

Southlea Limited

Southlea Residential Care Home

Inspection report

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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?

Good ●

Summary of findings

Overall summary

At the last comprehensive inspection of Southlea on 29 September and 1 October 2015 we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to staff training and support and also quality monitoring of the service provided at the home. We asked the provider to tell us what action they were going to take to make improvements to the service.

We returned to the service on 25 February 2016 and found that improvements had been made and the regulations were met. This inspection was unannounced and took place on 15 November 2016.

Southlea is registered to provide accommodation for up to five people who have mental health needs and require support with personal care. There were five people living at the home on the day of our inspection.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. There were two registered managers for the home who shared the role, one of whom was the provider.

The people we spoke with told us that they got on well together and they felt safe at the home. Staff had received training in safeguarding adults and were able to tell us of the action they would take to protect people who used the service from the risk of abuse. They told us they were certain the registered manager would take any concerns seriously.

There was a stable staff team in place who had worked at the service for many years and knew people well. This helped to ensure consistency and continuity of care for people.

The staff we spoke with had a good understanding of people's risks, individual needs and personal preferences so that they could support people effectively.

Medicines were seen to be well managed and where appropriate people were supported to take their medicines independently.

We saw that the home was comfortable, clean and tidy. Systems were in place to reduce the risk of cross infection.

People told us they liked the food offered by the home and they could have what they wanted to eat. We found the kitchen was clean and well organised

To help promote their independence some people who used the service were responsible for cleaning their own bedrooms and make their own breakfast and snack meals, with support from staff as necessary.

The relationships we saw between people who used the service and support workers were warm and friendly. The atmosphere was calm and relaxed.

People who used the service had the capacity to make decisions about what they did with their time. We saw that to ensure people's right to privacy they had keys to their bedrooms and they received mail unopened.

People confirmed that they had been involved in the development of their support plans were regularly asked if they agreed with them.

People participated in individual activities they wanted to be involved in, for example, going out shopping for clothes and lunch, bus rides, going to the gym and meeting up with family and friends where appropriate. People also enjoyed, listening to music, watching television and reading books.

People and staff members we spoke with said that the registered manager was approachable and supportive. Systems were in place to monitor the safety and quality of the service.

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.

People told us they had no concerns about their safety in Southlea. Staff had received training in safeguarding adults. There were systems in place to help ensure staff were supported to report any abuse they witnessed or suspected.

Staff had been safely recruited and there were enough staff to meet people's needs.

Medication was well managed and where appropriate people were supported to take their medicines.

People were cared for in a safe and clean environment.

Is the service effective?

Good ●

The service was effective.

Staff told us they received the training and supervision they needed to be able to carry out their roles effectively.

People had the capacity to freely express their views and opinions and make decisions about what they wanted to do in their day to day lives. Staff were aware that due to people's health conditions their ability to make decisions could fluctuate.

People were supported to maintain good physical and mental health through on-going monitoring in the service and attendance at external appointments.

Is the service caring?

Good ●

The service was caring.

The relationships we saw between people who used the service and support workers were warm, frequent and friendly. The atmosphere was calm and relaxed.

The staff members we spoke to could show that they had a good understanding of people's different individual needs and how

best to support them.

Is the service responsive?

Good ●

The service was responsive.

People we talked with told us that they were able to make their own choices about daily activities and that they could choose what they wanted to do, where to spend their time and with whom.

We found people who used the service were encouraged to maintain their independence as much as they were able to.

Is the service well-led?

Good ●

The service was well led.

Systems were in place to regularly assess and monitor the safety and quality of the service provided, which included the experience of people who used the service.

People who used the service and staff told us that the registered manager was approachable and supportive.

Southlea Residential Care Home

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 and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 November 2016, was unannounced and carried out by an adult social care inspector.

Before our visit we also reviewed all the information we held about the service including notifications the provider had made to us. We had contact with the local authority safeguarding team and the commissioners of the service to obtain their views about the service. They raised no concerns with us.

