

# Tamaris Healthcare (England) Limited Southfield Court Care Home

## Inspection report

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### Ratings

Overall rating for this service	Requires Improvement	
Is the service safe?	Requires Improvement	
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

A comprehensive inspection took place on 24 and 26 January 2018 and was unannounced. Southfield Court Care Home, known to people, their relatives and staff as Southfield Court, is a purpose built care home providing accommodation and nursing care for up to 50 people. It has two floors, with lift access. There are communal bath and shower rooms located on each floor. The home is situated in Almondbury village and is approximately two miles from the town centre of Huddersfield. On both days of our inspection there were 36 people living at Southfield Court Care Home, providing care and support for people with residential needs including people who were living with dementia.

When we completed our previous inspection on 19, 20 and 21 July 2017 we found the registered provider had not taken appropriate steps to ensure staffing levels were sufficient to meet people's needs, infection control procedures were not robust, care plans did not always contain accurate information, risks to people had not been managed effectively and some audits were ineffective.

Southfield Court was placed into 'special measures' and we issued requirement notices and added conditions to the registered provider's registration regarding Regulation 17 (good governance) and Regulation 18 (staffing). Following the last inspection, we met with the provider to confirm how they were going to make improvements to Southfield Court and what actions there were going to take to improve the key questions of safe, effective, responsive and well-led. We asked the registered provider to complete an action plan to show what they would do and by when to improve the service. The purpose of this inspection was to see if significant improvements had been made and to review the quality of the service currently being provided for people. At this inspection we found the service had met these requirement notices and conditions.

The provider had taken appropriate action and was now meeting legal requirements. While improvements had been made we have not rated this key questions safe and well-led as 'Good'; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

Southfield Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of our inspection the home had a registered manager in place who had been registered since 8 July 2016. 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.

People and relatives told us they and their family member felt safe at the home. We found there were appropriate systems in place to protect people from risk of harm.

There were sufficient staff to keep people safe and we observed call bells were answered in a timely manner. Robust recruitment procedures were in place and all staff completed an induction when they started work.

Risk assessments were completed, reviewed and changed with peoples care needs. Staff were aware of individuals' risks and how to support people. Maintenance checks were carried out in the home to ensure it was safe.

Safe systems were in place to manage medicines so people received their medicines as prescribed.

Staff attended regular supervision and training, although some annual appraisals were overdue.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's needs were fully met with regards to the provision of food and drink and people had access to healthcare services. There were opportunities for people to be involved in a range of activities within the home.

Throughout our inspection we observed, people were treated with kindness and compassion. Staff had a good rapport with people, whilst treating them with dignity and respect. Staff had a good knowledge and understanding of people's needs and worked together as a team.

Care plans were detailed and provided information about people's individual needs and preferences, although some minor updates were required.

The registered manager told us they made improvements when things went wrong. Complaints were investigated and responded to appropriately. Relatives told us if they needed to complain they would speak to the registered manager.

The registered manager used national guidelines to inform care and support practice at the home. They also gathered feedback from people, relatives and staff via engagement surveys.

We saw the registered manager was visible working with the team, monitoring and supporting the staff to ensure people received the care and support they needed. People who used the service, relatives and staff spoke positively about the management team. Effective quality systems were in place to identify issues and drive improvement when required, although we noted some minor areas had not been identified as part of the audit process.

## 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 not always safe.

The provider had taken appropriate action and was now meeting legal requirements. While improvements had been made we have not rated this key question as 'Good'; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

The provider had taken action and was now meeting legal requirements. To improve the rating to 'Good' will require sustained good practice.

Staff were recruited safely and there were enough staff to meet people's needs. People and relatives told us they felt safe.

Risks to people's safety were assessed and acted on. The management of people's medicines was safe. There were effective systems in place to reduce the risk and spread of infection.

### Requires Improvement

### Is the service effective?

### Good

The service was effective.

The provider was compliant with the Mental Capacity Act (2005).

All staff received appropriate training and induction. Staff had access to regular supervision.

People were cared for in line with current legislation and national guidelines and were supported to meet their nutritional and healthcare needs.

### Is the service caring?

### Good

The service was caring.

We observed positive interactions and relationships between people and staff. People and relatives we spoke with were happy with the care provided.

Staff treated people with dignity and respect. People were supported to be independent.

Staff involved people and/or family members in the care planning process.

### **Is the service responsive?**

**Good** 

The service was responsive.

People's care plans contained sufficient and relevant information to provide consistent care and support, although some minor updates were needed.

Activities and daily pastimes were planned in a way to match people's interests and preferences.

A complaints procedure was in place and relatives told us they knew how to complain if needed.

The registered manager promoted a person-centred approach to end of life care.

### **Is the service well-led?**

**Requires Improvement** 

The service was not always well-led.

People, relatives and staff spoke positively about the management team and felt they had made improvements.

Regular meetings took place and surveys had been completed to gather views from people, relatives and staff.

Effective quality systems were in place to identify issues and drive improvement when required, although we noted some minor areas had not been identified as part of the audit process.

