

Mr & Mrs T Lamont

# Southwater Residential 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

### About the service

Southwater Residential Home is a care home providing care and accommodation for up to 12 people. The home provides support to older people. On the days of our inspection, there were four people living at the home.

The home is a large property situated in Paignton, Devon. There was a communal lounge, dining room and a front and rear conservatory. There was a garden.

### People's experience of using the service

People lived in a service that was continually improving but the governance systems in place had not yet been embedded into practice. The areas of concern we found during the inspection had not been identified by the provider's own quality checking systems. We found aspects of the environment's safety had not been identified as a potential risk to people. We found further improvement was required to people's records and care plans. Prompt action was taken during the inspection period to address these areas.

People using the service benefitted from caring, dedicated staff. People we spoke with all confirmed they were happy and well looked after at Southwater Residential Home.

People and their families were placed at the heart of the service and involved in decisions as far as possible. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People's care was provided safely. The staff team were consistent, staff knew people well and supported them to move safely around the service if needed, and when they were out of the home.

People's medicines were well managed.

People's risks were known and managed well, promoting independence as far as possible. However, professionals were concerned changes in people's risk and health were not always noted promptly and acted upon swiftly.

People were protected from discrimination because staff knew how to safeguard people. People told us they felt safe. Staff knowledge of people meant they were alert to signs of change which may indicate someone was not happy.

People lived in a service which had a welcoming atmosphere and was led by a committed provider and staff team.

The service were working closely with the local authority, commissioners and primary care to improve standards of care.

Rating at last inspection:

The last rating for this service was Requires Improvement (published 13 December 2018).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. The provider had conditions on their registration which included monthly reports to the Commission.

At this inspection we found improvements had been made in many areas, however not enough improvement had been made in all areas and there was still a breach of regulations.

The last rating for this service was requires improvement. The service remains requires improvement. The service has been rated requires improvement for the last two inspections.

Why we inspected:

The inspection was prompted in part due to concerns received about people's care, record keeping, medicine practices and people's nutrition. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements in some areas. Please see Safe, Effective, Responsive and Well-Led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

The provider took action to mitigate the risks related to the environment and security following the inspection. They were working to address the other areas identified in inspection feedback. Monthly reporting to the Commission remains in place.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Southwater Residential Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Enforcement:

We have identified breaches in relation to Good Governance in the Well Led report section at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned based on the rating. If we receive any concerns, we may bring our inspection forward.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

# Southwater Residential Home

## **Detailed findings**

### Background to this inspection

The inspection:

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

Inspection team: The inspection was carried out by one inspector and an assistant inspector. On the first day of the inspection one of the medicines team was part of the inspection.

Service and service type:

Southwater Residential Home is a "care home". People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. They were also the registered provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

The inspection took place on 24 and 25 June 2019.

### What we did before inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.. We reviewed the notifications we had received. These are events within the service the provider is required to tell us about. We read the previous March and December 2018 inspection reports and reviewed information shared with us by the local authority.

### During the inspection

We spoke with the four people living at the service and reviewed their medicines and care records. We spoke with the registered provider, the house manager, the deputy manager who was responsible for supporting the provider, and three care staff. Information related to the running of the service was examined, for example, maintenance documents, staffing information and complaints. We also looked at the audits and quality assurance processes at the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection, this key question remained the same.

### Assessing risk, safety monitoring and management

- People's risks were assessed and safely managed. Assessment tools were used to help identify those at risk of skin damage or poor nutrition and action taken to minimise risk.
- We discussed with the provider enhancing their care planning to reflect people's potential risks for example, if people had epilepsy, a care plan to reflect potential triggers and action staff would take. They agreed to action this immediately.
- We found care plans were in place however, these did not always describe all the steps the staff were taking to minimise risk. The provider agreed to make care plans more robust and reflective of the care people were receiving.
- People's equipment, for example walking frames were kept close to them and their call bells for when assistance was required. People's footwear was checked to ensure it fitted correctly which helped reduce the likelihood of falls.
- Environmental checks were undertaken regularly to maintain people's safety, for example fire and equipment tests. Fire inspection recommendations had been actioned. Evacuation plans were in place for people in the event of an emergency. The provider had been in contact with the local water company to arrange Legionnaires testing and was in the process of putting a Legionnaires risk assessment in place.
- At the time of the inspection we noted the front door was unlocked. This meant unwanted visitors may be able to enter. The provider took immediate action to secure the premises, so visitors were greeted at the entrance to the service. People were now kept safe as the front door was locked and visitors to the property had their identity checked and were asked to sign in.
- Staff were observant and checked the environment for trips and falls hazards. However, we noticed some cupboards containing chemicals which had the potential to cause risk to people or visiting children were not locked. Some areas of the home which were not in use also posed potential risks for example windows without restrictors. The provider took immediate action to secure these areas.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the service. One person said, "It is wonderful. Always someone around. I felt very frightened when I lived on my own."
- There were effective systems in place to protect people from the risk of abuse. Staff were aware of when and how to report concerns and were confident they would be dealt with.
- Staff had received training in protecting people from harassment, discrimination and harm.
- Key worker meetings, staff meetings, handovers and discussions with external professionals were used as an opportunity to discuss and report concerns about people's welfare.
- People we met and observed being cared for at Southwater Residential Home, all confirmed they were happy and felt safe.

