

# Tamaris Healthcare (England) Limited

## Southfield Court Care Home

### Inspection report

Southfield Road  
Almondbury  
Huddersfield  
West Yorkshire  
HD5 8RZ

Tel: 01484432433  
Website: [www.fshc.co.uk](http://www.fshc.co.uk)






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14 December 2016

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Requires Improvement</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

The inspection of Southfield Court Care Home took place on 13 and 14 December 2016. Both visits were unannounced. We previously inspected the service on 9 and 24 March 2016 and at that time we found the provider was not meeting the regulations relating to person centred care, premises safety, safe care and treatment, staffing, keeping accurate records and good governance. The service was placed into special measures and we took enforcement action to require the service to improve. The provider sent us an action plan outlining the improvements they would make. On this visit we checked to see if improvements had been made.

Southfield Court is a purpose built care home providing accommodation and nursing care for up to 50 older people, some of whom are living with dementia. There were 35 people using the service at the time of this inspection.

The 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. 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.

The service had a registered manager in post who had commenced employment with the service in March 2016. The registered manager had commenced maternity leave in November 2016 and at the time of this inspection the deputy manager was managing the service with the support of the regional manager and a CHAP (care home advanced practitioner) on one day of the week.

Our inspection on 9 and 24 March found the registered provider was not meeting the regulations relating to the safety of premises. At this inspection we found improvements had been made and people were protected because the necessary fire safety checks were being regularly completed and maintenance was being completed in a timely manner.

At our inspection on 9 and 24 March we found there were not always enough experienced staff available to respond to people who required assistance in a timely manner. At this inspection we found less agency staff were being used, however we found sufficient staff were not always deployed to meet people's assessed needs. This was a continuing breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Our previous two inspections found the registered provider was not meeting the regulations relating to the management of medicines. At our inspection on 13 and 14 December 2016 we checked and found improvements had been made and medicines were now managed in a safe way for people.

We also found practice in the prevention and control of infections had improved since our inspection on 9 and 24 March 2016. We found effective measures were now in place to protect people from the spread of

infections

Staff had a good understanding about how to safeguard adults from abuse and who to contact if they suspected any abuse.

Risks assessments were individual to people's needs and minimised risk whilst promoting people's independence, although some risk assessments were not up to date.

Our inspection on 9 and 24 March 2016 found the registered provider was not meeting the regulations relating to supporting staff. On this inspection we checked and found improvements had been made and staff received sufficient training and supervision to support them in their role.

People's capacity was considered when decisions needed to be made. This helped ensure people's rights were protected.

People told us they enjoyed the food and we observed staff supporting people to eat and drink. People had access to external health professionals as the need arose.

We observed staff interacting with people in a caring, friendly and professional manner. Staff were able to clearly describe the steps they would take to ensure people's privacy and dignity.

At our inspection on 9 and 24 March 2016 we found people did not always receive care that was planned to meet their assessed needs and there was a lack of meaningful activities for a number of people who lived at the home. At this inspection we found improvements had been made in some areas, such as increased evidence of activities for some people, however we found a number of people's care records had not been updated to reflect their changing needs and provide direction for staff. This was a continuing breach of Regulation 9 (1) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Peoples care plans detailed their likes and dislikes and people were supported to make choices about their care.

Relatives told us they knew how to complain and told us staff were always approachable. Comments and complaints people made were responded to appropriately.

Our inspection on 9 and 24 March 2016 found the registered provider was not meeting the regulations relating to keeping accurate records. On this inspection we checked and found some improvements had been made, however some care plans did not reflect people's current needs and some records were inconsistent.

The registered provider had a system in place to audit and monitor the service to check whether the service provided was to a high standard, however this system had not been fully effective and not all breaches of the regulations had been addressed since our last inspection. This was a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they felt supported by the management team and relatives told us they felt the service had improved since our last inspection.

The service held meetings with staff, and the relatives of people who lived at the home to gain feedback about the service provided to people.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

You can see what action we told the provider to take in relation to the breaches in the regulations at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

There were not always enough staff available to meet people's assessed needs.

People's medicines were managed safely.

People were protected by effective infection prevention and control practices.

### Is the service effective?

**Good** ●

The service was always effective.

Staff were provided with training and supervision to ensure they were able to meet people's needs effectively.

People's consent to care and treatment was sought in line with legislation and guidance.

People were supported to eat and drink and maintain a balanced diet.

People had access to external health professionals as the need arose.

### Is the service caring?

**Good** ●

The service was caring.

Feedback from people and their relatives was that staff were caring.

Staff were respectful in their approach and were able to tell us how they maintained people's privacy and dignity.

People were supported to make choices and decisions about their daily lives.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

Some care plans had not been updated to reflect people's current needs and provide guidance for staff.

Activities were provided but this was not at a level which would meet the needs of all the people living at the home.

People told us they knew how to complain and told us staff were always approachable.

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

The service was not always well led.

Accurate records were not always kept.

The registered provider monitored the quality of the service, but the systems had not picked up and addressed the problems we evidenced in our report.