# Southfield Court 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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

A comprehensive inspection took place on 24 and 26 January 2018 and was unannounced. On day one, the inspection team consisted of two adult social care inspectors and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. On day two, the inspection team consisted of two adult social care inspectors.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed all the information we held about the service. This included any statutory notifications which had been sent to us. We contacted the local authority commissioning and contracts department, safeguarding, infection control and Healthwatch Kirklees to assist us in planning the inspection. We reviewed all the information we had been provided with from third parties to fully inform our approach to inspecting this service.

On both days of inspection there were 36 people living at Southfield Court. We spoke with 13 people, some of whom were living with dementia, three of their relatives, three nurses, five care staff, three domestic and kitchen staff, two activity co-ordinators, the deputy manager, the registered manager and the regional manager. We observed care interactions in the communal lounges and observed the lunchtime meal on both floors. We reviewed documents and records that related to people's care and support and the management of the service. We looked at two people's care plans in detail and a further seven care plans for specific information. We also sampled people's medication administration records.

# Is the service safe?

## Our findings

At the last inspection in July 2017 we rated this key question as inadequate. We found the registered provider had not taken appropriate steps to ensure staff were appropriately deployed to meet people's needs, infection control procedures were not robust and risks to people had not been managed effectively. At this inspection we found improvements had been made.

The provider had taken appropriate action and was now meeting legal requirements. While improvements had been made we have not rated this key question as 'Good'; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

Relatives we spoke with told us there were sufficient staff at the home. One relative said, "Yes there are enough staff." Another relative said, "Yes, there always seems to be enough staff."

At the last inspection we identified a continuous breach of Regulation 18 relating to staffing as we found insufficient staff deployed at all times to meet people's needs. At this inspection the registered manager told us they used a dependency tool called 'CHESS' to identify how many staff were required for every shift. They said there was one nurse and two care staff on each floor during the night. On the ground floor there was one nurse and five care staff in the morning which changed to four care staff and one nurse in the afternoon. On the upper floor there were one nurse and three care staff all day. The registered manager told us they had recruited six new staff since our last inspection.

Staff we spoke with said staffing levels had improved. Comments included, "It has improved in the last couple of months, we still have some agency but they [management] are recruiting", and, "They [management] are more proactive with updating people's dependency needs on CHESS, therefore, making the number of staff accurate."

From our observations we found staffing levels were sufficient to meet the needs of people who used the service. The registered manager told us the staffing levels agreed within the home were being complied with, and this included the skill mix of staff.

The registered manager told us a new call bell system had recently been installed which provided more accurate information regarding which person required support and response times. We observed staff answering call bells and attending to people's needs in a timely way. A review of recorded call bell response supported this.

The registered manager showed us the staff rotas and explained how staff were allocated on each shift. They said where there was a shortfall, for example, when staff were off sick or on leave, existing staff worked additional hours or agency staff were used. The registered manager told us they used the same staff agency. This ensured there was continuity in service which maintained the care, support and welfare needs of the people living in the home.

We noted the registered manager carried out random checks from CHESS as a way of monitoring staffing levels and told us they carried out weekly checks to make sure staffing levels were accurate and staff were deployed appropriately and this included reviewing information within CHESS. This meant sufficient staff were deployed to meet people's needs and the registered provider was no longer in breach of regulation 18(1).

We reviewed the recruitment process to ensure appropriate checks had been made to establish the suitability of each candidate. We found recruitment practices were safe and relevant checks had been completed, which included a disclosure and barring service check (DBS). The DBS is a national agency that holds information about criminal records. This helped to ensure people who lived at the home were protected from individuals who had been identified as unsuitable to work with vulnerable people.

At the last inspection in July 2017 we identified a breach of Regulation 13 relating to safeguarding people from abuse. This was because the measures in place to reduce incidents of abuse between people living with dementia were not effective. At this inspection we found the registered provider had addressed these concerns and was no longer in breach of Regulation 13.

On the first day of the inspection we heard and saw one person experiencing behaviours which may challenge others. Staff's response to the person included talking to them and walking away from the situation when they had assessed the person and others were safe. We reviewed the care plan for this person and found it detailed the various behaviours they may experience and the techniques staff should deploy to reduce the risk of an escalation or harm to either the person or others, this corresponded with the actions and words we had observed and overheard. This showed care and support was planned and delivered in a way that reduced risks to people's safety and welfare.

Staff we spoke with were able to demonstrate a good understanding of safeguarding concerns and gave examples of how they would identify abuse. One staff member said, "I make sure people get the best possible safe care." All the staff we spoke with told us they had received safeguarding training and records we saw confirmed this. Staff were aware of the registered provider's whistle blowing policy, which provided guidance for staff on how to report any concerns to appropriate agencies outside the service, if they felt they were not being dealt with effectively.

We looked at the arrangements in place to safely manage levels of risks and found these were satisfactory.

