

Mr R C Sohun & Mrs A Sohun

Southlands Rest Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Southlands Rest Home is registered to provide care and accommodation for up to 19 people who may be living with dementia or have a mental health condition.

The home is owned by Mr and Mrs Sohun and Mrs Sohun is also the registered manager. Accommodation is arranged over two floors and there is a communal lounge and dining room available on the ground floor. The home is located on the outskirts of Redlill town centre providing people with easy access to local amenities. There were 12 people living in the home on the day of the inspection.

The registered manager/provider was present for the duration of our inspection. 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 and associated Regulations about how the service is run.

At our last inspection in July 2016 risks to people were not being managed well. At this inspection improvement had been made. However some people who were at risk did not have appropriate management guidance in place for staff to follow in order to manage these risks safely.

Medicines were managed in a safe way and recording of medicines was completed to show people had received the medicines they required.

There were sufficient numbers of staff on duty to meet people's care needs. Staff recruitment procedures were safe. Employment files contained all the relevant checks to help ensure only appropriate staff were employed in the home.

Staff met with their line manager on a one to one basis to discuss their work. Staff said they felt supported and told us the registered manager worked with them and was supportive.

Staff were aware of their responsibilities to safeguard people from abuse and were able to tell us what they would do in such an event and they had access to a whistleblowing policy should they need to use it.

People were encouraged and supported to be involved in their care as much as possible. People had individual care plans. These were informative and updated regularly. They also contained information for staff to enable them to be able to respond to people's needs effectively. However some care plans contained conflicting information that would not provide staff with the most up to date information. We have made a recommendation.

People and staff interaction varied. It was evident that permanent staff knew and understood people's needs and aspirations better than some agency staff. Staff were caring to people and respected their privacy and dignity.

People were provided with a range of nutritious foods to maintain a healthy diet. People told us the cook was new and had begun to provide good home cooked. We saw people had access to drinks and snacks throughout the day and staff provided support for people to eat and drink when required.

Staff had followed legal requirements to make sure that any decisions made or restrictions to people were done in the person's best interests. Staff understood the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS).

People's health care needs were being met. However people who were at risk of losing weight required more support.

Staff received a good range of training specific to people's needs. This allowed them to carry out their role in an effective and competent way.

The registered manager worked in a hands on capacity operated an open door policy and we saw several examples of this throughout the day when staff, relatives and people who used the service sought their support and advice.

If an emergency occurred people's care would not be interrupted as there were procedures in place to manage this.

Systems were in place to audit and monitor service provision and best practice, in order to improve outcomes for people who used the service. However improvement was required regarding the monitoring of risk management auditing in order to identify shortfalls and act on these.

A complaints procedure was available for any concerns. This was displayed in the home. People and relatives had been provided with a copy of this when they were admitted to the home. People and their relatives were encouraged to feedback their views and ideas into the running of the home.

At the last inspection in July 2016 this provider was placed into special measures by CQC. We issued three warning notices in relation to breaches of regulations 12, 17 and 18. This inspection found that there was sufficient improvement to take the service out of special measures.

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.

People's individual risks had not always been identified. There wasn't always guidance for staff to manage these risks.

Medicines were administered and stored safely.

There were enough staff to meet people's needs and appropriate checks were carried out to help ensure only suitable staff worked in the home.

Staff knew what to do should they suspect abuse was taking place. There was information for people living in the home regarding this should they need it.

There was a plan to keep people safe in case of an emergency.

Is the service effective?

Good ●

The service was effective.

Staff had the opportunity to meet with their line manager on a one to one basis to discuss aspects of their work.

Staff received appropriate training which enabled them to carry out their role competently.

People's rights under the Mental Capacity Act were met. Where people's freedom was restricted to keep them safe the requirements of the Deprivation of Liberty Safeguards were being met. People were asked for their consent before care was undertaken.

People were provided with nutritious food and fluid to keep them healthy. Staff provide support to help people eat when the required this.

People had support from external healthcare professionals to help them to remain healthy.

Is the service caring?

Good ●

The service was caring.

People's privacy and dignity was maintained.

Staff were caring and kind when supporting people.

People were encouraged to be involved in their care as much as possible and relatives and visitors were able to visit the home at any time.

Is the service responsive?

The service was responsive.

Activities were provided. These were flexible but did not always follow the activity of the day.

Care plans were reviewed on a regular basis. However two care plans contained some conflicting information.

A complaint procedure was available for people and relatives.

Requires Improvement ●

Is the service well-led?