People told us the management of the service had improved in recent months and the registered provider sought feedback from people to improve the quality and safety of the service.

**Requires Improvement** 

# 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.

This inspection took place on 13 and 14 December 2016. The visit on 13 December 2016 was unannounced and consisted of two adult social care inspectors, a Specialist Advisor with expertise in mental health nursing and an Expert 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. Their area of expertise on this inspection was as a family carer of an older person. Our visit on 14 December 2016 was also unannounced and consisted of two adult social care inspectors.

Prior to our inspection we reviewed all the information we held about the service. This included information from notifications received from the registered provider and feedback from the local authority safeguarding team, commissioners and other partner agencies. The registered provider completed a provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who used the service, including observations and speaking with people. We spoke with three people who used the service and eight visitors. We also received feedback from three relatives after the inspection. We spent time in the lounge areas and dining rooms on both units observing the care and support people received. We also spoke with eight members of staff including a nurse, a Care Home Advanced Practitioner (CHAP), three care assistants, a cook, the regional manager and the acting manager. We looked in the bedrooms of 10 people with permission. During our visit we spent time looking at eight people's care and support records. We also looked at three records relating to staff recruitment, training records, maintenance records, and a selection of audits.

# Is the service safe?

## Our findings

One person said, "Oh yes, staff make me feel safe they often pop in to see if I need anything and they get it for you if they can." Most people who used the service were unable to tell us if they felt safe due to cognitive or sensory impairment, however the visitors we spoke with told us they felt their relative was safe at Southfield Court.

One person said, "(Relation) was confused on her first night at Southfield Court and had a fall. Following this incident an alarm mat was put in place which gives me peace of mind if (relation) gets out of bed on their own." Another said, "The staff check on (relation) every hour or so."

At our inspection on 9 and 24 March 2016 we found there were not always enough experienced staff available to respond to people who required assistance in a timely manner. This was a breach of regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider sent us an action plan outlining the improvements they would make. At this inspection we found some improvements had been made in recruiting permanent staff, however sufficient staff were not always deployed to meet people's assessed needs.

All the relatives we spoke with felt there were insufficient staff to meet their relations needs, although a staff member always came if they pressed the nurse call bell. One relative said, "These girls are worked off their feet, I feel sorry for them. There isn't enough staff. They are good girls. I come every lunch-time and it takes me two hours to feed (person). How can the staff do that?" Another said, "(Person) has been wet for half an hour, I've told the carers and (person) is still waiting to be changed." A further relative said, "A little concern I have is (relative) will feed themselves on occasions but not always. If I'm here I will feed (relative) as I know the staff don't always have time." And another said, "The carers are really good but there should just be more of them."

The service used a dependency tool to deploy staff according to the assessed needs and dependency levels of people who used the service. At the time of this inspection the dependency levels of people using the upper floor meant 5.8 staff, including the nurse on duty were required in the mornings and 5.3 staff after 2pm. We saw from historic rotas on Sunday 11 December 2016 there were a total of four staff on duty in the morning and three staff after 2pm. This was two less staff than required to meet people's needs according to the dependency tool used by the service. This unit specialised in supporting people living with dementia and there were 16 people out of twenty who required two to one staff to transfer to meet their personal care needs and everyone using the service required substantial support to keep safe due to cognitive impairments.

We spoke with staff who told us there were normally enough staff on duty, however when the staffing fell short only very basic care could be provided. One staff member said, "It varies. Sometimes we do need more staff on, especially in a morning." Some staff felt it was an issue of planning to ensure sufficient staff were on duty.



We saw from monthly management reports by the registered provider in October and November 2016 the service was not staffed according to dependency levels and this had been flagged with the registered manager. The above issues meant there was a risk of harm to people using the service because insufficient staff were deployed to meet people's assessed needs.

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

We spoke with the acting manager who told us the lead nurse on Saturday 10th December had tried to secure extra staff for Sunday, but none was available. One staff member came in to support on the lower floor, which still left the lower floor with 0.7 staff less than required in the morning. The acting manager told us there were generally enough staff, but told us they had a number of staff vacancies they were recruiting to and were awaiting pre-employment checks, there had also been some staff sickness. In the event of staff sickness, regular staff were contacted to work extra shifts and bank staff were used, but were not always available at short notice.

Following our inspection the acting manager showed us rotas and dependency level scores to show they were now staffing according to their own dependency level assessment tool.

The managers, nurses and staff members we spoke with had a good understanding of safeguarding and the procedures to follow to keep people safe. They told us they had received training in safeguarding and they were able to tell us what they would do if they had any concerns. Staff gave us a description of the different types of abuse they may come across in their work. One staff member said, "I'd raise any concerns to the nurse in charge. If I wasn't happy I would tell the unit manager and if I still wasn't happy I'd whistle blow." This showed staff were aware of how to raise concerns about harm or abuse and recognised their personal responsibilities for safeguarding people using the service.

We saw safeguarding incidents had been responded to appropriately and action taken to keep people who used the service safe. We saw the service had a safeguarding policy which was visible around the home. This demonstrated the home had robust procedures in place for identifying and following up allegations of abuse, and staff demonstrated knowledge of the procedures to follow.