During our inspection spoke with four people who used the service, the registered manager, two support workers and briefly to one of the providers. We also looked at a range of records relating to how the service was run; these included two people's care records as well as medicines and staff records.

Is the service safe?

Our findings

The people we spoke with told us that they got on well together and they felt safe at the home. One person we spoke with told us, "Yes I get looked after, any problems I can talk to the manager and the staff. I keep out of trouble and everything here runs smoothly."

Staff told us that they felt safe and comfortable to work at the service and there was always someone they could contact if they needed additional support and advice, for example in an emergency.

Staff had received training in safeguarding adults and this was confirmed on the records we looked at. Staff were able to tell us of the action they would take to protect people who used the service from the risk of abuse or any poor practice they might observe. They told us they were certain the registered manager would take any concerns seriously. Support workers told us they would raise any concerns if necessary with the provider, the local authority and CQC.

There had been no new staff employed at the home since our last inspection visit. At our last inspection we looked at the recruitment file of the registered manager. We saw there was recruitment and selection information in place which met the requirements of the current regulations. Checks had been carried out with the Disclosure and Barring Service (DBS) for all applicants. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks help to prevent unsuitable people from working with people who use care and support services.

People we asked said that they thought there were enough staff on duty to support them. When we arrived at the home the registered manager and a support worker were on duty. We saw on the rotas that there was always one member of staff on duty or two if the registered manager was carrying out management duties or people needed additional support, for example, to attend a healthcare appointment. No outside agency staff were used by the home. Existing staff covered sickness and leave absences to help ensure that people received consistent support.

We saw that there was a wide range of detailed risk management plans in place that covered, for example, signs and symptoms of deteriorating mental health, compliance with medicines, smoking, outside activities and mobility. These were to guide staff on the action to take to mitigate the identified risks. Accidents and incidents were recorded and the home had a copy of RIDDOR guidance and how to report incidents. There was a grab file available near to the front door for use in cases of emergency with details about who to contact. Personal emergency evacuation plans (PEEP's) were available on people's files. We saw that fire safety officers from the local fire service had visited in December 2015 and no concerns were raised.

Systems were in place to ensure the safe handling of medicines. People were supported to take responsibility for their own medicines whenever possible. One person confirmed, "I have done this for a longer time and I keep on top of it. I have a special cabinet [to put the medicines in]." We saw that risk assessments had been carried out to help ensure that people could administer their medication safely.

Where medication was being administered by staff. We saw that it was securely held in a medicines trolley in the office which was locked when not in use. No controlled drugs or 'when required' PRN medicines were used to help people to manage their behaviours..

We saw systems were in place to record what medicines people had taken. We looked at the Medication Administration Record (MAR) charts for people who used the service and found these were fully completed. The MAR chart included a photograph of the person and information about their doctor and any allergies they may have in relation to medicines.

We looked around communal areas of the home. We saw that the house was comfortable, homely, clean and tidy and no malodours were detected. It was the support workers responsibility to keep the house clean but people who used the service were also involved to varying degrees in household tasks. We saw that there was a daily cleaning schedule available which staff signed to show what household tasks had been completed.

The bedrooms we saw were personalised with people's belongings. A person said, "I keep my room clean and tidy. I vac and dust and do my own washing. I do round the house. I do the bins. I enjoy helping out cause I do!"

We saw that there was a range of infection prevention and control policy and procedures in place such as effective hand washing techniques and reporting of communicable diseases. We saw that in October 2016 the local Health Protection Nurse had carried out an infection prevention and control audit. The home scored 98% compliance.

Staff had access to the personal protective equipment (PPE) such as disposable gloves and aprons they needed to help prevent the spread of infection. Staff told us that they also had PPE available to use. Red bags that disintegrated in the washing machine were used to help transfer any soiled items of laundry.