The service was mainly well-led.

Audits of records relating to people's care and the management of the service took place to monitor quality. However these failed to identify some shortfalls in relation to risk.

The registered manager had maintained accurate records relating to the overall management of the service.

Staff, people and their relatives felt supported by the registered manager.

The registered manager submitted notifications as required.

Requires Improvement ●

Southlands Rest 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 was 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 was an unannounced inspection that took place on the 2 March 2017. The inspection was carried out by three inspectors who had experience in adult social care.

Prior to this inspection we reviewed all the information we held about the service, including information about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

We had asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with eight people living at Southlands Rest home and two relatives. Some people were unable to communicate with us at length so instead we observed the care and support being provided by staff.

As part of the inspection we spoke with the provider and four members of staff. We also spoke with the cook and one health care professional who visited the home. We looked at a range of records about people's care and how the home was managed. For example, we looked at care plans, medicine administration records, risk assessments, accident and incident records, complaints records and internal and external audits that had been completed. We also looked at four staff recruitment files.

We last inspected Southlands Rest Home on 21 July 2016 when we found multiple breaches of regulations. As a result the service was placed in special measures. This inspection was to check to make sure that improvements had been made.

Is the service safe?

Our findings

People said they felt safe living at Southlands. One person told us that some people had been going in their room which made them feel uncomfortable. They said they had been given a key to their door which they always locked and a safe to keep their money which "Gave them a sense of security." Another person told us they had been living in the home "For a very long time and felt safe." A relative said "My family member is safe here as they were neglecting themselves at home. Yes it is a safe home."

At the last inspection people were not always protected from harm because risks were not being managed. Risk assessments had not been updated to provide relevant information for staff when needs had changed and new risks had not been identified in order to keep people safe. We issued a warning notice in relation to this. The provider sent us an action plan telling us how they were meeting this regulation. The registered manager demonstrated to us the improvements made however some work still needed to be done .

People were not always kept safe from harm because the provider had not always managed risks to people's safety well. One person had been identified as having behaviour that may challenge others. This had a negative impact on people's reactions towards them if they became agitated. The staff did not have detailed guidance in place to help them to support the person when they became agitated. They did not have behaviour charts to address triggers to the person's behaviour.

Other people could be at risk of malnutrition. Six people had experienced weight loss but the registered manager and staff were not aware of this. This had not been managed appropriately. Risk management strategies such as food charts or increased weight monitoring had not been introduced nor had referrals been made to external professionals for advice and support.

Failure to ensure that risks were identified and manager meant that people were not receiving safe care. This is a continued breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When hazards had been identified risk assessments were in place to manage them. These were detailed and contained information for staff to follow regarding what the risks were to people and the measures needed to be taken to reduce the risk of harm. For example one person smoked and was at risk of from cigarette burns. There was appropriate support in place including guidance for staff to follow to minimise this risk. When people required assistance with their mobility their risk assessment included guidance on how to move them safely without compromising their independence. This included the number of staff needed to move a person and the equipment to use such as a standing frame or walking frame. Staff were competent at undertaking these procedures and were seen to follow these guidelines to keep people safe when mobilising.

At the last inspection people were not safe because staff did not understand their roles with regard to safeguarding people from abuse. Incidents which occurred in the home were not being recorded or reported appropriately. The provider sent us an action plan telling us how they were going to meet the requirements.

We could see that improvements had been made and they now met this requirement.

People were kept safe because staff understood their roles with regard to safeguarding people from abuse. Staff had a good understanding of what abuse meant and the correct procedures to follow should abuse be identified. All staff members had undertaken adult safeguarding training since the last inspection in line with the provider's policy and the local authority's procedures. One member of staff said "I would report anything I felt unhappy about to the manager or the deputy manager." Another member of staff said "I have had training and know what to do." Staff were able to tell us about safeguarding and their responsibilities to the people they cared for. There was information in the form of leaflets together with policies and procedures in the main office for staff information. The provider was aware of their role and responsibility about informing the Care Quality Commission regarding any referrals made to the local authority under safeguarding.

At the last inspection there were not enough staff employed to keep people safe and to meet their physical and mental health needs. We issued a warning notice in relation to this. The provider sent us an action plan outlining how they would meet the requirements. Improvement had been made and they now met the requirements of the warning notice.