We looked at the care records of eight people who used the service and saw comprehensive risk assessments were in place for a range of issues including hydration and nutrition, mobility and falls, skin integrity, choking, use of bed rails and moving and positioning. We saw these assessments were reviewed regularly and were up to date, with the exception of one person recently discharged from hospital, who's needs had changed over the previous weekend. The members of staff we spoke with understood people's individual abilities and how to ensure risks were minimised whilst promoting people's independence.

We did note one concern regarding a person being supported to stand and their feet were slipping, as they were not wearing shoes or slippers, which presented a risk of harm. We discussed this with the staff members and the nurse on duty on the day of our inspection and they addressed it straight away. We saw in one lounge at lunchtime on the second day of our inspection 4 out of 7 people wearing socks but no slippers, although some of these were hoisted to transfer. The acting manager told us they would review footwear safety with people and families.

Staff told us they recorded and reported all accidents and people's individual care records were updated as necessary. The manager or nurse on duty recorded all incidents or accidents on the computer system. We saw this included action taken to reduce the risk and immediate action taken to keep the person involved

safe, for example; one person's random pattern of times and fall locations resulted in GP visits and health tests, a sensor mat in the bedroom to alert staff to the person's mobility, increased observations by staff and referral to the falls team.

The acting manager and nurses on duty were able to confidently describe the procedure to follow and what action had been taken following incidents to prevent them from happening again. We saw the registered provider had a system in place for analysing accidents and incidents to look for themes and lessons learned. The acting manager analysed patterns of incidents such as the time or location any falls which had occurred and recorded measures put in place to reduce future incidents. This demonstrated they were keeping an overview of the safety in the home.

We looked at three staff files to check that procedures had been followed to make sure staff employed at the home were suitable to work with vulnerable people. We saw staff members had completed an application form and references had been sought. We found that the Disclosure and Barring Service (DBS) had been contacted before they started work at the home. This helps employers make safer recruiting decisions and also minimises the risk of unsuitable people working with children and vulnerable adults. This showed staff had been properly checked to make sure they were suitable and safe to work with people.

Our previous inspections on 13 and 14 August 2015 and 9 and 24 March 2016 found the registered provider was not meeting the regulations relating to the management of medicines because gaps in MAR charts had not been identified, explored or addressed to ensure medicines were administered in a safe way for people. This was a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection we found improvements had been made.

Medicines were administered to people by registered nurses and senior carers called CHAP's, or in the case of topical creams by trained care staff. Most medicine was administered from a monitored dosage system supplied directly from a pharmacy. Individual named boxes contained medicines which had not been dispensed in the monitored dosage system (MDS).

We looked at people's medication administration records (MAR). A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. We found all of the medicines we checked could be accurately reconciled with the amounts recorded as received and administered.

We saw a stock check was completed daily and signed by two members of staff. Regular audits had been completed on medicines administration and any occasional gaps in recording had been noted and addressed with staff. This demonstrated the home had good medicines governance.

Some prescription medicines contain drugs that are controlled under the misuse of drugs legislation. These medicines are called controlled medicines. We inspected the controlled medicines register and found all medicines were accurately recorded.

Creams and ointments were dated upon opening and found to be in date and body maps were in place to guide staff as to where to administer creams.

People's medicines were stored safely in a locked room. We saw the drug refrigerator and controlled drugs cupboard provided appropriate storage for the amount and type of items in use.

Medicines care plans contained information about medicines and how the person liked to take them,

including an individual 'as required (PRN) medication protocol for the person. Having a PRN protocol in place provides guidelines for staff to ensure these medicines are administered in a safe and consistent manner. This meant people were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

All staff who administered medicines had up to date training in medicines administration and their competence had been assessed. This meant people received their medicines from people who had the appropriate knowledge and skills.

One person had their medicines administered covertly. Covert administration of medication occurs when medication has been deliberately disguised, usually in food or drink, in order that the person does not realise they are taking it. The person's care records showed correct procedures had been applied to ensure the medicines were administered within current guidelines.

Our inspection on 9 and 23 March 2016 found the registered provider was not meeting the regulations relating to safe use of premises (12, 2 d) because the service had not carried out the necessary fire safety checks which ensured people were kept safe. The registered provider sent us an action plan outlining the improvements they would make. At this inspection we found improvements had been made and the necessary fire safety checks had been regularly completed.

We saw evidence of service and inspection records for gas installation, electrical wiring and portable appliance testing (PAT). A series of risk assessments were in place relating to health and safety. We saw suitable equipment was in place to meet the assessed needs of people who used the service for example: profiling beds, pressure relieving cushions, sensor mats and hoists. We saw equipment was regularly serviced.

Fire drills had been completed regularly to ensure staff knew what to do in the event of a fire. People had a personal emergency evacuation plan (PEEP) in place. PEEPs are a record of how each person should be supported if the building needs to be evacuated. This meant the registered provider had plans in place in the event of an emergency situation.

