

Southpark Residential Home Limited

South Park Residential Home

Inspection report

193 South Park Road
Wimbledon
London
SW19 8RY

Tel: 02082969602

Date of inspection visit:
06 January 2016

Date of publication:
08 February 2016

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 6 January 2016 and was unannounced. At the last inspection of the service on 12 August 2014 we found the service was meeting the regulations we checked.

South Park Residential Home is a small care home which provides personal care, support and accommodation for a maximum of 11 adults. The service specialises in caring for older people, some of whom are living with dementia. At the time of our inspection there were 11 people living at the home.

The service is required to have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered manager on our records left the service in August 2015. An interim manager has been appointed whilst the provider recruits a new permanent manager for the home.

During this inspection we found the provider had not ensured that risk management systems in place were always used appropriately to ensure people were protected from the risks of injury or harm. They had not ensured risks were appropriately assessed to ensure the safety of two people that were sharing a room and had behaviours that could challenge the service and others.

We also found the provider did not always act in accordance with the Mental Capacity Act 2005 (MCA) and associated code of practice to ensure, where people lacked capacity to make decisions about specific aspects of their care, these were taken in people's best interest.

The provider also did not operate an effective system to assess, monitor and improve the quality and safety of the service.

Providers are required to inform CQC when there are significant events in a service, including any incidents where people sustained significant injuries or when the police are called. These are called notifications. We found the provider had not submitted notifications about events that happened, to CQC, as required by law.

People's feedback about the level of activities and engagement within the home was not positive. During our inspection we saw only few activities take place in the home. For long periods of time we observed people had little stimulation or engagement. The interim manager told us they were already in conversations with the provider about improving this aspect of the service for people. We have made a recommendation to the provider to improve the opportunities people have to participate in meaningful leisure and recreational activities in the home.

Despite these issues people and relatives said people were safe at South Park Residential Home. Staff had been trained to identify signs that could indicate people may be at risk of abuse. They knew what action to

take to ensure people at risk were protected. They had also been trained to ensure people were not harmed by discriminatory behaviour or practices.

Where risks to people's health, safety and welfare had been identified, staff had access to guidance on the actions to take to ensure people were protected from injury or harm. The provider made arrangements for regular checks of the environment and the equipment in the home to ensure these did not pose unnecessary risks to people. However checks of water systems had not been undertaken recently to ensure these were hygienic. The interim manager was aware of this and taking appropriate action to ensure these were tested. Staff kept the home free from obstacles and trip hazards so people could move around safely.

There were enough staff on duty at the time of our inspection to support people in the home to meet their needs. However the provider did not routinely review staffing in the home as the level of people's dependency changed to ensure people's needs could always be met. The provider had carried out checks to ensure staff were suitable and fit to support people. But in some cases employment references had not been received for some staff. The interim manager was taking action to ensure appropriate references for these staff were obtained.

Staff received training that was appropriate to their role. They were supported in their work by senior staff. Staff demonstrated good awareness of people's needs and how these should be met. People and relatives said staff looked after people in a way which was patient, respectful and kind. Staff knew how to ensure that people received care and support in a dignified way and which maintained their privacy at all times. Staff were welcoming to visitors and relatives and encouraged people to maintain relationships that were important to them.

People were supported to stay healthy and well. They received their medicines as prescribed and these were stored safely in the home. Staff regularly monitored people's general health and wellbeing. Staff ensured people ate and drank sufficient amounts to reduce the risk to them of malnutrition and dehydration. Staff sought appropriate support from healthcare professionals such as the GP if any concerns about a person's health and wellbeing were identified.

People and their relatives were satisfied with the care and support people experienced. In most cases care and support had been planned for people which reflected their needs and their individual choices and preferences for how they received care. People's care and support needs were reviewed with them regularly. Appropriate arrangements were in place to deal with people's complaints if these should arise.

People and relatives spoke positively about the management of the home. The provider sought people's views about how the care and support people received could be improved through satisfaction surveys. However the provider was not following their own policy for ensuring these were undertaken quarterly. The interim manager acknowledged this and told us a survey would be undertaken with people shortly.

The provider had procedures in place in relation to the MCA and Deprivation of Liberty Safeguards (DoLS). Staff had received training to understand when an application should be made and how to submit one. This helped to ensure people were safeguarded as required by the legislation. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body. The provider was complying with the condition applied to the authorisation.