At the last inspection in July 2017 we found the care plans of people who used air mattresses to reduce their risk of pressure ulcers did not contain the correct setting, and one mattress in use was set incorrectly. At this inspection we reviewed care plans for two people nursed on pressure relieving mattresses. We information about the mattress setting was clearly recorded in one of the files and when we checked their mattress the pump was set correctly. However, we could not locate this information in the care file of the second person, although when we spoke with one of the nurses they were able to locate this information. We also found the pump was not set according to the information recorded in their care plan. We told the nurse and they promptly re-set the pump. We checked a further four care plans and mattress setting in people's rooms and found three to be correct. This is important to ensure the mattress is effective. We noted there were no pressure care concerns at the home and the registered manager told us they would make sure the information was easier to find in people's care plans and they implemented an effective system to make sure mattresses were set correctly.

One relative told us, "Yes I do think [name] is safe, [they are] as safe as [they] can be. They [staff] always put a mattress on the floor when [my relative] goes to bed and a mat with an alarm." Another relative said, "Yes, I

think [my relative] is safe enough here." A third relative said, "Yes [name] is safe."

People had personal emergency evacuation plans (PEEP) in place so staff were aware of the level of support people living at the home required should the building need to be evacuated in an emergency. Although, on the first day of our inspection, we noted the PEEPs did not contain information regarding which hoist or size of slings people needed to be able to mobilise safely. On the second day of our inspection this had been rectified.

We looked at how fire safety was managed and found this was satisfactory. Staff told us they had received fire safety training and the records we looked at confirmed this. During the inspection we saw three duvets over a banister in one of the stairwells. We spoke with the registered manager who told us she would make sure this did not happen in future.

Each of the care plans we reviewed contained a variety of risk assessments, including falls, bedrails, mobility and skin integrity. We saw these were reviewed and updated at regular intervals and recorded the level of risk for each individual. One person required the use of a hoist to enable them to transfer; we saw the care records contained details about the hoist and sling staff should use, the equipment which would be required if they needed to access the bath or shower and the number of staff required to perform the task. However, the records did not note which loops staff should use on the hoist sling. This level of information is important as it reduces the risk of harm to both the person and staff.

We saw water temperatures for communal and peoples bedrooms were checked monthly. We saw thermometers in shower rooms, water temperature were sporadically recorded in November and December 2017, although, we did see recording was better in January 2018. This meant people were protected from the risk of harm as water temperatures were checked.

We looked at safety certificates for the home and found the gas and electrical safety certificate were in date. We saw hoists and slings had been LOLER (Lifting Operations and Lifting Equipment Regulations 1998) checked in August and September 2017. The Lifting Operations and Lifting Equipment Regulations 1998 states checks on equipment used as part of hoisting people should be tested every six months to ensure if it is safe to use. This meant people were kept safe during moving and handling procedures.

One person told us they received their medicines and they were administered by one of the staff. They said, "Yes, I have tablets. The nurse brings me them." A relative told us, "As far as I know [my relative] gets [their] medicine."

Medicines were stored securely on both floors. The temperatures of clinic rooms were recorded on a regular basis. We carried out a random stock check of people's medicines and found the stock tallied with the number of recorded administrations. Where nurses had to hand write a person's medicines on their medicine administration record (MAR) we saw each entry had been checked and counter signed by another suitably trained member of staff. This reduced the risk of recording errors.

We looked at the administration of controlled drugs which are liable to misuse and found this to be safe. The medicines were administered in line with the prescriber's instructions and we saw two staff routinely checked the medicines and signed the controlled drugs register accordingly. Where patches (for pain relief) were placed on a person's body staff recorded the location of these patches, we saw the location of the patches varied to reduce the risk of skin irritation.

Where people were prescribed creams, topical medicine administration records and body maps were in

place. These documents provided staff with the information they needed to ensure creams were applied in accordance with the prescriber's instructions. This demonstrated a system was in place regarding the management of creams.

We observed a nurse administer some people's medicines. This was done in a kind and caring manner. We noted the nurse checked people's medicine records prior to administration to reduce the risk of an administration error and they signed the records once the person had taken their medicines. This meant people received their medicines as prescribed.

Two of the nurses we spoke with told us they had completed training in medicines management and assessment of their competency had been completed. Although we noted one staff member's competency was overdue, the registered manager told us they were in the process of completing this. This meant people received their medicines from people who had the appropriate knowledge and skills.

People and relatives we spoke with told us the home was clean. One person said, "I have a nice room. They [staff] always keep it clean." One relative said, "I find it better than the last home [name] was in, it is kept clean although the bedrooms need re-decorating." Another relative said, "It's always warm in here and it's always kept clean."

At the last inspection in July 2017 we identified a breach of Regulation 12 relating to safe care and treatment, as people were placed at risk of infection. At this inspection we looked around the home and found the premises to be clean, tidy, clutter free, well-lit and warm. We did note some areas had a slight unpleasant odour, but the registered manager was aware of these and had orders new flooring to be fitted.

