

# Caring Homes Healthcare Group Limited

## Southlands Place

### Inspection report

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### Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service well-led?	Good ●
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# Summary of findings

## Overall summary

### About the service:

Southlands Place is registered to provide nursing, care and accommodation to 71 people. There were 48 people living in the service when we visited. People who lived at Southlands Place were mainly older people who were living with a range of care needs, including arthritis, diabetes and heart conditions. Some people were living with dementia, and could show behaviours which may challenge. Most people needed some support with their personal care, eating, drinking or mobility.

### Peoples experience of using this service and what we found

People received safe care and support by staff trained to recognise signs of abuse or risk and understood what to do to safely support people. One person said, "I feel safe here, absolutely." Care plans and risk assessments meant peoples' safety and well-being were protected. There were enough staff to meet people's needs. Safe recruitment practices had been followed before staff started working at the service. People were supported to take positive risks, to ensure they had as much choice and control of their lives as possible. We observed medicines being given safely to people by appropriately trained staff, who had been assessed as competent. The home was clean, well-maintained and comfortable. The provider ensured that when things went wrong, accidents were recorded and lessons were learned.

Managers and senior staff created a transparent and honest culture for people and staff that was focused on ensuring everyone had the support they needed. The management were committed and enthusiastic about providing support and training for staff to enable them to provide people with the best support possible. The management team consistently reviewed the service through their governance systems and identified ways to improve things for people. People, their relatives and staff were given regular opportunities to be involved in how the service was run by being provided with frequent opportunities to feedback on aspects of the service.

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

### Rating at last inspection

At our last inspection we recommended that the provider sought expert guidance regarding oral hygiene practices. At this inspection we found that they had made improvements and the management monitored this daily.

### Why we inspected

The inspection was prompted, in part, due to concerns received about the provider's approach to visiting, responding to concerns and risk of a closed culture. A decision was made for us to inspect and examine the concerns across a range of Caring Homes services.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Southlands Place

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team consisted of two inspectors.

#### Service and service type

Southlands Place is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Southlands Place is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We looked around the service and met with the people who lived there. We spoke with 15 people to understand their views and experiences of the service and we observed how staff supported people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, area manager, senior care staff, and 14 other staff members.

We reviewed the care records of seven people and a range of other documents. For example, medicine records, staff training records and records relating to the management of the service. We also looked at staff rotas, and records relating to health and safety.

We continued to seek clarification from the provider to validate evidence found. We spoke with three relatives and two health care professionals. We received written feedback from eight family and friends.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse, discrimination and avoidable harm by staff who were trained to recognise the potential signs of abuse.
- People told us, "I feel safe and staff are kind," and "I wasn't able to live at home safely anymore, but here I am safe and don't have to worry about anything."
- People and their relatives told us they felt people were safe at Southlands Place. Comments included, "The best bit is I don't have to worry about cooking or my pills," and "I feel safe, but I still miss being in my own home."
- Staff demonstrated a clear understanding of their responsibilities for safeguarding people. Staff were able to describe different forms of abuse and knew the signs and symptoms to look for. One staff member said, "It's a really big part of our job, we do get training and support and our managers are always available if we have a concern." Another staff member said, "As a team we wouldn't hesitate to report something."
- Safeguarding incidents had been reported appropriately in line with the provider's policy. For example, falls, wounds and injuries.

Assessing risk, safety monitoring and management

- Risks to people's health, safety and welfare were assessed and managed. When a risk was identified, action was taken to ensure people were referred to the relevant health care professional and the risk mitigated.
- People and their relatives told us that they were included in decisions about managing risks. For example, one person was identified to be at risk of falls in their bedroom. Their relative told us they had been included in the discussion about the risks and proposed changes to the person's care plan to reduce the risk of further falls without restricting the person. They had agreed that a sensor mat was the right option at this time.
- Care plans and risk assessments identified specific risks to each person and provided written guidance for staff on how to minimise or prevent the risk of harm. These included risks associated with mobility, skin integrity and eating and drinking. For example, some people were at risk of choking due to swallowing difficulties. Advice had been sought from the Speech and Language Therapist (SaLT) who had identified the type of modified meal that was appropriate. This was clearly identified in people's care plans. The meals served were correctly labelled for specific people and this reduced risk of people receiving the wrong type of food.
- Staff who were responsible for supporting people with food and drink had received appropriate training including International Dysphagia Diet Standardisation Initiative (IDDSI) training. Staff explained how they would know if a person required a modified diet and we observed people being supported with eating and

drinking as described in their care plan.

- Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. People's ability to evacuate the building in the event of a fire had been considered and each person had a personal emergency evacuation plan (PEEP).

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. There was a file kept by the registered manager of all the DoLS submitted and their status. The documentation supported that each DoLS application was decision specific for that person. For example, regarding restricted practices such as locked doors, sensor mats and bed rails. We saw that the conditions of the DoLS had been met.
- Staff received training in the principles of the MCA and understood their role and responsibility in upholding those principles.
- People were asked for their consent and were involved in day to day choices and decisions. Staff interaction with people demonstrated that people's choice and involvement was paramount to how care was provided. We saw people making choices about where they sat, what they ate and what activities they wished to do. Each care plan was accompanied by an MCA assessment and contained details of how decisions for each task was made.