We found a number of breaches of regulations in relation to good governance, safe care and treatment, the

need for consent and notifications. You can see what action we told the provider to take with regards to these breaches 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?

Some aspects of the service were not safe. Risk management systems in place to protect people and others from the risks of harm were not always used appropriately. This meant some people were put at unnecessary risk of harm.

Staff knew how to recognise signs that people may be at risk of abuse or harm and the action to take to ensure they were protected. There were enough staff to support people but the provider did not routinely review staffing arrangements as dependency levels changed.

The provider carried out checks on staff's suitability and fitness to work, but employment references had not been obtained for all staff to make sure staff were fully suitable to work at the service.

Checks of the environment and equipment were carried out to ensure these did not pose a risk to people with the exception of water systems which had not been tested recently to ensure these were hygienic.

People received their prescribed medicines when they needed them and all medicines were stored safely in the home.

Requires Improvement ●

Is the service effective?

Some aspects of the service were not effective. The provider had not acted in accordance with the MCA 2005 and associated codes of practice to ensure decisions were always made in people's best interest.

Staff received regular training and support to ensure they could meet people's needs. They had a good understanding of the needs of people they cared for.

People were supported by staff to stay healthy and well. They were encouraged to eat and drink sufficient amounts. When people needed support from other healthcare professionals, staff ensured they received this promptly.

Requires Improvement ●

Is the service caring?

Good ●

The service was caring. People and their relatives said staff were patient, respectful and kind. Relatives and friends were encouraged to visit people at the home. Staff were warm and welcoming to visitors.

Staff ensured that people's dignity and right to privacy was maintained.

People's personal information was held confidentially and staff were discreet when discussing people's care and support needs.

Is the service responsive?

Some aspects of the service were not responsive. People's feedback about the level of activities and engagement within the home was not positive. We observed people had little stimulation or engagement in the home.

In most cases support plans were in place which set out how people's needs should be met by staff. They were reviewed regularly to ensure they were up to date and accurate.

People and their relatives were satisfied with the care and support people experienced. The provider had appropriate arrangements in place to deal with and respond to people's concerns and complaints.

Requires Improvement ●

Is the service well-led?

Some aspects of the service were not well led. The provider's systems for assessing and monitoring the quality and safety of care and support people experienced, were not effective.

The provider had not notified CQC of incidents that had occurred over the last six months which they are legally required to do.

The provider sought people's views about the quality of care and support they experienced through surveys. But they were not following their own policy for ensuring these were undertaken quarterly. However people, relatives and staff spoke positively about the management of the home.

Requires Improvement ●

South Park Residential 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 checked 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 6 January 2016 and was unannounced. The inspection team consisted of an inspector and an Expert by Experience. This is a person who has personal experience of using or caring for someone who uses this type of service. Before the inspection we reviewed information about the service such as notifications they are required to submit to CQC about incidents and events that have occurred in the home.

During our inspection we spoke with four people who lived at the home and three visiting relatives. We also spoke with the interim manager and two care support workers. We observed care and support in communal areas. We also looked at records which included three people's care records, six staff files and other records relating to the management of the service.

Is the service safe?

Our findings

The provider had risk management systems in place to protect people and others from the risks of injury or harm. However these had not always been used appropriately to ensure people were sufficiently protected from identified risks. We found the provider had not considered the safety and the risks posed to one individual, when another person moved into a share a bedroom with them with a behaviour that could challenge the service and others. This put people in these situations, at unnecessary risk of harm or injury.

This failure amounted to a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In addition to action we have asked the provider to take, we have referred our concerns about this issue to the local authority contracts and commissioning team.

Despite this specific issue, records indicated other risks to people were routinely considered and assessed by senior staff as part of the planning of people's care and support. People's records instructed staff on how to minimise these identified risks. For example for people who needed help to mobilise and transfer from their chair or bed there was guidance and equipment available to staff to support them to do this safely. We observed during our inspection staff supported people, when this was needed, to move safely for example when getting up off of chairs or being helped to sit down at the dining table for their meals. The environment was kept free of obstacles which enabled people to move around the home safely.