We noted communal and people's ensuite bathrooms were clean and well maintained with soap dispensers with liquid soap, paper hand towels and plastic bins for used towels. This meant people were protected from the risk of harm as there were systems in place to effectively manage infection control and this was no longer a breach of Regulation 12(h).

The management team learned lessons when things went wrong. We saw action had been taken in response to accidents and incidents and a monthly analysis was carried out. The registered manager said they shared information across different homes run by the same registered provider regarding best practice and the managing director carried out a quality review every two months and provided feedback, when required.

The deputy manager told us information was cascaded at a 'flash' supervision meeting if an individual needed immediate further training or support and group supervision took place if it was learning for the whole staff team. They said when several people had moved to Southfield Court from another home, some people had been on high levels of medication. After review by the GP, some medicines were either reduced or discontinued which had to an increase in falls but reduced behaviours which may challenge others. In response, falls management action was implemented in these cases. This meant the service learned lessons when things went wrong.

# Is the service effective?

## Our findings

After the last inspection in July 2017 we rated this key question as requires improvement. We concluded the registered provider had not taken appropriate steps to ensure agency staff received an appropriate induction before starting work at the home and mental capacity assessment had not been completed for people who had medicines administered. At this inspection we found some improvements had been made.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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.

The registered manager and staff had a good understanding of the MCA and the DoLS application process. We found DoLS applications had been submitted appropriately to the local authority. We saw the registered provider had a 'policy a month' initiative where staff were required to read and sign to say they had understood the policy. In January 2018, we saw the policy of the month was about DoLS. This ensured all staff would have access to information and guidance regarding DoLS authorisations.

Each of the care plans we reviewed contained a capacity assessment and evidence of best interest decision making in regard to living at Southfield Court, having the photographs taken for the purpose of identification and, where appropriate, having a do not attempt resuscitation (DNAR) in place and bed rails fitted. One relative told us their family member had a DNAR, which had been agreed by all relevant parties.

However, we noted one person still did not have a capacity assessment in place regarding staff administering their medicines to them. Following this process demonstrates openness and transparency in providing services for people who lack capacity as prescribed in the Mental Capacity Act 2005. Lack of medicines capacity assessments was also a finding at our last inspection in July 2017. We brought this to the attention of the registered manager on day one of this inspection. The deputy manager told us they would be completing all the relevant mental capacity assessments and best interest decisions for everyone in the home that required medicine to be administered in the near future. On the second day of our inspection we noted all relevant care plans had a mental capacity assessment for the administration of medicines.

We checked documentation relating to the use of covert medicine for two people. Covert medication is the administration of any medicine in a disguised form and there are strict guidelines which should be followed to ensure this is done safely and is in the individual's best interests. We saw evidence in both people's care

plans that a mental capacity assessment had been completed along with evidence of best interest's decision making. We saw a letter from the pharmacist, which evidenced both theirs and the GP's input, however, we noted this information had not been reviewed or updated since 2016 despite there being a minor change to one person's medicine. We brought this to the attention of the nurse on duty and they took immediate action to rectify this.

We observed staff supported people to make choices throughout the inspection. We heard one staff member ask a person what they wanted to watch on the television and waited for them to answer. Staff we spoke with told us they always offered people choice. One staff member said, "I always give people options and sometimes I show people the meal options so they can choice." This meant the registered provider acted within the Mental Capacity Act 2005 and people were offered choice.

At the last inspection in July 2017 we identified a breach of Regulation 18 relating to staffing, as temporary staff sourced from agencies did not receive an induction to the home. At this inspection the service was still using some agency staff to cover shifts. We saw agency staff received an induction and training prior to them starting work at Southfield Court. We noted this included orientation of the home, meeting staff and people who used the service, the call bell system and training. This showed agency staff were supported when they began working at the home and the breach of regulation was resolved.

Staff we spoke with confirmed they had attended supervision meetings on a regular basis and the supervision records for 2017/2018 showed staff had received frequent supervision. We saw group supervision also took place from time to time and these were topic specific. For example, we saw group supervision had taken place following our last inspection and when a mediation audit had been completed. We noted 'flash' supervision meetings had taken place on occasion and these were to discuss individual practice. We saw some staff had received an annual appraisal, but the regional manager told us they were a little behind with appraisal but all staff appraisals would be completed by the end of January 2018.

Staff files showed staff had completed an induction, which included orientation to the home, policies and procedures, and training. The deputy manager told us, "New staff have an induction and work with a buddy. Part of the induction is getting to know people and reading the care plans."

We looked at staff training records which showed staff had completed a range of training sessions, which were mainly by e-learning. These included basic life support, fire safety, information governance, pressure ulcer prevention and use of bed rails. The registered manager said they monitored what training had been completed and what still needed to be completed. They said staff received a 12 week reminder of when training was due. The regional manager told us they checked weekly and would take action if the level of training compliance fell. We saw staff also completed specific training which helped support people living at the home. These included dementia awareness and anaphylaxis. One staff member told us, "The training is good, it is e-learning. The moving and handling is e-learning and practical. Dementia training, we had to wear dirty glasses and they played loud music to try to make us understand the resident's position." The deputy manager told us the staff received training via the registered provider's dementia care framework team which included face to face and e-learning training. This ensured people continued to be cared for by staff who had maintained their skills.