The home had received a food safety inspection 5 star rating in September 2015. This meant the storing, cleaning, preparation and serving of food was safe. The kitchen was seen to be clean, tidy and well organised. We saw that there were systems in place to prevent the spread of infection around the home, for example, colour coded mops and buckets were used in different areas of the home such as the bathrooms and kitchen.

We saw valid maintenance certificates for portable electrical appliances, electrical fittings such as plug sockets and light switches and a gas safety certificate. Environmental risk checks were also carried out regularly including weekly health and safety checks of people's bedrooms and monthly infection control audits.

Is the service effective?

Our findings

We talked with two support workers about the training and support they had received since they had started to work at the home to help them to support people safely and effectively. They told us about the training they received and were able to demonstrate they had the skills and knowledge to support people in a person centred way. They said they worked as part of a good staff team who were supportive to each other.

We were told that the majority of the training undertaken by staff was e-learning training. We received from the registered manager a copy of the staff team training matrix for 2016. The record showed that all staff had received training in medicines administration, first aid, fire safety, food safety, health and safety, infection control, moving and handling and safeguarding training.

The record showed that the registered manager had undertaken National Vocational Qualification (NVQ) Level 4 in health and social care and also the Registered Managers Award. Two support workers held NVQ Level 3 and three staff had recently completed a BTEC diploma in leadership and management. This was a key achievement. One of the staff members concerned stated, "You have to challenge yourself."

We saw the supervision and appraisal records of two staff. Supervision sessions were usually topic based such as falls management. We saw that staff were given positive feedback from the registered manager, for example, "[Staff member] is an excellent team member. Very caring." Staff commented, "I'm very happy working at Southlea. Staff and manager are great. I love my job and enjoy looking after the clients" and about job satisfaction, "To make a positive difference to someone's life and support clients to live a more independent life."

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) 2005. The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. There were no deprivation of liberty safeguard authorisations in place at the time of our inspection.

All the people who lived at the home had the capacity to make their own decisions about their day to day lives. One person said, "No-one makes me do anything I don't want to do." Another person had consented to a restriction being put in place around their money. They said this restriction had been put in place to help protect them and manage their money over a week.

Staff we spoke with told us that they had received training in MCA and DoLS and we saw that there was information and guidance available for staff to refer to on the staff noticeboard. Staff told us that they were aware that some people's capacity could fluctuate depending on their changing health needs. Most of the

staff team had undertaken recent training in dementia awareness.

People told us, "The food is champion. [Staff] are good cooks. There is not much I don't like," "I make bacon and egg sandwiches but the staff make the main meal of the day" and "If I don't like it they don't put it on my plate."

We saw that there was plenty of food available to eat and people confirmed that was always the case. Food was ordered online and delivered to the home. People told us they could go to the local shops if they ran out of anything. The kitchen was always accessible for people to use to get a drink or a snack.

We were told that the main meal of the day was only used as a guide, for example, minced beef could end up as spaghetti Bolognese, spicy meatballs or shepherds pie depending on what people wanted.

A person told us, "I have a doctor, a dentist and the optician comes here." We saw that visits to health and social care professionals such as, social workers, community psychiatric nurses (CPN's), doctors, dentists and opticians for routine check-ups were recorded. People told us they were supported by staff to attend these appointments. We were told by staff that they received good support if people became unwell.

We saw feedback from a visiting physiotherapist who commented, "Warm welcome. Staff attended to the individual patients needs well by having a downstairs bedroom. Staff very willing to take on physio exercises for patients."

Is the service caring?

Our findings

We were told by people who used the service that people got on well together. A person said, "I have got everything I need here." Another said, "Its all very settled at the moment. There's no falling out. Everyone gets along."

The atmosphere at the home was calm and relaxed. People looked well cared for and were well dressed. All the people who lived at the home had the capacity to freely express their views and opinions about the service they received.

We saw there were frequent and friendly interactions between people who used the service and the staff supporting them. People we spoke with told us that the staff were, "Very friendly and helpful. If you have problems we have a chat," "They keep us well" and "I could talk to any of the staff if I am worried."