People told us they felt safe living in the home. Relatives said they trusted staff to keep their family members safe from harm. One said, "As far as we are concerned, they're doing a good job here. [Family member's] definitely safe here." Records showed staff had received training in how to safeguard adults at risk. Staff told us the actions they would take to ensure people were protected from the risks of abuse, such as reporting any concerns they had to the interim manager. A member of staff gave us a recent example of the support that was sought for one person by the interim manager, when concerns had been raised about the individual's welfare. Staff had also received training in equality and diversity to help them ensure people were protected from harm that could arise from discrimination. During our inspection we observed some instances where people talked about others in a way which may have been unkind and hurtful. Staff gently distracted people so that others were not harmed or upset.

The provider made arrangements for regular checks of the environment and the equipment in the home to ensure these did not pose unnecessary risks to people. Records showed checks and servicing had been undertaken of fire equipment and systems, alarms, emergency lighting, portable appliances, the lift and gas and heating systems. Equipment in the home such as the hoist had been serviced and maintained. However water systems in the home had not been recently inspected and tested to ensure these did not pose a risk to people through water borne bacterial infections. We discussed this with the interim manager who told us they aware of this and was making arrangements for testing of water systems to take place.

During our inspection there were sufficient numbers of staff on duty to meet people's needs. Staffing rota's

had been planned in advance by the interim manager so all staff were aware when they were required to work. We observed staff were on hand to provide support and assistance to people when they needed this. People did not wait long to receive assistance or support from staff and we noted staff responded quickly to call bells. Staff said there were enough staff to support people. But they also said as new people moved into the home they had noted the level of support people required was increasing which increased the time taken to complete their tasks and duties. We discussed staffing levels with the interim manager who acknowledged staffing levels were not routinely reviewed as the level of dependency of people in the home changed. This meant as future dependency levels changed within the home the provider could not be fully assured people's needs could be met by the current staff complement.

The provider had systems in place to ensure people received support from staff that were suitable and fit to work at the service. However these were not always followed robustly. Staff records showed employment checks on staff had been carried out which included obtaining evidence of their identity, right to work in the UK, evidence of relevant qualifications and training undertaken, and criminal records checks. Staff also supplied information about their health to enable the provider to determine their fitness to work. However in three staff files we found references obtained for staff were character references rather than from former employers. This meant in these instances the provider had not fully assured themselves of staff's suitability by verifying their previous employment history. The interim manager told us they would take immediate action to ensure appropriate references were obtained for these members of staff.

Staff ensured people received their prescribed medicines when they needed them. Each person had their own medicines administration record (MAR sheet) which staff signed each time medicines had been given. We found no gaps or omissions in these records. Our checks of medicines in stock confirmed people were receiving their medicines as prescribed. Medicines had been stored safely in the home. Controlled drugs were stored securely and an appropriate register was maintained by staff each time these were administered. All staff responsible for administering medicines had received training in the safe handling of medicines.

Is the service effective?

Our findings

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's records showed their capacity to consent to care and treatment was assessed prior to them moving in to the home. This was reviewed monthly by staff as part of an overall review of people's care and support needs. However we looked at a recent decision taken by the provider in respect of the care and support provided to two people using the service and found the provider did not always act in accordance with the MCA 2005 and associated code of practice to ensure, where people lacked capacity, all decisions were taken in people's best interest.

This failure amounted to a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 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. Staff had received training in relation to the MCA and DoLS. The interim manager understood their role and responsibilities in respect of the MCA and DoLS and knew when an application should be made and how to submit one. Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body. The provider was complying with the conditions applied to the authorisation.

Staff received appropriate training and support from senior staff to enable them to meet people's needs. A relative said they felt staff were well trained. Records showed staff had attended training in topics and areas appropriate to their work. Staff confirmed with us that they received regular training which was relevant to their roles. Staff received support from senior staff through a planned programme of one to one (supervision) meetings and through more general staff team meetings. Records showed supervision meetings were focussed on staff reflecting on their practice and identifying any areas on which this could be improved.

Staff ensured people ate and drank sufficient amounts to meet their needs. People told us they were satisfied with the food and drink on offer at the home. One relative said, "[Family member] enjoys the food and is putting on weight." Where people had specific preferences this was respected and staff were able to meet this. For example, one person ate a meal at lunch time that catered to their religious beliefs. Some people had specialist diets and their needs had also been catered for.

We observed the lunch time meal. The majority of people needed minimal assistance to eat their meal but staff were on hand if help was required. Meals were freshly prepared, appeared well balanced, nutritious and were served at an appropriate temperature. People were relaxed and unhurried so that they were able to take their time to eat. Outside of meal times people could ask for drinks and snacks which staff were happy to provide. Records showed staff monitored people's food and fluid intake to ensure they were eating and drinking enough. People's weights were monitored on a regular basis to ensure they were maintaining a healthy weight.