We saw examples whereby people's care and support was delivered in line with legislation and evidence based guidance. The registered manager told us they worked within the Nursing and Midwifery Council's code of conduct, the National Institute for Health and Care Excellence for the management of medicine, fire regulations, LOLER (Lifting Operations and Lifting Equipment Regulations 1998) regulations, equality and diversity act and employment law. We also saw the service had used Health and Safety Executive guidance

to review safety checks and records at the home. This evidenced the registered manager used national guidelines to inform care and support practice at the home.

One person told us the food at the home was satisfactory. They said, "The food is all right. I like it." Relatives we spoke with told us they thought food they saw when they visited looked good. One relative said, "The food here is much better than the last home [my relative] lived in." Another relative said, "[My relative] likes [their] puddings." A third relative said, "Food has vastly improved and it is nicely presented."

The kitchen was located on the ground floor of the home with a kitchenette on the first floor which enabled staff to make hot and cold drinks for people. On day one of the inspection we observed breakfast, lunch and part of the evening meal. At breakfast time we noticed staff did not always offer people a choice of drinks, however, each person we saw provided with a drink appeared satisfied with the choice staff had made for them. We also noted one member of staff who supported people to eat their breakfast did not explain to people what they were eating. During lunch time we saw people were offered a meal choice and asked if they would like tea or coffee. Meals were brought to the tables on trays and plates were covered and people were asked if they wanted second helpings. One person in the dining room on the first floor needed some support with their meal. We saw staff supporting them and encouraging them with their meal. Staff explained to people what they were doing and we heard one staff member say, "I'm just putting this on to keep your clothes clean, will you open your mouth for me please sir." People were not rushed to eat their meal and staff took their time when supporting people to eat.

We observed staff interacting and chatting with people as they gave out lunch. There was a relaxed atmosphere in the dining room, with music playing softly in the background. We saw there was a menu on one table which had written on it the menu for the day.

During the morning and mid-afternoon staff served drinks to people; the choice included tea, coffee, juice and strawberry milkshake. We observed one person was assisted to eat a mandarin mousse and with their drink. One person appeared to eat very quickly; we saw a member of staff kept prompting the person to slow down and take their time. There was also a variety of snacks, for example, crisps, mousse and jam sandwiches. This showed people were offered a choice of food and drinks throughout the day.

Each of the care plans we reviewed contained a risk assessment for choking and nutrition. People were weighed at regular intervals and we saw their nutritional risk assessments were updated to reflect changes in their weight. We saw one person was no longer being weighed but we saw an entry in their care plan which evidenced a discussion with their GP and the rational for this decision. We reviewed the care plan for a second person who had lost weight. We saw a referral had been made to the dietitian, but this had been declined as the person did not meet the criteria at that time. Their records evidenced they were being weighed at frequent intervals and we saw their weight loss had stabilised in recent weeks. This evidenced staff took action where there were concerns regarding a person's nutritional status.

Peoples care files recorded their specific nutritional and hydration requirements, for example, a pureed diet and thickened fluids. We reviewed two days' eating and drinking records for one person. We saw staff recorded the food and drink the person had consumed and where a thickening agent had been added.

Staff we spoke with told us they worked well as a team and they attended handover meetings at the beginning of each shift which included discussion about people's current health and care needs. One staff member said, "I know the staff I have on today, everything will be done well." Our observations showed care staff, including the regular agency workers, worked well as a team to meet people's needs.

Relatives we spoke with said their family members had access to other healthcare professionals when needed. One relative said, "They [staff] get the GP out if [name] becomes unwell. They [staff] also keep me informed." Another relative said, "If [my relative] becomes unwell they [staff] get the doctor." A third relative said, "They ring me if [name] is not well. They have contacted the chiropodist and GP when needed. There is no delay in getting healthcare support."

We saw evidence in care plans staff had worked with various healthcare professionals and made sure people accessed other services in cases of emergency, or when people's needs had changed. These included GPs, chiropodists and dieticians. Needs in areas such as pressure ulcer care, moving and handling and any clinical care needs were also recorded. This helped ensure people's health care needs were met.

We saw that the communal areas were nicely furnished and decorated; however, the lounge on the upper floor was sparse.

We did not see evidence of any sort of memorabilia for people living with dementia that people could touch or look at. We saw one person had a doll and another person had a teddy bear. One person kept asking what day was it and another kept asking what date it was. We asked staff why there was no large clock with date on display. We were told there was one in the dining room, which we did see when we went into the dining room at lunchtime.