Our inspection on 9 and 24 March 2016 found the registered provider did not have effective measures in place to prevent and control the spread of infection. This was a breach of Regulation 12 (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked to see if improvements had been made. We found the building and equipment to be clean and personal protective equipment (PPE) was available in all areas of the home. The staff we spoke with had received training and knew how to prevent the spread of infections. We observed staff followed good infection, prevention and control practices to protect people from the risk of harm.

Work had been completed to improve the decorative condition of the home and the corridors, bathrooms, communal areas and bedrooms were clean with no odour. However we found there was still an odour on entering the foyer. The CHAP told us this was related to one person's behaviours, which staff attempted to redirect. They told us staff regularly steam cleaned the carpet in the foyer and air fresheners were used in the area; however we found this approach had not proved effective in reducing the odour. The acting manager told us they would look for ways to improve this to support the dignity and health of people using the service.

We found an odour in the ground floor utility room which the CHAP told us was caused by the macerator.

This was due to be replaced with an alternative system.

# Is the service effective?

## Our findings

One person we spoke with and relatives told us, staff were able to support them effectively and meet their needs or that of their family member.

Our inspection on 9 and 24 March 2016 found the registered provider was not meeting the regulations relating to staffing because staff were not always provided with training, supervision and appraisal to ensure they were able to meet people's needs effectively. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made.

The staff we spoke with told us they had completed induction training when they started working at Southfield Court. They told us they shadowed more experienced staff for around three shifts before being included on the duty rota. The members of care staff we spoke with told us they had completed e-learning in moving and handling, infection prevention and control, pressure area care, dementia, first aid, food hygiene, fire safety, mental capacity and safeguarding. Staff said the training was useful and gave them the skills and knowledge to do their job. They had also completed further training in end of life care.

We asked the acting manager about practical moving and positioning training and they told us staff had completed 2 days training in moving and positioning conducted by a qualified moving and positioning trainer, who was a CHAP at the home. As this was not recorded on the homes computer system we looked at the training registers. We found the staff we sampled had completed training in this area. This showed us staff had the skills and knowledge required to support people effectively. Following our inspection the acting manager showed us all staff were completing an update in moving and positioning to ensure there was an effective overview and practical training could be kept up to date.

We saw on the homes computer system mandatory training updates were complete. One staff member we spoke with told us they had enjoyed the company's Dementia Care Framework (DCF) programme and found it useful. Another staff member told us the DCF involved 5 modules including e-learning and some group activities and it, "Opens your eyes" to what it is like living with dementia and the emotional side of the condition." They told us about a person who always asked about paying for their lunch, so they were getting some shillings for them to use, with the aim of improving the person's self-esteem. Two training sessions in the DCF were taking place on the first day of our inspection.

The service had appointed a dignity in care champion and feedback from people using the service, staff and relatives was very positive about their interactions with people.

When asked about working with people whose behaviour may challenge staff told us they completed e-learning. One staff member said they would value more face to face training around de-escalation and practical management of aggression. We discussed this with the acting manager who said working with people with 'distressed reactions' was part of the DCF training which all staff were completing.

At our inspection on 9 and 24 March 2016 we found staff did not receive regular management supervision to monitor their performance and development needs and ensure they had the skills and competencies to meet people's needs. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made. We found the registered manager and acting manager had organised and improved staff supervision and appraisal and used a matrix to ensure these were planned appropriately. We found staff received regular management supervision and an annual appraisal to monitor their performance and development needs and support them in their role.

The registered provider had policies and procedures in place in relation to the Mental Capacity Act 2005 (MCA) and consent. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes 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 relatives we spoke with told us they had been involved with making decisions with their relatives where they lacked mental capacity. Staff at the service had completed training and had a good understanding of the Mental Capacity Act (2005). We asked the acting manager about the MCA and DoLS and they were able to describe to us the procedure they would follow to ensure people's rights were protected.

We saw from records 15 people using the service had DoLS authorisations in place and applications for authorisation had been made to the supervisory body for a 20 further people, which were yet to be assessed. At the time of our inspection no conditions had been made on the DoLS that had been authorised. Our discussion with the acting manager showed they knew of the possibility of conditions being made upon granting of DoLS and they knew these had to be translated into effective care planning.

We saw where necessary people had been assessed regarding their mental capacity to make their own decisions. The assessments were specific to the situation being assessed. For example, we saw one person had been assessed to judge their capacity to self-administer medicine. Mental capacity assessments and best interest discussions were also evident regarding the use of bedrails, sensor mats and door sensors. Our discussions with the acting manager and staff showed they had a good understanding of the MCA and issues relating to consent. One member of staff we spoke with said, "If I had any concerns about someone's capacity to make decisions I would talk to the nurse." This meant that the human rights of people who used the service were protected and they were not unlawfully restrained.

We found some people had a 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) order in place. These had been completed by relevant clinicians and there was evidence of involving family members in the decision. Staff we spoke with had an accurate knowledge of which people had DNACPR arrangements in place.

