

Royal Mencap Society Southernwood

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Southernwood is a residential care home providing personal and nursing care to five people aged 25 and over at the time of the inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a medium sized home. It was registered for the support of up to six people. Five people were using the service. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found

Families we spoke with were positive about the service. One relative told us, "I am immensely happy [he] has built up a rapport with staff." Another family member told us, "I could not ask for more."

Risks assessments identified people's support needs. There was clear guidance for staff to follow to minimise risks. Care plans reflected people's care needs including specific dietary requirements.

Staff had been trained in the administration of medicines. People received their medicines in line with the prescriber's instructions. Medicines were stored safely in a locked cabinet in people's rooms.

Staff we spoke with confirmed that had received training in safeguarding and knew what action to take if they were concerned about people's welfare.

We observed staff interacting in a positive way towards the people they supported. People appeared happy and relaxed throughout our inspection.

Staff received an induction when they first joined the service and regular training was completed and refreshed when required. Staff told us they felt supported and had regular meetings and supervisions with the registered manager. Staff had worked at the service for several years.

People were able to take part in social events and regularly visited the community. Transport was available for taking people to day centres and shopping expeditions.

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

The service applied the principles and values (consistently) of the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The provider had a quality auditing system in place. Accidents and incidents were documented and reviewed as necessary.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 19 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Southernwood

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

During the inspection-

We spoke with the registered manager, five members of staff one visiting family and one family member on the telephone. We were unable to speak with people using the service due to their complex communication needs. We observed lunchtime and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records this included each person's care plan and medicine record. We looked at four staff recruitment files. In addition, we reviewed a range of records relating to the way the service was run.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training records. We requested information from a professional who regularly visits the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

At our last inspection arrangements were not in place to ensure the service was clean and hygienic, to protect people from acquired infections. We recommended a cleaning schedule was implemented. The provider had made improvements.

- The service had recently undergone internal work such as new carpeting in the hallway and stairs.
- The premises were cleaned to high standards and staff told us they were all responsible for cleaning duties. A cleaning schedule was in place to see areas that had been cleaned or required cleaning.
- Staff had access to personal protective equipment such as gloves and aprons.

Using medicines safely

At our last inspection stock levels of medicines did not correspond to what was documented in the stock control folder. We recommended that the service reviews its procedures for the storage of medicines to ensure they followed the guidance from the National Institute for Health and Care Excellence (NICE) for care homes. The provider had made improvements.

- The provider had a safe system in place to ensure people received their medicines as the prescriber intended. We saw medicines were stored and recorded appropriately. People's medicines were stored in a locked cabinet in people's rooms.
- The provider had introduced an auditing system since our last inspection this ensured any stock discrepancies could be identified and acted upon swiftly. Families commented they were confident their family member received their medicines in a safe way, "Yes I have no worries about the medicines, the doctor has recently changed the medicines due to the deterioration in his health. They (staff) keep me informed."

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to ensure people were protected from abuse.
- Staff we spoke with were knowledgeable about safeguarding people from abuse and knew what action to take to keep people safe.
- Staff received training in safeguarding when they first joined the service and had regular updates when required.
- Families we spoke with told us their family member was safe living at Southernwood.

Assessing risk, safety monitoring and management

- Risk assessments were in place to minimise risks to people. Care plans identified support needs and clearly referred to ways to reduce risk and keep people safe.
- Personal emergency evacuation plans (PEEPs) were in place which detailed the support people required to evacuate the building in the event of a fire. Health and safety checks were carried out to ensure the premises were a safe place to live.
- The landlord was responsible for any major repairs and general maintenance.

Staffing and recruitment

- The provider ensured sufficient staff were available to meet people's needs. Families said there were enough staff to support people. We observed staff were available to spend quality time with people sitting chatting or communicating in people's preferred way.
- One relative told us, "I am immensely happy [he] has built up a rapport with staff." Another family member told us, "I could not ask for more."
- The provider's recruitment policy ensured that new staff were suitable to work in the home. Checks carried out included a criminal record check and references from previous employers. The service did not use any agency staff and had their own bank staff to call on when necessary.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed to show trends. Action was taken to prevent the risk of further occurrences.

Is the service effective?