Staff supported people to keep healthy and well. One relative said, "[Family member] gets lots of attention, there is always somebody about. They get the doctor to see [them] when it is necessary." They told us when their family member had lived in their own home they had not been eating and drinking enough. However, since moving into the home they were now eating soft foods, taking nutritious drinks and the medicines they had been prescribed.

Staff maintained daily records of the care and support provided to people and recorded their observations about people's general health and wellbeing. This included information about outcomes from people's medical and health care visits and any resulting changes that were needed to their care and support. Staff took appropriate action when there were concerns about people's health and wellbeing. Records showed in these instances staff ensured people received the care and support they needed from the appropriate healthcare professionals such as the GP.

Is the service caring?

Our findings

People and their relatives spoke positively about the care provided by staff. One person described staff as "kind and caring." Another person said, "I'm fine, I'm well looked after. The staff are good to me." A relative told us, "All the staff are the same, very friendly, have a chat with us. They look after [family member] very very well." And another said, "[Family member's] well looked after, the staff care."

During the inspection we observed interactions between people and staff. Although staff were busy, they were patient, respectful and kind when attending to people. They knew people well and were able to anticipate what people needed or wanted. People were at ease and comfortable in staff's presence. When people became anxious staff acted appropriately to ease people's distress or discomfort. In our conversations with staff they spoke about people in a caring way and demonstrated a good awareness of their specific needs and wishes.

People received information and explanations about their day to day care and support from staff. We observed staff explain to people in a kind and considerate way what aspect of care and support they wished to provide. Staff waited patiently for acknowledgement from people before proceeding with support. Some people living with dementia could become disoriented and staff had displayed signs to help guide and orient people around the home.

People's right to privacy and dignity was respected. People's support plans set out how these rights must be upheld by staff when providing people with care and support. For example, when people received personal care staff were instructed to ensure this was done in the privacy of their rooms and in a dignified way. We observed staff knocked on people's doors and waited for permission before entering their rooms. Staff ensured people could not be overseen or overheard when receiving support with their personal care, for example, by keeping people's doors closed. We observed people's hair, skin and nails were kept clean, neat and tidy. Staff told us a hairdresser visited the home every month and they [staff] were responsible for ensuring people's nails were regularly attended to.

People's personal records were kept securely within the home. We observed staff were careful when discussing information about people in the home. For example, during staff handover's this was done in a way that staff could not be overheard.

We observed people moved around the home freely. People's friends and relatives were encouraged to, and did, regularly visit them at the home. There were no restrictions on them visiting the home. We observed when visitors arrived at the home they were warmly welcomed by staff. A relative said they were always offered a cup of tea by staff when they came to visit their family member.

Is the service responsive?

Our findings

People's feedback about the level of activities and engagement within the home was not positive. One person said they spent most of their time in the communal lounge but found it 'boring'. Another person told us they liked to sit in the lounge and look at magazines. However there were no magazines or any other reading material present in the lounge for them or others to look at and read. We did see some limited activities taking place in the home during our inspection. For example a member of staff played a game of dominoes with one person during the morning. Staff also supported two people to undertake simple exercises.

There was a planned programme of activities for the home which was displayed in the lounge. These set out the general activities that should take place each day in the home which included puzzles and games, gardening, cake baking, arts and crafts, reading of newspapers, listening to music and group discussions. These reflected people's preferences for how they wished to spend their time.

However, with the exception of the few instances mentioned above we saw none of the planned activities take place during the day. For long periods of time people sat in the lounge with little stimulation or engagement other than the television, which we saw no-one was watching. Some people had family members or friends visit them regularly and take them out in the community on trips and outings. But there was little evidence that day trips and outings in the community were planned and arranged for people who did not have family members or friends in their lives to support them to do this.

It was clear that activities were undertaken on an ad-hoc basis and the responsibility of staff on duty rather than any one individual. We observed the staff on duty during the day were busy providing people with their individual care and support needs or completing paperwork. Staff told us due to the current demands of their roles they had little time to socially interact with people in a way they would have liked. We discussed our concerns about the lack of stimulation and engagement in the home during the day with the interim manager. They acknowledged the service required an extra resource to deliver the planned activities programme so that people were sufficiently engaged in these to reduce the risks to them of social isolation. They said they were already in conversations with the provider about improving this aspect of the service for people.