People were safe because there were now enough staff to meet people's needs. People's care needs had been assessed and a staffing level to meet those needs had been set by the provider. We looked at the staff duty rota for the previous four weeks and we saw there were sufficient staff provided to meet people's needs. There were four care staff allocated throughout the day and one care staff allocated to work during the night. On the day of our inspection one member of staff had reported in as sick so an additional staff member was provided as soon as possible to cover the duty. Duty rotas were flexible depending on situations within the home. For example an extra care staff had been deployed to work the previous day to accompany a person to a hospital appointment. Staff supported people throughout the day and there was a continued staff presence in the lounge areas where people sat. People did not have to wait for assistance when they required this. A relative told us "There are plenty of staff employed here now and that makes all the difference." One person told us "There are plenty of staff about." Another person told us "I never have to wait long for anything."

The staff recruitment procedure was safe. The provider carried out appropriate checks to help ensure they only employed suitable people to work at the home. Staff files included information that showed checks had been completed such as a recent photograph, written references and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with people who use care and support services.

At the last inspection the registered manager did not maintain a log of accidents and incidents and did not undertake an analysis of accidents on a monthly basis. They had not taken action or put in place any measures to minimise any reoccurrence. Falls were not monitored and referrals were not made for appropriate support. The provider sent us an action plan telling us how they would meet the requirements. Improvements had been made and they are now met the requirements.

People were now safe because accidents and incidents were reviewed to minimise the risk of them happening again. A record of accidents and incidents was kept and the information reviewed by the registered manager to look for patterns or triggers that may suggest a person's support needs had changed. Action taken and measures put in place to help prevent reoccurrence had been recorded. For example when a person was unsteady or had fallen the provider was proactive and looked at the causes of this. This included observing the person and recording their blood pressure and booking a GP visit before referring to the falls team for additional support to protect people.

At the last inspection people did not have an up to date personal emergency evacuation plan (PEEP's) in place so staff would not know who they were responsible for in an emergency. The provider sent us an up dated copy of their PEEP's immediately after the inspection.

People would continue to receive appropriate care in the event of an emergency. There was information and guidance for staff in relation to contingency planning and we read each individual had their own personal evacuation plan (PEEP). The provider had made arrangements with the local authority if the home had to be evacuated for any length of time. A recent fire risk assessment had been carried out on the building and fire drills were undertaken routinely both for day staff and during the night. Training records showed staff were up to date with fire training which meant they would know what to do should the need arise.

People's medicines were managed and given safely. Medicines were safely stored in a locked trolley that was secured to the wall. Medicines were administered safely in accordance with the home's medicine policies and procedures. Staff who gave people their medicines received appropriate training which was regularly updated. The deputy manager undertook monthly audits of medicines to ensure they followed best practice to keep people safe. This was to ensure medicines were managed safely and to monitor medicine errors if applicable. The pharmacy also undertook safety monitoring audits and provided advice as appropriate.

People received their medicines when they needed them and as prescribed. The medicines administration record (MAR) charts were completed properly, without gaps or errors which meant people had received their medicines when they needed them. Each MAR chart held a photograph of the person to ensure correct identification of individuals and there was information on any allergies and how people liked to take their medicines. People had their medicines given to them in an appropriate way by staff. For example with food or after food as directed.

Medicines given on an as needed basis (PRN) and homely remedies (medicines which can be bought over the counter without a prescription) were managed in a safe and effective way according to protocols in place. Staff understood why they gave this medicine.

Is the service effective?

Our findings

At our last inspection the provider had not gained consent to act in the best interest of the people in their care and had not carried out assessments of people's capacity. The provider sent us an action plan telling us how they were going to meet this regulation.

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) processes were implemented appropriately. 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. Mental capacity assessments had been carried out for individual decisions. People's capacity was recorded on their care plans. It included areas such as people being able to retain information, and around specific decisions like living in a care home. The registered manager told us if someone was unable to give consent then a best interest meeting would take place. For example one person was not able to be safe when they went out alone. We saw a best interest meeting had been undertaken for this person.

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). Staff understood the legal framework regarding the MCA and DoLS. Applications were made and authorised where necessary. For example, in relation to people not being able to go out alone, people at risk of self-neglect if unsupervised, or when someone required additional support to manage their financial affairs. A person told us they had been subject to a DoLS authorisation when they were admitted to the home relating to alcohol dependency. They said this had been reviewed and had now been removed.

One person said "Staff understand me and know how to look after me." A relative told us "Staff have the training and skills and know what they are going." Another relative told us their family member was "Well cared for by staff who knew what they were doing."