#### Staffing and recruitment

- There were enough staff to support people safely. Staffing levels were based on people's support needs. These levels were reviewed on a daily basis.
- Staff deployment had ensured people's needs were met in a timely manner and in a way, that met their preferences. To assist the staffing team, there were hospitality staff. The hospitality person answered call bells, served drinks and assisted at mealtimes. This had meant that care staff could concentrate on delivering care and support.
- People told us, "I think there are enough staff," "I can't get up so I use the call bell. They always come pretty quick" and "I ring my bell when I need help, they usually come quickly." A visitor said, "We are met by the receptionist, there's always staff around, and they give me updates." Staff told us, "We work as a team, it can be busy, but there is enough of us," and "Our staff turnover has dropped, staff stay now, we have good levels I think, if I'm honest we will always ask for more staff because we could do extra things like a walk in the garden."
- The provider continued to undertake checks on new staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.
- Registered nurses are required to register with the Nursing and Midwifery Council and the provider had systems in place to check their registration status.



### Using medicines safely

- Medicines were stored, administered and disposed of safely. Medicines were ordered in a timely way. Clinical fridges and the clinical room temperatures were checked daily to ensure they kept medicines at the correct/safe temperature.
- We asked people if they had any concerns regarding their medicines. One person said, "Not at all, it's a weight off my mind to have someone get my medicines and then give them to me, I used to forget sometimes."
- Staff who administered medicines had the relevant knowledge, training and competency that ensured medicines were handled safely. This included senior care staff as well as registered nurses. We observed staff administering medicines safely to people ensuring that they were offered the medicines, given time to take them in the way that they preferred and signed for once they were taken.
- Protocols for 'as required' (PRN) medicines such as pain relief medicines described the circumstances and symptoms when the person may require this medicine. We saw that people had received pain relief when requested.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

### Visiting in care homes

Government guidelines for visiting had been followed throughout the recent pandemic. Staff supported people to receive visits from their friends and family when they chose to.

### Learning lessons when things go wrong

- Systems were in place to identify when things went wrong. Incidents were recorded and analysed to determine the cause and identify changes that would prevent a reoccurrence. Safeguardings and complaints were discussed at staff meetings and used as a reflective thinking exercise as to what had gone wrong and how to improve and to prevent it happening again.
- When discrepancies had been found in the storage of specific medicine, new systems of checking had been introduced, and appropriate actions had been taken. Staff now checked the name of the medicine as well as expiry date to ensure that records were accurate.
- The management team consistently assessed staff practice and identified ways staff could improve the care and support they provided.

# 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 we rated this key question Requires Improvement. At this inspection the rating has changed to Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us that the staff culture was friendly and that all staff engaged with them positively. One person told us, "Staff are excellent," "Lovely staff, all of them," and "I was a little worried leaving my home but staff have made me very welcome."
- People's relatives told us the home had a nice atmosphere and they are made welcome when they visited. One relative said, "I have appreciated the support from all staff, it's been a hard time, but they have welcomed both of us," and "They keep me informed of any changes, always honest, and I can ask them anything."
- The management team spent time on the units to meet people and staff and observe interactions and care delivery. We observed that people recognised members of the management team and greeted them by name.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff could were open and honest with us throughout the inspection.
- Statutory notifications were submitted appropriately by the provider to CQC.
- The registered manager understood their responsibilities around duty of candour.
- The last inspection report was displayed in a communal area and on their website.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team regularly undertook audits of the quality of the service. Each aspect of people's experience of the home was regularly assessed to ensure people received safe, consistent care. The checks included audits about medication, the environment, people's care plans and the health and safety of the home. Any issues identified through these audit processes were added to the service improvement plan with a time scale and responsible staff member to action.
- There were some shortfalls found during the inspection that the audits had identified. For example, opened eye drops without a date or signature, and there were some PRN protocols that were not in place. These were now addressed during the inspection.
- Care plans were up to date and reflected people's needs. Where recommendations to improve practice had been suggested, from people, staff and visitors, they had been actioned, such as laundry service and

menu choices.

- People and staff were positive about the registered manager and the management team. One person told us, "The manager is very kind, always pops in to say hello." Another said, "I know the manager and if I had a problem, I would ask to see her."
- Staff were positive about working at Southlands Place. They told us, "Great place to work, I enjoy coming to work," "Really proud of working here, the support is good, we can learn and if we want to do courses, we can," and "The manager is approachable, we are listened to."

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

- Staff held regular meetings with people to discuss the running of the home and receive feedback on their experience of living at the home. We saw that where people had made suggestions, these had been acted on by staff. There was a 'You said, We did' board as well as minutes taken and distributed to people. Relative meetings were held and minutes taken.
- People and their relatives were sent surveys to feedback on the care and support provided by staff. The registered manager had made a written response to all the comments raised and a copy of this was available for people and their relatives to read.
- Staff meetings regularly took place. During staff meetings, the registered manager discussed best practice with staff and fed back to staff comments and suggestions people had made. All staff met at 10 am daily to discuss what was going on at the home, peoples' health, admissions to the home and any planned events or excursions. There was a further meeting at 3pm to discuss the day and any issues arising.
- People's relatives told us that staff were responsive when they raised concerns or asked for changes to be made. One person's relative told us, "Very good response, and they act immediately."

Continuous learning and improving care: Working in partnership with others

- Families were complimentary about the management and care staff, and talked about the importance of good communication.
- Accidents and incidents were analysed to identify any possible patterns or trends. These were shared with staff at meetings.
- Staff were supported by the organisation to gain qualifications, some staff had recently completed the care advanced practitioners' course. This qualification had increased their confidence and had impacted positively on outcomes for people.
- The manager told us they used accidents, incidents, complaints and safeguarding as learning tools to improve the service. This was confirmed by the documents seen, increase in staffing levels and from the staff we spoke with. One staff said, "There is always something we can take from complaints or safeguardings to improve our care delivery." The lessons learnt were used to enhance staff knowledge and to improve on the service delivery.
- Health professionals were positive about working with staff at the home. One professional told us, "Work with us, professional and knowledgeable."