We found in one of the care records we sampled there was reference to a relative having power of attorney to manage the persons finances and they had signed some records on behalf of the person, but no evidence of their legal status was kept by the home. The acting manager told us they would address this and request

evidence from the relative.

People at Southfield Court were supported to have sufficient to eat and drink and to maintain a balanced diet. People who used the service told us they enjoyed the meals. One person said, "The meals are lovely, they are not the same all the time. I'm not keen on fish so they will give me something else like shepherd's pie. There are fruit and vegetables. They bring you drinks and snacks in between meals. It may be a biscuit or a piece of cake but they seem to soon run out of cake. Sometimes there may be a banana." Another person said, "Fabulous, lovely."

Comments made by relatives included: "The meals are fab and (relative) is always told what there is and offered a choice, they seem to have improved." "The meals are good now but (relative) doesn't eat much. They are putting on a special lunch on Christmas Day which I will have with (relative)," and "Meals have got better, (relative) will eat anything and his appetite has improved. I choose for him and feed him. Staff say (relative) feeds himself at breakfast time but I think (relative) needs more help."

We observed lunch in the lounge and dining room on one unit on the first day of our inspection. The tables were attractively set and dark rimmed plates were used to contrast with the pale table settings to support people with visual impairments to locate them. There was a choice of two meals, pork cobbler or poached fish. We heard staff offer each person a choice of mashed or new potatoes and people were offered support with using condiments with their meal and a choice of drinks. Gravy was served in a separate jug so people could choose how much they wanted. Some people chose to eat at tray tables in the lounge and people were supported to eat if needed.

We saw a list of people's likes and dislikes on a board in the kitchen to support the cook to plan meals and meals were discussed at relatives meetings. We spoke with the cook, who was aware of people's special dietary requirements and told us all the meals were fortified, for example cream was added to soup.

We saw staff supported and encouraged people to eat and drink. Interactions between staff and people were friendly, respectful and supportive. Drinks and snacks were available throughout the day. We saw people were offered a choice of where to sit and what to eat and drink.

We found three people on the upper floor who required a pureed diet were only offered the fish option. After the inspection we discussed this with the acting manager and they said they would discuss this with the kitchen and care staff as a choice should be offered.

One relative said, "There were no diabetic biscuits available so I spoke to the staff and they got her some, there was a delay but they came three days later".

At our last inspection we found the registered provider was not meeting the regulations relating to keeping accurate records because daily records of food and fluid intake were not always completed when a person was at risk due to their specific health condition. We took action to require the registered provider to improve and at this inspection we found improvements had been made.

We found the risk of weight loss was managed effectively. We saw drinks were offered to people throughout the day and a choice of snacks including cake, fruit, crisps and biscuits. We saw people were provided with supplement drinks in line with their assessed needs if required. The acting manager told us people were weighed either weekly or monthly dependent on risk. If weight loss occurred they informed the family and referred the person to the GP or dietician. Peoples' weight was recorded on the monthly observation reports to managers and a spread sheet of people's weight across the year could be viewed to look for any concerns. This showed the service ensured people's nutritional needs were monitored and we saw action

was taken if required.

We asked staff how they knew if a person was at risk of poor nutrition or weight loss. One staff member said, "The nurses usually pass the information on to us and they tell us in handover. People on weekly weights are on food and fluid charts." We found the food and fluid charts we sampled had been completed detailing how much food and fluid had been consumed and people were weighed regularly in line with their care plans. This showed appropriate action was taken to manage the risk of weight loss and monitor people's dietary needs.

People who lived at Southfield Court were supported to access healthcare. We saw appropriate medical attention was sought when people showed signs of ill health. The GP visited a number of people during our visit. The nurses we spoke with said the home had a good relationship with local GP's. We saw in the care files of people they had regular access to health services, such as the optician, GP, chiropodist, district nurse and falls team. This showed people received additional support when required for meeting their care and treatment needs.

We saw the environment had been improved to support people living with dementia to live well. Handrails were available along all the corridors to aid mobility. We saw toilet seats and handrails in communal bathrooms were painted a contrasting colour to support people with visual impairments to retain their independence. The colour of the bathroom and toilet doors was identical and different to the colour of all the bedroom doors for identification and orientation. Some picture signage was located too high up for people using the service to easily see to help them with orientation. People's bedrooms were numbered and named, most people had a life history on display outside their room and people's bedrooms were personalised to make them feel homely and comfortable. The service had a homely feel with art works and pictures in communal areas and corridors, including old film posters and images from the past.



# Is the service caring?

## Our findings

The service was caring. One person who used the service told us they were well looked after and all the staff were kind and caring. They said "I can go to bed when I want."

Relatives said, "Everyone here is warm, friendly and caring. There is a nice feeling when you walk in." "Staff here are fantastic; they really have the resident's interests at heart" and "(name of staff) is wonderful and really nice with my (relative)".

Staff we spoke with enjoyed working at the home and supporting people who used the service. One staff member said, "It is rewarding making sure the residents are happy. Doing one to one activities with them and making sure they have a good quality of life." Another said, "I enjoy looking after people. I get happiness and satisfaction. It's nice to see people smiling."