People were supported by staff that had sufficient knowledge and skills to enable them to meet people's identified needs. The induction process for new staff ensured they learnt the skills required to support people effectively. This included shadowing more experienced staff to get to know more about the people they cared for. A new staff member told us they had not worked alone until they were sure of what they were doing. The registered manager told us that most of the training was provided by an external company. They provided mandatory training which included food hygiene, health and safety, dementia awareness, safeguarding adults from abuse, MCA and DoLS, manual handling, privacy and dignity and first aid. Records confirmed this training had taken place.

Staff were able to meet with their line manager on a one to one basis, for supervision and appraisal. Records showed that staff were up to date with both of these. Supervision gives a manager the opportunity to check

staff were transferring knowledge from their training into the way they worked. An appraisal is an opportunity for staff to discuss with their line manager their work progress, any additional training they required or concerns they had. Both of these are important to help ensure staff are working competently and appropriately and providing the best care possible for the people they support.

People had nutritional care plans in place. These provided staff with information regarding the type of food people liked to eat any nutritional or cultural requirements they had or any known allergies to food. People were happy with the quality, quantity and choice of food and drinks available to them. One person said "The food is home cooked and very nice." Another person said "I am a fussy eater and eat when I like, which they respect."

There was a new cook in post since the last inspection. Menus had been planned by the cook and registered manager following discussions with people. The daily menu was displayed in the dining room which showed people what was on the menu that day. There was a choice of pasta with chicken or a vegetarian option with sweetcorn and rice. There was also a choice of deserts. There was good feedback regarding the food and people enjoyed their lunch.

We observed a meal time. Some people chose to eat their lunch in the dining room while others chose to eat in the lounge. There was good interaction between people and they sat at their table of choice with people they liked. There was a good staff presence throughout lunch and people had support to eat if they required this. One person did not want to eat from the menu and staff provided alternative choices of food to encourage them to eat something. There was a selection of fruit juices and water drinks provided with lunch.

Monthly weight checks were in place to enable staff to assess and monitor if people were eating and drinking enough to stay healthy. These were not being used effectively as people who were losing weight were not being monitored. This has been referred to previously in the key question 'Safe'.

People care needs were met. Care records showed people's health care needs were monitored and action taken to ensure these were addressed by appropriate health care professionals. People were registered with local GP's and were able to visit the practice by appointment. Home visits were arranged as required. People were able to visit a dentist, optician, dietician, and other health care professionals on a regular basis. District nurses visited the home when required to undertake dressings and provide support for people who were unable to attend the doctor's surgery. Community Psychiatric Nurses (CPN) and continence advisors were also available to support people by referral. Advice and guidance given by these professionals was followed.

Individual hospital passports were in place which explained people's needs and preferences for continuity of care and treatment should they be admitted to hospital. Care plans documented when people's care needs had changed. When people's health needs had changed appropriate referrals were made to specialists for support. For example a person had been referred to the orthopaedic department for a hip replacement and staff supported them with this. They said "I felt nervous about the operation but staff are there to help me and that makes me feel relaxed about it." A health care professional told us the service was good at working with them to achieve effective outcomes for people.

Is the service caring?

Our findings

People were very positive about the staff. One person said "I am well looked after and staff are very good." Another person said "The staff are good to me and help me when I need it." One relative said "The staff here treat my family member well and I am happy with the care provided." Another relative said "I visit two to three times a week and am pleased with the way my relative is treated."

Staff interacted with people in a kind and caring way. Staff smiled when they were attending to people's needs and were polite when talking to people and when enquiring how they were. There were occasions when staff sat with the same person for extended periods of time rather than being a little more interactive with other people.

At our last inspection staff were task orientated and had to undertake multiple duties, which did not afford them the time to spend with people. The provider sent us an action plan telling us how improvements were made. At this inspection there was a marked improvement in staff presence in communal areas of the home and people did not have to wait when they needed support.

People who were able to could choose where to spend their time. The layout of the home enabled people to spend time on their own if they wished. This meant people had access to privacy when they needed to be alone. People chose to spend time in their rooms, in the lounge or dining area depending on what was going on in the home. Others chose to use the smoking room or to sit on the patio depending on the weather. One person said "We are very lucky here and we please ourselves."

People were encouraged to be independent and some were able to go to the local shops for cigarettes or a newspaper. One person said "There is always someone going out so if I am having a lazy day they will get my tobacco for me."

People were well dressed with clean clothes and wore either shoes or slippers. Their hair was neat and tidy and they had access to a hairdresser or were able to go to the town to visit the barber or hairdresser there. People were clean shaved if that was their choice and some people were supported to wear makeup if they chose to do so. One person said "Staff help me to look nice."