Some people and their relatives told us people's personal preferences for how they received care and support from staff were acted on by staff. A relative said their family member preferred to eat their meals alone and liked to sleep longer in the morning. They told us staff enabled their family member to sleep as long as they wished and to get ready for the day when it suited them. We observed staff displayed a good awareness of people's particular preferences and routines. For example at mealtimes, some people had chosen to eat their meals away from the main dining area such as the communal lounge or their own rooms and staff enabled them to do that.

People's records indicated they were supported, along with their representatives to contribute to the planning and delivery of their care. Their care and support needs had been assessed with them. Staff had

used this information to develop a detailed support plan which set out how these needs should be met. These plans were person-centred and reflective of their specific likes and dislikes particularly for how support should be provided to them. There was good information in these plans about what people were able to do for themselves to help promote their independence and the support they required from staff. Records also showed people's care and support needs were reviewed monthly by senior staff. Where there were changes to people's needs staff took action to ensure people's support plans were updated accordingly.

People and relatives we talked to were satisfied with the care and support people experienced. People's feedback about their care and support obtained in the most recent satisfaction survey from May 2015 also indicated they were satisfied with the care and support provided and had no issues or concerns about any particular aspects of the service. The provider had a procedure in place to respond to people's concerns and complaints which detailed how these would be dealt with. People were provided a copy of this procedure when they moved into the home. People's records showed discussions had taken place between them, their representatives and staff about their rights to make a complaint if they wished.

We recommend that the provider review the provision of activities in the home according to national guidance, including the social care institute of excellence (SCIE) guidance called, "Activity provision: benchmarking good practice in care homes."

Is the service well-led?

Our findings

The provider did not have effective systems in place to assess and monitor the quality and safety of care and support people experienced. We found limited documentary evidence of checks and audits undertaken at the home. For example we noted staff had carried out weekly audits of medicines. The interim manager told us they regularly carried out observational checks of the environment and the support provided by staff. However these were done on an ad-hoc basis and not formally documented.

We identified a number of issues during our inspection which had not been picked up by the provider around; the management of risks to people, appropriate action being taken in accordance with the MCA 2005 when people lacked capacity to consent, the robustness of staff recruitment checks, reviews of staffing levels as dependency levels changed in the home and the lack of structured activities to sufficiently engage people. These shortfalls indicated the provider was not sufficiently monitoring and improving all aspects of the service so that people experienced good quality, safe care.

This failure amounted to a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we also found the provider had not notified CQC of incidents that had occurred over the last six months which they are legally required to do. These were with regards to injuries incurred by people using the service from falls in the home and incidents reported to the police.

These failures were a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

People and their relatives spoke positively about the management of the home. One person said, "The management is very good. The staff really try and help everybody." The provider used satisfaction surveys to seek people's suggestions about how the service could be improved, the most recent of which were undertaken in May 2015. However the provider was not following their own policy for ensuring these were undertaken quarterly. The interim manager acknowledged this and told us a survey would be undertaken with people shortly. We noted that the views of others such as relatives and healthcare professionals that worked closely with the service were not routinely sought. This meant the provider was not maximising all opportunities available to identify improvements that could be made to the quality of care people experienced.

The service did not have a current registered manager in post. The registered manager on our records left the service in August 2015. We were notified at the time by them and the provider. An interim manager was appointed by the provider to take over the day to day running of the home. The interim manager told us the provider was actively recruiting for a new permanent manager for the home. The provider was aware of their legal responsibilities for ensuring a registered manager was appointed as soon as possible for the service.

Staff were proactive in highlighting improvements that could be made to the support people received. Staff

said the interim manager was approachable and supportive. They felt listened to whenever they had concerns or suggestions relating to the care and support provided to people. Staff were also able to share their views for how the service could be improved through monthly staff team meetings and regular supervision meetings with the interim manager.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had not notified CQC about injuries incurred by people using the service in the home and incidents reported to the police. Regulation 18 (b) and (f).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had not acted in accordance with the MCA 2005 and associated code of practice to ensure decisions were always made in people's best interest. Regulation 11 (1).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not use risk management systems in place to ensure all people using the service were protected from the risks of injury or harm. Regulation 12 (2) (a).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems to assess, monitor and improve the quality and safety of the service. Regulation 17(2) (a).