During our inspection we observed staff speaking with people in a kind, caring and respectful manner. Visitors told us they could 'come and go' as they pleased and that they were kept informed of things that happened with their relative when they weren't there. Staff clearly knew residents and visitors well.

We saw one staff member crouched down to a person sitting in a chair, held a person's hand and talked in a nice way to them. They responded with a smile. People looked well-presented and we saw some people's nails had been painted. We heard a staff member offering to take one person to have their hair done as the hairdresser had arrived, and offering refreshments.

We saw staff sit down next to a person and spend time talking with them. We saw their interaction was warm and respectful. We heard staff speak with people in a kind and caring way whilst supporting them to eat and also when offering a choice of meal and drink.

People were supported to make choices and decisions about their daily lives. We saw care files contained information about their tastes and preferences in the 'this is me' section. There was a section on lifestyle choices and a communication care plan which indicated how people could be supported to communicate their preferences. Staff we spoke with had a good understanding of the needs of people. The care plans had a personal history of the person. This gave staff a rounded picture of the person and their life and personal history before they went to stay in the home. This helped care staff to know what was important to the people they cared for and helped them take account of this information when delivering their care.

The members of staff we spoke with were aware of how to promote the dignity and privacy of people who used the service. Staff said, "We shut the curtains, we explain what we are doing. We cover people with towels to protect their dignity." We saw that whilst people were using the hoist to transfer, staff spoke encouragingly and reassuringly to them and informed them what they were doing and why. We heard staff speak with people in a respectful way.

Leaflets were present in the home with details of available advocacy services and we saw from records

people had been referred for advocacy services when required. An advocate is a person who is able to speak on people's behalf, when they may not be able to do so for themselves.

People were encouraged to do as much as possible for themselves in their daily life. For example, holding their cup or utensils when being supported to eat and drink and completing craft activities themselves with support if required. This showed people using the service were encouraged to maintain their independence

## Is the service responsive?

### Our findings

Relatives we spoke with told us staff consulted with them and knew their relatives care. We observed staff offering choices. This showed that the service responded to the preferences of people who used the service.

At our last inspection on 9 and 24 March 2016 we found errors in one person's recording of pressure care management and both permanent and temporary staff did not know how often this person should be repositioned in line with their pressure care plan. This meant we could not be assured the person was receiving care in line with their assessed needs. This was a breach of Regulation 9 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made in the recording of pressure care and position changes in the records we sampled. However some people's care plans had not been updated to reflect changes in their support needs and some staff did not know about the changes.

We found the needs of one person who had been discharged from hospital four days prior to our inspection had changed and the care plan and room records did not reflect this. The acting manager told us the person had fallen on rising from bed on 11 December and was now being supported in bed until medical advice was given to reduce the risk of harm. On 13 December we observed two staff supported the persons to reposition to eat their meal and neither staff member knew what the care regime was for the person or why they were being supported in bed. The handover record from 12 December 2016 stated, "In bed all day. Settled, slept on and off." It contained no information for staff about the person's health or changes to their support needs. Handover records from 11 December 2016 said the person was found on the floor, and appropriate action was taken to support them, however this information was not passed on to the next handover. Both staff had missed the handover and any verbal information that was given.

The persons falls risk assessments prior to hospital admission was comprehensive, however information about the persons mobility had not been updated in the room records for staff delivering care since the person's discharge four days earlier. The 'at a glance discharge summary', dated 9 December 2016 said the person was independently mobile. This meant there was a risk of inappropriate care being delivered because care records had not been updated to reflect their current needs and provide direction for staff.

We found for one person the 'at a glance' care plan stated 'no allergies', however, the persons medicines care plans written on admission in August 2015 detailed a number of medicines they were allergic to including penicillin. As agency nurses, who may not be familiar with the persons needs were sometimes used to cover night shifts this could present a risk of harm. The main medicines care plan had not been updated to reflect changed needs and this information was in the continuation notes, where changes to care plans were recorded. This could lead to confusion, as staff would have to look through pages of updates to find the current regime, although for medicines it was also recorded on MAR charts.

The persons moving and positioning plan was out of date as the person was no longer able to sit in a shower chair, but used a shower trolley. The care plan stated they could eat independently, however they were at

high risk of choking, on thickened fluids and a pureed diet and needed practical support to eat. The changes had been noted in monthly evaluations, but the care plans themselves had not been updated.

One staff member we spoke with told us communication at the service was poor and they relied on verbal information being shared between people. A handover was held at the beginning of each shift where the Nurse or CHAP on duty read out their handover to all staff. We saw from handover records information was minimal and changes in people's care needs were only recorded on the date they occurred and not continually until all staff had been on shift and seen the information. This meant important information could be missed and staff told us they did not have time to look at all people's care plans at the start of each shift and relied on verbal information being shared.