People received care from a staff team who had a mix of skills and abilities to undertake their roles. Some staff had worked in the home for a long time, while others had been recruited since our last inspection. We observed staff at the end of the morning shift exchanging information while they were completing their daily care records. This was interactive and ensured that care undertaken was communicated and gave new staff the confidence to share information. For example we heard a team leader explain to a junior staff member why it was important to record information relating to care issues.

People were supported to be involved in their care as much as possible. Two people we spoke with were aware of their care plan and what it contained. They had been consulted about how they liked their care undertaken and what mattered to them. People told us they were always consulted about their care. One

person told us that their relative helped them when their care plan was being discussed. They said "My memory is not too good these days so my daughter helped me with some questions."

People's rooms were adequately decorated. People had the opportunity to bring personal possessions, photographs, ornaments and posters into the home to make their room personal to them. This varied according to people's capacity and the support they needed from staff and family. However some rooms needed to be redecorated and one had cracks in the wall that had been filled and didn't look particularly pleasant. People who wanted to had television sets in their rooms and had routines of what they liked to watch. People were supported to maintain links with family and friends and some people had their own mobile phones or could use the home's phone.

People's dignity and privacy were respected. Staff knocked on people's doors before they entered. Personal care was undertaken in private and bathrooms and toilets had doors that locked. People could have a key for their room if they wanted this. Staff addressed people appropriately and called them by their preferred name. When staff discussed a person's needs or any personal information this was done in the office or a private area so that other people could not over hear what was being said.

Relatives told us they were able to visit when they wanted and were made to feel welcome. One relative said "The staff are very caring and kind." Another relative said "This home is very caring and the staff are kind."

Is the service responsive?

Our findings

At the last inspection care plans were not personalised or reviewed. People were not supported to undertake activities of their choice. The provider sent us an action plan outlining the action they would take to meet the requirements. Improvements had been made however some further work was needed.

Before people moved into the home pre admission needs assessments were undertaken. This was to ensure people's health and social care needs could be met and the provider had the resources in place to meet these needs. People told us they had been consulted and included in these assessments as much as possible. One person told us "It got to the stage where I was unable to look after myself. I was not taking my medication and I staying in bed all day. So following a meeting I agreed this would be the better option. I have no regrets as I am comfortable here."

People had been involved in their care planning whenever possible. A person said their care had been discussed with them and they were asked to sign their care plan. One person told us their relatives had helped them with their care plan.

Care plans were written on information gathered from the needs assessments, and input from people whenever possible. They provided an account of people's likes, dislikes, how personal care would be delivered, communication skills, medicine plan, nutrition plan, emotional wellbeing plan, and mobility needs. Care was generally provided according to people's care plans and their needs. A relative said staff were good at recognising when their family member was becoming anxious and unwell and that the registered manager was quick to respond to this before it escalated. They said their relative mental health was being managed well and that "Their relative is as well as they can remember."

However contradictions were noted in two people's care plans. One person had a care plan for the management of their catheter care. This provided conflicting information that this needed to be changed every six weeks and every 12 weeks. We asked the deputy manager to review this with the district nurse and to update the care plan with the relevant information for staff to follow. In another person's care plan their religious beliefs were recorded differently in different sections. This person had detailed the arrangements for when they passed away but it was not clear this information would be followed due to information being different. We asked the deputy manager to clarify this with the person so the correct information was written for staff to follow after their death which was important to them.

The registered manager demonstrated to us the new system they had purchased and were in the process of implementing to maintain care plans electronically. They said they invested in this following our last inspection to improve the standard of care planning and record keeping in order to ensure they met the requirements. We saw this was almost complete and they said it would go live in April 2017.

The service had an activity programme for the week displayed on the notice board in the hallway. It detailed that on the day of the inspection at 11am there should be ladies club and at 2 pm there was pamper time. Throughout the inspection we did not see these taking place. However people told us that they had

activities provided. They said they liked the music sessions and they all joined in the singing. They told us they played bingo, had quiz mornings, played board games and card games. We saw staff playing dominoes with people and one person was knitting. The deputy manager was planning a birthday tea to celebrate a person's birthday that day. They were excited about this and looking forward to their cake. People told us they went out with staff to the town for meals or shopping. A person was keen to tell us they enjoyed taking a taxi to visit various restaurants and to go shopping. People overall said they were happy with the activities in place.