We saw people's bedrooms were personalised with pictures, ornaments and photographs of family members. This helped make their rooms comfortable and homely. Each bedroom had an ensuite toilet. Both floors of the home had a lounge and dining room incorporating easy chairs, dining tables and chairs. Some, but not all, hand rails and toilet seats in shared bathrooms and toilets were a contrasting colour to the walls. This helped draw people's attention to key features. The communal bathrooms and toilets had signage which combined both words and pictures although there was no signage on the corridors to guide people as to the location of bedrooms or communal areas. On the first floor the pictures on the corridors were themed, for example, one area had pictures of movie stars while another had a seaside theme. There was no accessible outdoor space for people who lived on the top floor but one of the windows at the end of a corridor had garden themed mural on it to give a sense of the outdoors. The registered manager told us they had improvement plans for the both the internal and external areas of the home, which included a more person friendly garden and murals on internal walls.

We observed that people were able to move around freely and safely in the communal areas on the first floor of the home. There was a lift which serviced each floor.

# Is the service caring?

## Our findings

Everyone we spoke with told us they thought staff were kind, caring and helpful. One person said, "Some of them are kind. It is fine here." One relative said, "The care they get here is very good. The staff work hard here. I find it better than [my relative's] last care home." Another relative said, "The staff always seem to be nice to [my relative]. The staff are very kind and very nice." A third relative said, "Staff are sociable with people and I am happy with the care, it's a family, we know each other and staff know people well. Staff are hardworking and they are so caring."

We saw there was good interaction between people and the staff. We observed people laughing and joking with staff in the lounge and in the dining room when people were having their lunch. Through our observations we noted staff talking kindly and being friendly, caring and attentive towards people. It was evident from the discussions with staff, the deputy manager and the registered manager they knew the people they supported very well. Staff knew people by name, and some of the conversations indicated staff knew what people liked, and their life history. There was a relaxed atmosphere in the home and staff we spoke with told us they enjoyed supporting the people there.

We noted staff showed verbal reassurance to people when needed and routinely spoke with people when going about the day. People responded to this in a positive way and appeared to enjoy the verbal interaction. We observed several staff throughout the day coming into the lounge to chat with people. We noted there was never a time when the lounge was unstaffed. We saw one person become upset; a staff member sat and reassured them and then moved the conversation to a topic which took their mind off whatever had been upsetting them. We saw staff explained what they were doing when assisting people to stand and mobilise.

We saw one staff member changed a CD whilst telling one person they were putting their favourite music on. When the music played we saw the person smiled and swayed to the music, clearly happy with choice. This showed staff knew people well as individuals.

People looked well cared for. They were tidy and clean in their appearance which was achieved through good standards of care. We saw people had their hair combed. We saw one person having a manicure, with the person choosing the colour of the nail polish they wanted their nails to be painted.

A number of relatives called into the home during our inspection and they were welcomed and staff clearly knew them well.

We saw there were good links with the local church, ensuring people could attend a variety of events as and when they chose. We saw people were able to attend Holy Communion if they wished to do so. The staff supported people with whatever spirituality meant to them as an individual. This helped to support people's spiritual, religious and cultural needs.

Staff spoke about the importance of ensuring people's privacy and dignity were respected, and the need to

respect an individual's personal space. Staff gave examples of how they maintained people's dignity and independence. Comments included, "I always close the door and curtains and keep people covered when doing personal care" and "I ask people if they can carry their cup and if they would like to use a flannel to have a wash." As we went around the home we observed staff knocked on people's bedroom doors before entering.

One staff member told us they were a dignity champion. They said this helped with writing care plans in a more dignified and respectful way and they supported other staff members with keeping their skills up to date.

Staff spoke clearly when communicating with people and care was taken not to overload the person with too much information. Staff got down to people's level, so they could have eye contact. We saw staff encouraged people to express their views and listened to their responses. Some people were unable to express their views clearly. The staff made effort to understand people's mannerisms and facial expressions to make sure their views were heard and acted on.

One relative told us they had been asked for their spouse's life history. Another relative told us, "[Staff] ask me about the care plan." The registered manager told us person-centred information was included in people's care plans and we saw evidence of this.

# Is the service responsive?

## Our findings

At the last inspection in July 2017 we rated this key question as requires improvement. We concluded the registered provider had not taken appropriate steps to ensure people's care plans were accurate and contemporaneous. At this inspection we found improvements had been made, although some minor updates were required to the care plans we looked at.

People told us they received help from staff when they needed it. One person we spoke with told us, "They [staff] seem to know what they're doing." Another person said, "Yes, they [staff] help me to get dressed."

Staff we spoke with told us people's care plans contained relevant information to help them meet individual's needs. One staff member said, "The care plans are more detailed and reflect residents current needs."

At the last inspection we identified a breach of Regulation 17 relating to good governance because their care plans were not an accurate and contemporaneous record of their needs. At this inspection we found people had their needs assessed before they moved into the home. Information was gathered from a variety of sources, for example, any information the person could provide, by speaking with their families and friends, and any health and social care professional involved in the person's life. This helped to ensure assessments were detailed and covered all the needs of people they planned to admit to the home.

