gestures. They also linked in with an independent advocate who attended the home on a twice weekly basis, communicating with the individual via sign language, to help ensure that the person could express any concerns or wishes to staff. Information was kept in this person's care file to guide staff on how to communicate best with them.

We saw that care files included advanced care plans with people's wishes for their care and treatment at the end of life. A number of staff at the home had completed the Six Steps Programme, which is the North West end of life programme for care homes. This means that for people who are nearing the end of their life can remain at the home to be cared for in familiar surroundings by people they know and could trust.

Good

Is the service responsive?

Our findings

On our tour of the premises we saw that people's rooms were personalised with their own possessions and photographs. There were locks on the bedroom doors and staff told us people could choose to have a key to their own room if they wanted to. One person who used the service told us they had a key to their room and kept it locked as occasionally another person would walk into their room to use their en suite bathroom.

There were a number of different lounges for people to use and we saw that some chose quieter rooms, others more lively environments. One lounge was used by several gentlemen who chose to socialise with each other. There were a number of activities on offer, including board games, dominoes, exercise, and outings. Local churches regularly visited to conduct services for those who wished to join in. There were seasonal events, such as a pantomime at Christmas, a Valentine's day meal and an Easter craft session was planned.

Clothing parties were held so that people who used the service were able to choose their own clothes if they were unable to go out to the shops. Parties were held for celebrations such as people's birthdays and coffee mornings took place occasionally

People who used the service were supported to follow their interests and hobbies, for example, one person loved bird watching and we saw that staff encouraged the person to chat about their hobby. Subtitles were used on the television to assist a person with sensory impairments to enjoy watching. A physiotherapy activity session took place on the afternoon of the inspection, which people told us was both enjoyable and therapeutic.

We saw within people's care files that their choices of food, interests and routine were documented. People were facilitated to rise and retire at a time of their choosing. Some files included life story books, with a background history of the person. People who used the service and their relatives were encouraged to complete these documents to help staff know the individuals better.

There was an appropriate complaints policy and procedure within the home and this was outlined in the welcome pack which was given to all prospective users of the service and their family members. There had been no recent formal complaints and relatives told us they felt able to speak with the management team if they had any concerns and these would be addressed. One relative told us, "We have no concerns or complaints. We know we have got the best place".

We saw a number of compliments received by the home in the form of thank you cards. Comments included; "We have experienced compassion, care, dignity in a very genuine way"; "We are so grateful for the quality time you gave [our relative] every day", and "[Our relative was looked after in a professional and loving way".

The administration manager told us there were plans to reinstate residents' and relatives' meetings at the home. This would give them all a chance to put forward suggestions, discuss issues or raise any concerns.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in place at the service. People who used the service and their relatives said the management team were always around to speak to if they had any issues or concerns to raise. One relative told us, "We can always speak to someone about [our relative] if we need to". Relatives told us they were always made welcome at the home and were encouraged to participate in events, such as coffee mornings.

Staff we spoke with told us the managers were always approachable and easy to talk to. One staff member said, "You could go to the management with anything". Another said, "Management are approachable. You can go in the office with an issue and it will be sorted out".

We looked at the home's policies and procedures and saw that they had not been reviewed for some time and many were out of date. We saw that some had been updated via crossing out and handwriting in new information. This made them messy and difficult to follow. Details of contacts were often out of date and in some cases there was no reference to current legislation and good practice.

Staff supervisions and annual appraisals had not been held for a significant length of time. Similarly staff meetings had not been held for a while, though there was a meeting arranged for the very near future, which would include both day and night staff. The staff told us they were not worried about this as they were confident to approach management at any time to discuss anything. However, formal supervisions and staff meetings would provide a forum for individuals or groups of staff to discuss their personal development as well as putting forward suggestions for improvement and raising concerns. We discussed this with the management who agreed that these should be more regularly undertaken in the future.

This was a breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulations) 2014.

We saw that the service linked in with various meetings, such as the Bolton Association of Registered Care Homes (BARCH) and the newly rolled out infection control meetings. These were forums were various elements of good practice could be shared.

We saw a number of audits and checks carried out by the management, including cleaning schedules and audits, fire and emergency equipment checks and environmental checks. We looked at pharmacy medicines audits and saw that these were undertaken regularly. Issues identified via audits were addressed promptly by the service.

Accidents and incidents and complaints were recorded but there was no evidence of any monitoring or analysis of these. This would enable the service to identify any patterns or trends occurring so that they could address these with appropriate actions. We discussed this with the administration manager who agreed to implement this analysis in the future.

Care plans were regularly reviewed and changes to support recorded appropriately. We saw that people

who used the service and their relatives, if appropriate, were involved in these reviews to gain their opinions and insight.

Appropriate notifications were received by CQC in a timely way.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff were not having regular supervisions, appraisals and meetings. Staff were therefore not receiving appropriate support and professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. Regulation 18 (2) (a).