### Staffing and recruitment

- There were enough staff available to support people according to their needs. People confirmed staff came quickly when they called for support, "They are quick to come when I need them" and another said, "If I use my call bell, staff come within minutes."
- The staff team was consistent and stable. Most staff had worked at the service for many years.
- Recruitment was values and skills based.
- No new staff had been employed at the service recently. The provider confirmed background checks would be completed before new staff started working at the service. These checks help to ensure staff are safe to work with people and of good character.

### Using medicines safely

- People received their medicines as prescribed, including when required medicines.
- People's medicines support needs were identified and recorded in their care plans. People could self-administer their medicines when they wanted, and a risk assessment showed it was safe for them to do so. Trained and competent staff supported people's medicines needs in a caring manner.
- Medicines were stored safely, and medicines administration records were completed following best practice.
- Medicine audits meant that systems and processes were checked regularly to keep people safe.

### Preventing and controlling infection

- Personal protective equipment such as aprons and gloves were available for use when supporting people with personal care tasks.
- Staff had training in infection control and food hygiene. Further infection control training was planned.
- People lived in a clean home. One person said, "My room is nice and clean. I'm thrilled to bits here." Following the inspection, the local authority sent us photographs of one person's bedroom window with mould spores visible. We shared these with the provider who cleaned and painted the area the morning they were informed.

### Learning lessons when things go wrong

- People benefitted from a service that recorded incidents and learned lessons from mistakes and previous inspections to enhance safety.
- The provider told us they were continually learning from inspections and by working with the community nurses and local authority.
- The provider told us, "We are learning, and we do want to change."

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People said, "I can't fault them at all. The doctor has been out when I have asked but they can't do much, I take tablets for it."
- People's care records evidenced when people had been unwell and staff discussions with people about contacting their doctor. At the time of the inspection, people living at the service had the ability to make this choice. People confirmed medical attention was sought promptly for them when required and wanted.
- The provider told us they would make referrals promptly to external agencies if people's needs changed.
- The staff team worked across organisations to ensure people received effective care. Regular reviews with health and social care professionals were arranged. If people were unwell during their stay, the local district nursing team visited.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Holistic assessments had been undertaken prior to people staying at Southwater Residential Home. These considered people's needs and abilities, the support they would require, and the other people who lived at the service. People's physical, mental, social, sexual and cultural needs were considered.
- Care was planned and delivered in line with people's individual assessments, which were reviewed regularly or when people's needs changed.
- Staff worked closely with professionals following their recommendations to improve people's outcomes. Staff told us they were using the SSkin Bundle (a skin assessment tool) to assess people's skin following community nurse training. We saw people had the equipment in place they needed to maintain their skin integrity.
- Handovers, staff meetings and meetings with involved families and professionals discussed people's care. These forums were used as opportunities to review people's care.

Staff support: induction, training, skills and experience

- Before starting work at the service we were told by the deputy manager new employees would complete an induction. Newly appointed care staff would also be required to complete the Care Certificate or start a health and social care qualification. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- All new staff shadowed more experienced staff before starting to work unsupervised. Staff competencies and confidence were observed by the registered manager and senior care staff.
- Staff training covered the provider's essential training for example safeguarding, infection control, fire

safety and moving and handling.

- Regular supervision (one to one) sessions were now embedded within the service. Staff were well supported by informal and formal discussions about their performance.

Supporting people to eat and drink enough to maintain a balanced diet

- People were encouraged to eat a varied diet. People were given a choice of foods and alternatives were available if they did not like the main meal. People told us, "Plenty of food", "If they haven't got a condiment you ask for, by the next meal they have."
- We observed people enjoying a roast or salad. Lunch was relaxed, and conversation enjoyed. One person told us, "They are very conscious of feeding us healthy food here."
- People's allergies, preferences, likes and dislikes were known.
- People's nutritional risk and weight was monitored. The provider told us they would refer to professionals promptly when people's needs changed, for example if they had gained or lost weight or their health declined.
- People at nutritional risk had their food and fluid intake recorded and monitored.