The care plans we looked at reflected the needs and support people required. They included information about people's preferences and were focused on how staff should help support people to meet their needs. Care plans we saw included nutritional needs, mobility needs, personal hygiene and dressing and drug therapies and medication needs. We did note one person's care plan required some updating regarding their support with a physical condition; this was addressed on the first day of our inspection. We saw one person's care plan provided good detail of what they would and would not wear. We saw care plans had been reviewed monthly and the reviews included all of the relevant people. This meant people's needs were recorded in their care plan and the registered provider was no longer in breach of Regulation 17.

We observe throughout the day that care was tailored to the individual. This ranged from the time people got up and where they spent their day. We saw one person rose at 1.30pm in time for lunch. The person chose not to go to bed until between 4am and 6am; therefore, they preferred to lie in until naturally waking.

We saw people had a 'My Choices' document which included a one page profile of them and described their preferences and how they wished to be supported. The 'My Choices' document also described what was important to each person, who was important to them, and contained their life history. We saw this included cultural and sexual welfare and their preferred activities.

At the last inspection in July 2017 we identified a breach of Regulation 9 relating to person-centred care as people's access to meaningful activities was limited. At this inspection we saw pictures were displayed of previous activities at the home, which included Halloween night, a birds of prey organisation visit and pet

therapy. We spoke with two activities coordinators who told us they had a list of people's likes and dislikes and they tried to organise their preferred activities. They said people liked it when the singers came into the home and they were working with a local school, so the children could come and play games. One of the activity co-ordinators said a lot of people were now preferring one to one time rather than doing activities in a larger group. They showed us posters that had been put up advertising upcoming events, for example, a Valentine's ball.

During the inspection we observed people participating in a baking session and people were encouraged to break up chocolate into pieces into a mixing bowl and mix marshmallows and cornflakes into the melted chocolate. People who were participating appeared to enjoy this as there was plenty of laughter shared between staff and people. We were told by staff the buns would be put aside while they set and people would have them to eat later in the day. The registered provider was no longer in breach of Regulation 9.

Relatives we spoke with knew who to speak with if they had any concerns. One relative said, "I did raise a concern with the manager, who sorted it out straightaway." We noted this was related to a specialist chair which had been broken when the person moved from another home. The relative said the chair had been replaced and they were happy the concern had been resolved. Another relative said, "I would speak to the manager."

Staff we spoke with told us people's complaints were taken seriously and they would report any complaints to the manager. We saw there was a clear procedure for staff to follow should a concern be raised. The registered manager told us they had not received any formal complaints since our last inspection. They had received one or two minor niggles but these had been resolved immediately. This meant complaints were taken seriously and acted upon.

We saw the staff at the home had received written compliments for family members. For example, 'Thank you for making our [relative] welcome at the home and helping [them] through [their] time, you do an amazing job', 'You do a difficult job well', and, 'We would like to say a big thank you for all your hard work and loving care.'

Where a person had a DNAR (do not attempt resuscitation) in place, this was located at the front of their care plan to ensure it was easily accessible in the event it was required. Each person had an emergency care plan completed by the local community healthcare team, this included information regarding their DNAR status and their preferred place of care as the end of their life approached. In one of the care plans we reviewed we saw an 'out of hours handover form' was in place. This showed information regarding the person's end of life care needs had been shared with the out of hours GP service. This helped to ensure the person received consistent health care in the event their own GP was unable to provide advice or complete a home visit.

We noted the residents and relative's charter showed what people and relatives could expect and what support would be in place when someone living at Southfield Court was approaching the end of their life.

The registered manager told us there was no one living at Southfield Court at the time of this inspection who was approaching the end of their life, although, people's wishes were recorded in their care plans. We noted a compliment from a family of a person who had been supported with end of life care, which said, '[Name of staff] was helpful and compassionate and made time to accommodate us on a busy shift, [name of staff] is wonderful'.

The Accessible Information Standard came into force in 2016 with the aim of ensuring people with

disabilities, impairments or sensory loss get information they can understand, plus any communication support they need when receiving healthcare services.

At the time of the inspection the registered manager and regional manager were not aware of the Accessible Information Standard. Although, we saw in one person's communication care plan they wore glasses and gave information on how staff should help the person meet this particular need. Another person's communication care plan stated, 'No problem with [their] hearing, will often smile on engagement, speak slowly and clearly.'

The registered provider was introducing 'Me and My Care' in order to map a person's journey in a care setting, starting from their first enquiry. This would include the understanding and recording of how they wished their communication support to be implemented. We saw as part of the 'me and my care', happy or not so happy faced paddles, would be used to enable people to described how they were feeling.

On the second day of our inspection, the regional manager showed us an email and poster they were going to use to obtain relatives' communication wishes along with people who used the service. We saw an action plan whereby the regional manager was going to establish, record and monitor communication between the home and people who used the service and their family members. This was to be fully implemented by mid-April 2018. We will check this at the next inspection.

# Is the service well-led?

## Our findings

At the last inspection in July 2017 we rated this key question as inadequate. We concluded the registered provider had not taken appropriate steps to ensure audits were effective and we found continuous breaches of regulations. At this inspection we found improvements had been made.