Our findings

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

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

Staff support: induction, training, skills and experience

- New staff completed an induction process to enable them to be competent in their role. This included the Care Certificate. The Care Certificate is a set of standards that social care and health workers use in their daily working lives. It is the minimum standards that should be covered as part of induction training for new staff.
- Additional training was completed that was relevant to the people staff supported. Such as epilepsy and buccal administration. Buccal administration is where medicine is placed against the sides of the gums and cheek so that medicine can be absorbed directly into the blood stream. This is known as the buccal or oromucosal route.
- Staff told us they had regular meetings and supervisions with the registered manager. Records we saw confirmed this. Staff told us they felt supported and could always speak with the registered manager at any time either formally or informally.
- Staff told us they enjoyed working at Southernwood. Most of the staff were long standing and had worked at the service for many years. One member of staff said, "I came here whilst I was in the process of selling my house. That was 16 years ago, and I am still here."

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

- Care plans were developed with people and ensured their preferences and diverse needs were met, which included protected characteristics under the Equality Act 2010, such as age, culture, religion and disability. Assessments considered the full range of people's diverse needs. For example, in relation to how people were supported, and preferences to staff who supported them.
- We were told that one person responded favourably with a particular member of staff. We saw this was documented and the member of staff supported the person as much as possible.
- Staff supported people in line with current evidence-based practice. We saw up to date information in relation to supporting people with their health needs. For example, protocols for seizures and use of technology to assist with communication.
- We were told the service supported a member of staff to pray during their working day.
- The service had recently supported a person to move into a new bedroom with an overhead hoist which was needed as their physical disability had significantly increased. The service had provided a specialist bed which lowered all the way to the floor. This was necessary as the person liked to shuffle out of bed and this also reduced any risk of falling from bed.
- One person had a door-less wardrobe as they liked to see their clothes. Another person had a deep pile

carpet as they liked to feel the softness of the carpet under their feet. All the designs had been in partnership with people and their families. This demonstrated the service respected people's choices in delivering care and support which was relevant to their needs and preferences.

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

- The service monitored people's food requirements. Where people were at risk of malnutrition the Malnutrition Universal Screening Tool (MUST) was used. Some people required specific diets due to their condition, this was discussed with dietitians and the speech and language therapy team.
- Specialist scales were available for people who used a wheelchair.
- We observed lunch time at the service. We saw one visiting family member was involved in preparing a home-made dish for their relative.
- Staff were supporting people with their meal in a calm unhurried manner.
- We were told about one person who was advised by the SALT team they may have to have a Percutaneous Endoscopic Gastrostomy (PEG) tube inserted due to a poor swallow reflex. However, staff found when they only offered the person very small amounts of food on a teaspoon in a quiet environment the person was able to enjoy their food with no complications. This avoided the need for the insertion of a PEG and meant the person could enjoy the variety of foods prepared by his mother.
- One person was offered halal meat and was not able to have gelatine or alcohol due to their religion. This was clearly recorded in the person's care plan.
- Meals varied greatly, and people could eat at different times depending on what they were doing and whether they were hungry or not.

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

- Records we saw confirmed people had access to healthcare professionals.
- Staff supported people with any appointments such as GPs dentists and any hospital appointments. We saw involvement with relevant professionals documented in people's support plans.

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

- The design of the building promoted people's dignity independence and well-being. The service had a sensory room, a quiet lounge and a dining room.
- People's bedrooms were decorated to their own taste. We saw one person had their room decorated with their football club they supported.

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

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.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Records showed that the service was working within the principles of the MCA. Any restrictions on people's liberty had been authorised and conditions on such authorisations were being met.
- The service had made applications to the local authority before DoLS authorisations had expired. Staff told us they always gained consent before supporting people.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff completed training in equality and diversity. The service had a diversity toolkit which was available to staff via the services intranet guidance and also had information on equality and inclusion to raise staff awareness.
- Families we spoke with told us staff were kind and caring... "I feel happy with them (staff). I have complete praise for Southernwood" and "My [family member] has been here for many years, they (staff) know him so well."
- We observed kind and caring interactions between staff and people they were supporting.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to make every day decisions about how they wanted to spend their day. Care plans identified how people wanted to spend their day. For example, one care plan recorded 'when giving [name] a choice he will communicate 'yes' by making a sound which sounds like yes and smiling.
- Staff told us too many choices would not be suitable for the people they supported. We saw evidence of this in one care plan we viewed. '[Name] is able to make decisions if only given two options. For example, 'do you want a shower or wash'.
- Staff told us people were able to understand instructions that were given in a strong clear voice. One member of staff said one person will only respond to their voice as it was loud and clear. We were told by offering people too many options this only confused them and made them feel uneasy.
- Families reported they were invited to reviews about their relative's support plan. We saw evidence of this recorded in the care plans we viewed.