We saw a number of people had been prescribed 'Thick and Easy' to thicken fluids due to difficulties with swallowing. We found some people's food and fluid records were confusing for staff and the amount prescribed was incorrectly recorded on the chart. We saw in one person's food and fluid balance charts the amount of thickener required stated 2 scoops in 200mls of fluid. This had been crossed out and changed to 1.5 scoops with no date. One member of staff we spoke with told us they thought the person should have 2 scoops of thickener in their drinks. The person's MAR chart stated 1 scoop should be used in 200mls of fluid. This presented a risk of harm as incorrectly thickened fluids could lead to aspiration, where fluid is taken into a person's lungs, rather than being swallowed, due to difficulties with swallowing. We discussed this with the nurse on duty and they rectified the information immediately. This meant people may be at risk of inappropriate care because accurate records were not always maintained to ensure people received safe and appropriate care.

These examples demonstrate a continuing breach of Regulation 9 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The acting manager told us after the inspection they had addressed this issue straight away with staff and discussed it in the next staff meeting to ensure people were protected from the risk of harm. They told us all staff had received training in November 2016 about the importance of the consistency of pureed food and thickened fluids.

We found the new style of care plans used by the registered provider made it difficult for staff to locate up to date information, as changes to the care plans were recorded on a continuation sheet, and the original care plan itself was not updated to reflect changing needs. This meant staff could miss changes in a busy shift, although most care plans did have up to date emergency or agency care plans containing a summary of each person's basic needs. We discussed this with the area manager, who told us they had already flagged this issue up with the registered provider and were looking at ways to improve this.

In the care plans we sampled annual reviews were due to be held in October and November 2016 and had not yet been held. Relatives told us they were not involved in updating or reviewing care plans, however they felt consulted about their relatives care and felt the staff knew their relative's needs.

We saw in the care files of people that their preferences and interests were recorded. We saw care plans were person centred and provided information about the individual that would enable them to receive person centred support, for example, how a person liked to have their pillows positioned and what a person liked to wear in bed. This is important as some of the people who used the service had memory impairments and were not always able to communicate their preferences.

We found some of the care plans we sampled were comprehensive and up to date. Care plans covered areas

such as mobility, hygiene, communication, continence, skin integrity, rights, finances, relationships, cognition and emotional needs. Care plans had been reviewed monthly by the nurse or senior carer on duty, although some changes had not been recorded.

Activities were provided at Southfield Court but this was not at a level which would meet the needs of all the people living at the home. One person told us, "Oh I enjoy the sing along they have downstairs, it's there for anyone who wants it". A relative said "(relative) will often decline to go to the sing along but she loves it when she goes." Relatives told us activities had included baking, making Christmas decorations and a display of falconry. All the relatives we spoke with felt their relation would benefit from more activities.

An activity coordinator was contracted for 22 hours a week. Another activity coordinator vacancy for 16.5 hours had been filled and the person was completing induction on the day of our inspection. We saw they painted some people's nails in the lounge and offered one person a choice of coloured snowflakes to make a Christmas card. On the second day of our inspection school children from the local school were at the home performing Christmas carols and several people were enjoying the singing. We saw staff offered hand massages to people in the upstairs lounge and one staff member looked at a book about Yorkshire with someone who had declined listening to the Christmas music.

Staff told us people who stayed in their rooms were visited by the activity coordinators however they felt more time for individual activities on the upper floor would benefit people. A log of activities was kept in people's daily records and evidence of activities was limited for some people. Enabling people who are living with dementia to take part in meaningful and enjoyable activities is a key part of 'living well with dementia'.

People who used the service were not able to tell us about raising concerns due to cognitive or communication difficulties and complex needs. The relatives we spoke with told us they would feel comfortable raising issues and concerns with any of the staff or the management team and issues were usually resolved as they arose. One relative said, "I was concerned about the room layout and the view (person) had, I spoke to the staff, they listened to me and acted upon my request to turn her bed around so she had a garden view and could also watch her television instead of facing the bathroom". Another relative told us there was no manager on duty at the weekend when they wanted to discuss a concern, but there was an electronic tablet available to communicate with the acting manager who did respond.

We looked in the complaints and compliments log for the home. We saw complaints had been responded to appropriately and action taken to address concerns. We saw compliments and thank you cards were on display for staff to see. The acting manager said if people were not happy with any aspect of the service they could talk to her and she would deal with it straight away.

## Is the service well-led?

### Our findings

Relatives we spoke told us they could approach the acting manager with any concerns they had and she would act on them. Comments included, "The Manager seems nice and helpful" "The Manager seems very nice but I don't see her, she is usually sat in her office." One person using the service said, "I don't know who the Manager is."

The service had a registered manager in post who had commenced employment with the service in March 2016. At the time of this inspection the registered manager was on maternity leave, which had commenced in November 2016 and the deputy manager was acting manager with the support of the regional manager and a resident experience care specialist was on site one day a week.

The staff we spoke with told us they felt the service was well led. One staff member said, "Yes it is well led. They have put a lot of effort and work into the home." Another said, "Since we've had (name of manager and acting manager) in running the home we feel a lot more supported." They also said, "They have pulled people into line, the door is always open if you've got a problem. They are people friendly."