People's spiritual needs were respected. If people wished to attend a church of their choice the deputy manager said this would be arranged.

At the last inspection there was no system in place to identify and handle complaints. The provider sent us an action plan telling us how they were going to meet the requirements. People were supported by staff who listened to them and responded to any problems they may have. People and relatives knew how to raise any concerns or make a complaint. One person said "I have not had to make a complaint and if I had any issues I would talk to the manager who would attend to the problem immediately. Relatives were reassured that if they had to make a complaint that their concern would be acted upon. One relative said "I will tell the manager if I have any concerns and I can honestly say it is managed and dealt with immediately. "

Since the last inspection people were provided with a complaints procedure and 'speaking out forms'. There was a copy of this displayed on the notice board in the hallway. The complaints policy included clear guidance on how to make a complaint and by when issues should be resolved. It also contained the contact details of relevant external organisations such as the Care Quality Commission and the local authority. There had been two complaints received since our last inspection. We saw these had been resolved using the home's complaints process. The registered manager told us they were in the home every day and if anyone had an issue it would be resolved immediately.

Is the service well-led?

Our findings

At the last inspection the registered manager did not have a comprehensive oversight of the service and there were no systems in place for monitoring service delivery. They also failed to notify the Care Quality Commission of incidents that occurred in the service. We issued a warning notice in relation to this. The provider sent us an action plan telling us how they were going to manage this. Since the last inspection the provider engaged the services of an external consultant to work alongside them to drive improvement. This reflected in the care planning system which was due to be generated electronically from April 2017. Although there had been improvements, further work needed to be done.

People were positive about the home and the way the home was managed. One person said "The manager runs this place well." Relatives were reassured by the openness of the registered manager and felt they could approach them at any time. Staff felt they had the management support to be able to undertake their roles efficiently. One member of staff said "The manager works with us and tells us if we should be doing things differently." Staff were aware of the home's philosophy. They told us they encouraged people to maintain their independence as much as possible and treat people how they would like to be treated themselves.

At this inspection the deputy manager had undertaken monthly audits of medicine records, care plans, risk assessments nutritional plans and staff duty rotas to monitor the service people received. These records were dated and signed to indicate that they had been reviewed and changes were recorded and updated as appropriate. However when people had lost weight this had been recorded but no action plan had been put in place in order to monitor this. This meant that auditing had not been effective in identifying incidents.

The registered manager also undertook health and safety audits and infection control audits to ensure the safety and wellbeing of people living in the home, people visiting the home and to promote a safe working environment. We identified toilet areas which did not have hand towels and soap for people to use. The deputy manager immediately addressed this and told us they would ensure the house keeper was updated in the importance of hand washing to minimise cross infection in the home.

External care reviews were undertaken by the local authority which contributed to the quality auditing process. External medicine monitoring was also in place to drive improvement. The service also worked with the local authorities' quality assurance team to help maintain improvement in the service.

Records relating to the care of people and the management of the home were not well managed at the last inspection. An action plan was sent by the provider outlining how they would meet the requirements. Improvements had been made, however more work was needed. At this inspection we saw an improvement on how records were maintained. Care plans had been reviewed and updated, most risks were managed appropriately, staff training records and employment information were now being managed appropriately.

Service user satisfaction surveys were undertaken to gain feedback on the quality of service provision and where improvement was required. This had been implemented with the support of the external consultant.

Comments from the most recent survey completed in November 2016 included "Very happy with everything," "Extremely happy with the care provided." "Staff are kind and there are more of them which is so important." This is my home now and I like it."

The provider told us that they were in regular contact with relatives who give their comments when they visited. Relatives said they were able to attend meetings and care reviews when they were invited and kept informed of change when appropriate. Some people chose not to have their relative involved in their care.

Staff were involved in how the home was run. Staff had the opportunity to meet daily at handover as a team to discuss general information and any issues or concerns that occurred during the shift. We heard a handover taking place which was informative. Staff told us the manager would sit in on handovers when appropriate to share information with them regarding matters relating to the home or the welfare of people in the home.

The registered manager worked in a hands on role and operated an open door policy. There were several occasions throughout the day when staff, relatives and people who used the service sought their support and advice.

At the last inspection the registered manager had not been informing the local authority and CQC of events that occurred in the home. This had now improved. The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. We had received notifications from the registered manager in line with the regulations. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was displayed in the home so they would know how to respond if they had concerns they could not raise directly with the registered 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Failure to ensure that risks were identified and managed meant that people were not receiving safe care.