It was clear from discussions with support workers that they had a good understanding of people's individual needs and how people wanted to be supported. A support worker told us, "I love it here. I enjoy caring for people." We saw that some staff had received training in dignity.

People told us that people did not enter their bedrooms without permission and they were given any mail they received unopened. One person commented, "I have a key to my room but I don't feel the need to lock it. I trust everyone."

Each person had their own en-suites so they did not have to share facilities with other people. Bedrooms were personalised to individual tastes.

We saw that personal information about people was stored securely which meant that they could be sure that information about them was kept confidential.

At our last inspection we saw that a person's needs were changing. From discussions with staff at that time it was clear that they wanted to support the person, who had lived at the home for many years, to the end of the person's life.

At this inspection we found that the person's physical needs had deteriorated further. A decision had been made that staff were no longer able to care for the person safely and effectively and with reluctance arrangements were in place for the person to move to a more suitable home after Christmas. We heard that staff had helped the person's family to view appropriate placements near to them.

Is the service responsive?

Our findings

People we spoke with knew that they had a care and support plan and said that staff discussed it with them regularly. The registered manager said that they held one to one sessions with people when they discussed the care and support plan and asked about any issues they may be having.

We looked at two sets of care records. We saw that an assessment was carried out by the home before a person moved in and from that a care plan and risk assessments were developed with the person, where appropriate, and were kept under review. This should help ensure staff were able to respond appropriately to people's needs. We saw that there were positive words used to describe people such as, friendly, easy going, helpful, polite and sensitive.

People were encouraged to maintain their independence with support being given when the person was not able to do something for themselves due to fluctuating health needs.

People we spoke with told us they chose which individual activities they wanted to be involved in, for example, going out shopping for clothes and lunch, bus rides, going to the gym and meeting up with family and friends where appropriate. One person was supported by staff to go out as and when they were well enough to attend activities that they enjoyed.

Residents meetings were held in October and November 2016. People said that they were not interested in going on trips out because they were happy doing their own thing. Nor did they want to celebrate Halloween or Bonfire Night. They were however pleased with the high score the home had achieved in a recent infection control inspection.

The home produced a monthly newsletter that gave people information about what was happening at the service such as people's birthdays as well as religious days.

One person we spoke with told us, "I have no worries or concerns. I am quite happy." We saw that the home had a complaints policy and procedure. The registered manager told us that there had been no formal complaints made at the home. We saw that there was a complaints, comments and compliments book in the entrance hall. Other than a requested to fix the front door bell only positive comments were entered.

Is the service well-led?

Our findings

The service had a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was present during the inspection. One of the providers visited the service during the inspection.

People who used the service and staff we spoke with told us the registered manager was approachable and supportive. A support worker told us that the registered manager always encouraged them to do more to increase their skills and abilities. One of the registered providers also worked at the home if they were short staffed.

Services which are registered are required to notify the Care Quality Commission of any safeguarding incidents that arise. We checked our records and saw that the registered manager for the service had done this appropriately when required.

We asked the registered manager what improvements had been made since our last inspection. The smoking arrangements had changed and the room had been decorated. We were shown that new fencing had been put up in the back yard to improve privacy. We were also told that plans were in place to 'do up' the backyard, which was well used by people, in the Spring and also that staff had achieved their level 3 diploma in leadership and management.

We saw that the registered manager completed a wide range of audits to help monitor health and safety around the home. These included daily health and safety checks, medication and infection control audits and checking that care records were up to date.

We looked at the homes policies and procedures. These needed to be updated to reflect changes in the regulations. The registered manager said that they would address this immediately.

A quality assurance review had been undertaken and positive feedback received. People who used the service commented, "I am very well cared for," "I am happy with the ways things are" and "I think the care home is quite good." Three relatives responded and comments included, "Welcoming, homely and calm" and "Great service. Good communication."