Our inspection on 12 and 13 August 2015 and 9 and 24 March 2016 found the registered provider was not meeting the regulations relating to keeping accurate records. We took action to require the registered provider to make improvements. They sent us an action plan outlining the improvements they would make. On this inspection we checked and found some improvements had been made, however accurate records were still not always maintained to demonstrate appropriate care was being delivered as discussed earlier in this report. This meant people who used the service may be at risk of inappropriate care because accurate up to date records were not always maintained.

This was a continued breach of Regulation 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Our inspection on 9 and 24 March 2016 found the registered provider was not meeting the regulations relating to governance because effective systems were not in place to assess, monitor and improve the quality and safety of the service provided.

We found improvements had been made by the registered manager and acting manager in stabilising the staffing at the home and addressing the issues we found at our last inspection, in infection control, staff supervisions and appraisal and governance. Whilst there had been some improvements we found continuing breaches of the regulations which had not been fully addressed since our last inspection on 9 and 24 March 2016. This meant the systems in place to improve the quality and safety of the service were not always effective. This was a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The acting manager told us they felt very supported by the registered provider and had completed management training before commencing their position as acting manager. The registered manager and

acting manager had attended regular managers meetings to share information and improve management practice.

The acting manager said their vision for the service was, "To keep improving and for Southfield Court to do the best we can to improve the residents lives and be a good service. I want us to keep learning together as a team."

Meetings with staff, people who used the service and their relatives are an important part of the registered provider's responsibility in monitoring the service and coming to an informed view as to the standard of care. We saw relatives meetings had been held regularly and were organised by relatives themselves. The manager on duty attended for part of the time, to hear any concerns.

Staff meetings and senior staff meetings were held regularly. Topics discussed at senior staff meetings included completing handover records, medicines audits and teamwork. Actions from the last meeting were discussed and goals were set from the meeting. This showed staff were consulted and involved in improving the quality of the service provided.

People who used the service, their representatives and staff were asked for their views about the service and they were acted on. Relatives told us they could feed back on the quality of the service using an electronic tablet in the foyer of the service and feedback was responded to by the deputy manager. A system was in place to ensure formal feedback from relatives and people who use the service was acted on. All feedback on the electronic tablet system was analysed and any results lower than 70% positive elicited an email to the home manager to address the issues. This demonstrated a system was in place to respond to people's views and experiences.

We saw a comments board in the foyer where the results of feedback were posted, for example what action had been taken by the service to improve activities, such as appointing a further activity coordinator.

A staff survey was also completed anonymously on an electronic tablet and the results had been collated to feed into service planning and improvement. Feedback about the management of the service was positive, although feedback about the registered provider was less positive.

We asked the acting manager about audits at the home. A variety of checks were carried out on a regular basis by the acting manager, nurses or CHAPs on duty including bed rail checks, infection prevention and control audits, observing lunch service, hoist and sling checks, mattress checks, and evaluation of care plans.

The service used an electronic system to audit each person's care records regularly to check they were up to date and contained the necessary information and consent. This generated an action plan for completion by the acting manager, nurses, deputy and CHAPs. A more in-depth audit tool was used for people living with dementia. We saw some people's care records had been effectively updated using this system and the action required had been completed. For example in one care file audit we sampled the acting manager had identified the need to update the risk assessment regarding the use of a sensor mat and complete a mental capacity assessment and best interest discussion regarding the restriction. This had been completed. However the system had not identified and addressed the problems we found with some care plans not reflecting people's current needs.

The acting manager completed a daily walk around including observing care being delivered and gaining feedback from people using the service and relatives and the outcome of this was recorded and action

taken to improve the service where needed.

The acting manager sent a report to the regional manager every week containing information about the service, such as the number of incidents or accidents, staff training and staff sickness. We saw the regional manager had visited the service regularly and completed audits as well as regular 'walk round' of the service and provided support and supervision to the acting manager. This demonstrated the senior management of the organisation were reviewing information to drive up quality in the organisation, however sufficient action was not evident regarding staffing levels at the service.

Under the Care Quality Commission (Registration) Regulations 2009 registered providers have a duty to submit statutory notifications to the Care Quality Commission (CQC) when certain incidents happen. We did not find any incidents that had not been reported to CQC in line with legislation.

The previous inspection ratings were displayed. This showed the registered provider was meeting their requirement to display the most recent performance assessment of their regulated activities and showed they were open and transparent by sharing and displaying information about the service.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	Effective systems were not in place to assess, monitor and improve the quality and safety of the service provided to people who use the service.
Treatment of disease, disorder or injury	17 (2) (a)
	Accurate up to date records were not always maintained.
	17 (2) (c)

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Diagnostic and screening procedures	People did not always receive care that was planned to meet their current needs.
Treatment of disease, disorder or injury	9 (1) (c)

### The enforcement action we took:

Issued a Warning Notice to comply by 03 March 2017

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Diagnostic and screening procedures	Sufficient numbers of staff were not deployed to meet the needs of people who use the service
Treatment of disease, disorder or injury	Regulation 18 2 (a)

### The enforcement action we took:

Issued Warning Notice to comply by 03 March 2017