Ensuring consent to care and treatment in line with law and guidance

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 when this is in their best interests and legally authorised under the MCA. 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, whether any restrictions on people's liberty had been authorised, and whether any conditions on such authorisations were being met.

- Everyone living at Southwater Residential Home had the ability to consent to their care and treatment at the time of the inspection.
- People's care was explained to them before staff offered support and people told us they were involved in their care decisions. We observed staff talking to people and gaining their consent before supporting people. The registered manager and staff team had undertaken training on the mental capacity act and were clear of the processes they would need to follow if someone was not able to consent to their care and treatment.

Adapting service, design and decoration to meet people's needs

- We looked at some people's bedrooms. These were all in a good condition.
- The garden was well kept with outdoor space for people to enjoy.
- The service had a lounge, dining area and two conservatories. All had comfortable seating and were warm and welcoming.
- Some areas of the service were looking dated and in need of refurbishment. For example, carpets in some areas looked worn, some walls were scuffed and window frames in some rooms needed attention. People we met had no complaints and were happy with their rooms and the living areas.
- In the lounge and back conservatory were several of the provider's family photographs and religious symbols. This did not reflect an understanding from the provider the service was peoples' home and may not have been to everyone's liking.

# Is the service caring?

## Our findings

Caring – This means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People we met and observed looked content and at ease with staff. People told us, "Couldn't get a better place" and, "I wouldn't want to leave here, it is a lovely place" and, "It is like a family which is lovely."
- Staff knew people well and it was clear people mattered to staff. People told us, "All the girls are very friendly and helpful, it is a happy place."
- Staff were positive and affirming when they spoke with us about individuals who used the service. Staff recognised people could sometimes find it difficult to express and manage their emotions and were empathetic and understanding in their approach.
- People looked comfortable, warm and cared at the service. One said, "I can't put my figure on it. Home from home."
- People looked clean and dressed appropriately. One person said, "Staff are gentle and kind."
- People benefited from the care and attention of staff. People looked happy and were smiling as they engaged in activity with staff. For example, we saw people playing cards with staff and enjoying this.
- Care plans contained information about people's abilities, skills and backgrounds. Staff knew people's likes and dislikes for example favourite foods, activities and the hobbies they enjoyed.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence as far as they were able, for example washing the areas they were able to reach, shampooing their hair and supporting with household tasks such as laundry and laying the table if they wished.
- Staff were mindful of people's privacy and dignity and gave them space when it was appropriate and safe to do so.
- People were supported to make sure they were dressed appropriately for the weather if they were going out.
- If staff were entering people's rooms, they knocked on people's door before entering their room. One person told us, "Yes, they knock on the door, always."
- Staff knew to close curtains when providing care and to cover people up to maintain their dignity when providing personal care.
- People's religious needs were asked about as part of the assessment and staff respected people's beliefs.
- People at the service were able to express their views about their care and treatment to staff.

- If people wished, those with close family and friends were consulted and involved appropriately.
- Family were welcomed. Staff maintained links with people's family where possible and they were always available for informal discussions about people's care. People told us, "I have such a lot of visitors, I am very lucky – as soon as they arrive here there is a tray of tea and biscuits, never have to ask."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control. At our last inspection in November 2018, the provider had failed to maintain accurate records and people's end of life needs were not recorded. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made, however, further improvement was still required to record people's care accurately, fully and in a timely way.

- The assessment process was thorough to support people's transition to Southwater Residential Home. People were assessed prior to their move to the service. The assessment checked people's needs could be met by the service and their preferences for care were known. The registered provider had made the decision to provide care to people with low needs.
- Care plans were computerised, detailed and contained information which was specific to people's individual needs, the routines they liked and those important to them. However, we found some care plans lacked information about all of the care staff were delivering. For example, staff told us about the care they were giving one person at risk of skin damage but the care plan for this person did not reflect all staff were doing to protect the person's skin.
- Where people had their food and fluid monitored, we found daily records and food and fluid charts were not always completed in a timely way. For example, staff were completing people's food and fluid intake at the end of each day. Although no one was at risk from this, retrospective recording delays evidencing care had been delivered. We discussed this with the provider and they agreed to talk to staff about recording interactions, events or care in a timely way.
- People's preferences for care and support were respected. All people confirmed staff knew them well and delivered care in a way they liked.