Respecting and promoting people's privacy, dignity and independence

- Staff told us they always knocked on people's doors before entering.
- Staff told us they treated people as individuals and each person had individual preferences.
- The service had built a strong staff team who had many years of experience with the people they supported. A close relationship with families enabled staff to explore people's preferred way of communicating thereby promoting their dignity and independence.

- People were encouraged to be as independent as they could be. We saw examples of this during our inspection. Some people remained in bed until they chose to get up whilst others had been up for some time and were engaged in activities with staff.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans provided clear guidance on people's support needs and took into account steps to manage risks associated with specific conditions. For example, what to do if staff suspected someone may be about to have a seizure. We saw clear examples of the warning signs leading up to a seizure for one person.

Meeting people's communication needs

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

- People who used the service had high levels of support needs relating to communication. iPads were used to show people pictures and videos. The service had their own AIS web page with downloads for staff to understand their responsibilities.
- We saw examples of how people communicated their wishes in care plans we viewed. For example, '[Name] is able to agree or disagree with simple choices that are being offered to him by looking away or seeming disinterested.'

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

- The service conducted activities with people such as games, using the sensory room, watching films and listening to music together.
- People were supported to access the community for shopping trips and other events. Some people were supported to regular day centres.
- The service supported people to maintain relationships with people that mattered to them. Families and friends were encouraged to visit the home and there were no time restrictions on visiting.
- We saw one family visiting during the first day of our inspection. They told us Southernwood was like their second home and they felt comfortable chatting to staff and preparing food in the kitchen for their family member. Staff told us they enjoyed the family visits, and this gave them a good opportunity to sit and discuss any areas of support needs for their family member that may need adjusting.

Improving care quality in response to complaints or concerns

- Families told us if they had any cause for concern they would speak to the registered manager first.
- People using the service had high levels of disability and were not clearly able to express concerns about the support they receive. Therefore, high family support and input was maintained which paid particular attention to their (families) observations of their relative.
- A complaints procedure was given to families when they first joined the service. There were no complaints at the time of our inspection.

End of life care and support

- People were supported during the end of their life. This was supported by the local GP.

We saw one compliment from relatives to the staff and registered manager following the death of their family member. It said, 'The love and care you gave to [family member] and myself during those very traumatic days was incredible. I couldn't have got through it without you.'

There was no one receiving end of life care at the time of our inspection.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Families told us the service was well managed. They told us, "[Registered manager] manages well" and "He is very approachable." Staff told us they were confident in reporting any worries or concerns to the registered manager and they felt listened to.
- The service had been nominated an award for inclusion by the providers own system of internal reward. This was due to a local respite home being closed and Southernwood had been asked to stand in and receive respite people for support. Families of those staying for respite care and the local county council had commented on the high level of care provided.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had been thanked for their leadership by the providers senior management team.
- The registered manager was supported by a long-standing team of staff. Staff we spoke with were clear about their role and responsibilities.
- Governance systems monitored the service. Audits were carried out by senior management where improvements were identified action had been taken to address these.
- The registered manager told us they will soon be using electronic key worker monthly reports and will be delegating more responsibility to the key workers in updating support plans.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Staff told us they enjoyed their work and told us they worked well together as a team. One member of staff said, "We have a good team with a mixture of ages and experiences we do a phenomenal job."
- Another member of staff said "People are at the core of what we do; for the guys it's all about them. The good days outweigh the bad."
- There were strong links with the local community. We saw people went to local lunch clubs, day centres and trips on local transport.

Working in partnership with others

- The service received regular visits from the consultant psychiatrist, the physiotherapist and the speech and language therapists. In addition, support was available from the suppliers of specific equipment in relation to nutrition. For example, PEG feeding which was disseminated to staff.
- The service had good relationships with the local pharmacy dentist, GPs and the community team who responded promptly to recent complex changes in varied health issues for people using the service.
- The registered manager regularly met with other managers from other areas to share relevant information and support.