Relatives we spoke with all said they felt on the whole the home was run well and all the managers were approachable. One relative told us, "I am more or less happy with everything. I would definitely recommend the home to other people." Another relative said, "Overall, yes I would recommend the home to people." A third relative said, "Great improvement in every shape and form, [name of registered manager and deputy manager] are fantastic, on the ball. It is one of the best homes I have been in."

One person made the following comments when asked if they would recommend the home or what improvements could be made, "I like it here. We have quite a big garden" and "No everything is fine."

Staff we spoke with told us they felt supported by the management team and they were approachable. One staff member said, "The Care Home Assistant Practitioner (CHAP) works really well. It is good to have another opinion sometimes. I can see a lot of improvement." Another staff member said, "I would put my mum here, yes. It is a good home. Good team work, a safe environment, caring. It is good for people." Other staff comments included, "They [management] are approachable. I am happy working here, you are their families and they are yours", "Things have got better, without a shadow of a doubt, we are going in the right direction. Everyone has worked hard at 'finding and fixing', and we are working better as a team" and "[Name of registered manager] is fantastic, they have worked really hard and made massive improvement." The deputy manager told us they thought their skills and the skills of the registered manager complimented each other.

At the last inspection we identified a continuous breach of Regulation 17 relating to good governance as quality and safety at the home had suffered during a period of extended absence by the registered manager. Prior to that, the home had been on an improvement trajectory. At this inspection we found sufficient had been made to resolve the breach of regulation.

We asked the registered manager what the key achievements had been since our last inspection. They said, "The home has come on leaps and bounds, the environment is much better, as are people's bedrooms, new staff recruited and I understand expectations more." We asked what the key challenges had been and they told us, "Staff culture and making changes."

The registered manager told us they monitored the quality of the service by completing audits and through residents' and relatives' meetings. We saw records of audits of care plans, the dining experience, infection control, call bells times and health and safety. Records evidenced any actions resulting from the audits were acted upon in a timely manner. We did note the minor issues such as some mattress settings, detail in PEEPS and some elements of fire safety were not always identified as part of the audit process, although went brought to the registered manager attention action was taken in a timely manner.

We saw a monthly safety tour was completed in December 2017, which included housekeeping and the laundry areas. The registered manager completed a monthly report for the regional manager which reviewed occupancy and staffing levels, complaints and the environment. This meant the service identified and managed risks relating to the health, welfare and safety of people who used the service.

The registered manager carried out a daily 'walk around' of the home, which included, staffing levels, infection control and any health and safety concerns. This helped the registered manager attend to any concerns found in a timely way. We saw the regional manager and registered manager also carried out night visits to speak with staff and people who used the service that were awake.

We saw the vision and values of the service were 'respectful', 'trusted', 'caring' and 'making a difference'. We asked the registered manager and regional manager how these values were embedded. They told us staff were nominated for a recognition award by family members and the winning recipient was judged against the registered provider's values. The registered provider had a policy of the month and for February 2018 it was to be 'Equality and Diversity. Staff knowledge was checked during the registered manager and regional managers walk arounds. We were also told the registered provider's dementia care framework team revisited and embedded the provider's values within the home on a regular basis.

We saw relatives held regular meetings where the registered manager was invited to attend. One relative told us, "We have a meeting every few weeks for relatives and the manager bobs in." We noted a resident and relatives survey results from December 2017 and January 2018 had been displayed in the home as 'You said we did' format. For example, 'Food is nice most of the time', and, 'I did not like the food today', the response was, 'Both residents and relatives are being asked what meals and foods they would like to see on the menu'.

We saw staff meetings took place and saw a meeting had been arranged for 23 January 2018 and this was advertised in the staff room. Staff engagement had been analysed in November 2017 and the registered manager had chosen five key areas to focus on as a result. These included, current status of the home, training and supervision and staff company benefits.

They deputy manager said they had learned from the experience of taking a large number of admissions from a different home in the weeks prior to our last inspection in July 2017. They told us they now made sure at the initial assessment stage they would be able to meet the person's needs before they offered them accommodation.

Records showed the registered manager had systems in place to monitor accidents and incidents to minimise the risk of re-occurrence. We saw a monthly analysis of accidents and incidents included what actions had been taken and actions for the future. We saw following on from any safeguarding incidents, the registered manager identified any refresher training required, action needed and any lessons learned were recorded and changes implemented.

A specialist staff member who worked for the registered provider was supporting the home to drive improvement with the management of medicines. They carried out daily, weekly and monthly checks of the medication process and worked with staff at the home when practice needed to be improved.

The registered manager and the whole staff team worked in partnership with health and social care professionals to ensure people had the benefit of specialist advice and support. These included GPs and the clinical commissioning group.

Notifications had been sent to the Care Quality Commission by the home as required by legislation. For example, homes have to notify CQC about any injuries people received, any allegation of abuse, any incident reported to the police or any incident which stopped the service from running.

There is a requirement for the registered provider to display the rating of their most recent inspection. We saw this was both displayed in the entrance to the home and on the registered provider's website.