### Meting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There was information in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given.
- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others as required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's social needs were met at the service. Prior to the inspection professionals raised concerns people may be socially isolated. We spoke to one person who chose to stay in their room, "I've been asked to go up to the lounge but I haven't felt like it. I'm happy in my room, it takes it out of me walking too far." Another told us, "There aren't as many activities as there used to be. I'm a painter – I like drawing and painting and there is a quiz once a week. We also play card games and dominoes."
- Some people liked to spend time in their room quietly doing their own hobbies such as needlecraft, reading, using the internet. Others told us as the numbers at the service had reduced, it was quiet.
- During the inspection we observed staff people playing cards with people and another person preparing questions and answers for a quiz.

End of life care and support

- End of life care plans were in progress where people had wished to discuss their wishes.
- We spoke with staff about having these important conversations with people about their end of life to ensure people's last days reflected their preferences.

Improving care quality in response to complaints or concerns

- There were known systems and procedures in place to manage complaints. This was visible to people who used the service.
- There had not been any complaints since the previous inspection.
- People we spoke with had no concerns at all about the service and told us they would speak with staff or family if they had a complaint.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection in November 2018, the provider had failed to demonstrate robust quality assurance processes and people's involvement in care planning. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found although improvements had been made, the systems in place to monitor the quality of the service were not identifying all the issues we found.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- Governance systems had not identified the potential environmental risks at this inspection, for example we found open cupboards with accessible chemicals which could harm people.
- Security at the property was not monitored and steps had not been taken to minimise the risk of an open front door meaning unwanted visitors could easily access people's bedrooms. Some bedrooms upstairs (which were not in use but at the time of the inspection were accessible to people), did not have window restrictors in place. The provider acted to secure these areas promptly after the inspection feedback. However, their own internal quality monitoring systems had not identified the potential risk.
- The care plan auditing system had not identified that care plans did not always fully reflect care delivered, and that record keeping was not completed in a timely way. This meant it was not always possible to evidence the care and support people had received.
- The care planning auditing had not identified when care plans were not in place for people's health needs, for example one person had epilepsy. This was well managed through medication, but there was no care plan in place at the time of the inspection.
- External professionals did not have confidence in the provider's ability to provide quality care and maintain compliance with the regulations.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate all areas of the service were effectively managed. This placed people at risk of harm. This is a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider responded promptly during and after the inspection to address the above areas.

People and staff were positive about the leadership at the service, "You'd have a to go a long way to find a better place" and, "We have come on leaps and bounds." Others told us, "[X – the provider] is a lovely lady; she goes out of her way to do anything for you. It is run like a well-oiled machine."

- Staff and people told us the provider was honest, approachable and always available for advice and

support. Staff told us things had definitely improved over the last year.

- People were happy at the service but some expressed concern about the future of the service and what would happen.
- The atmosphere at the service was warm, welcoming, friendly and inclusive. One person told us, "10/10 for the atmosphere. A certain calm aura here" and another said, "The warmth, homely feeling. We have the run of the house!"
- All staff put people first. The people at the service had a voice through keyworker sessions with staff and informal gatherings.
- Staff were clear about their roles. They told us they were respected and valued for their contribution.
- Some systems had been developed to ensure performance remained good in areas, for example medicine management had greatly improved.
- There was an improving auditing schedule. The governance system included regular checks on the environment, medicines, care plans and risk assessments and any incidents. Auditing continued to be developed following feedback from external professionals and the Commission's inspections.
- The provider was aware of their regulatory responsibilities. For example, notifications were made appropriately, and the Provider Information Return had been submitted on time.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider was visible and known to people, professionals and staff at the service. The provider was supported to manage the service by family members and a committed team of long-standing staff. A letter from a relative we reviewed read, "The manager has created an atmosphere and culture of inclusivity, homeliness and intimacy on a level I have not experienced in other care homes."
- Structures were in place to support staff through team meetings, supervisions and ongoing training and development.
- The views of people where possible, families and professionals were sought through key worker meetings, and quality assurance surveys.

Working in partnership with others and continuous learning and improving care

- There were some links with the local community, for example local authority and primary care professionals and training providers but this was an area which could be further developed.
- The provider had worked alongside the local authority improvement team, the community nursing team and the Commission to try and improve the service offered and stay abreast of changes.
- There was a determination and commitment to get things right and do better. Inspection feedback was listened to and acted upon.

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	<p data-bbox="837 544 1449 622">Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p data-bbox="837 651 1453 768">Systems and processes were not fully established to ensure compliance with all the regulations.</p> <p data-bbox="837 813 1461 965">Governance systems were not operated effectively to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.</p> <p data-bbox="837 1014 1477 1167">Robust systems were not always in place to ensure all records were accurate, complete and contemporaneous in respect for each service user.</p>