

Lal Gunaratne

Southside House

Inspection report

44 Severn Road
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Tel: 01934626540

Date of inspection visit:
05 December 2016

Date of publication:
10 January 2017

Ratings

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|---------------------------------|--------|
| 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

Southside House provides accommodation and support for up to six people with learning disabilities.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We carried out a previous inspection of this service in October 2013 where we found the service was meeting the requirements in the areas we looked at.

This inspection took place on 5 December 2016 and was unannounced. At the time of our inspection there were five people living in Southside House. People who lived in Southside House were highly independent but had some needs which meant they required staff support.

People's individual needs had been identified and plans had been put in place to ensure staff met those needs. People who lived in the home were encouraged to be as independent as possible in line with their capabilities. People were protected from risks relating to their health, medicines, moods and behaviours. Staff had assessed individual risks to people and had taken action to put plans in place to minimise these risks. People told us they felt safe at the home and made comments including "I feel safe" and "When I haven't been very well they've been brilliant."

Staff supported most people to take their medicines, this was done safely and staff competencies relating to the administration of medicines were checked. Regular medicine audits ensured people were receiving medicines as prescribed by their doctor. Staff knew how to recognise possible signs of abuse which also helped protect people. Staff knew what signs to look out for and the procedures to follow should they need to report concerns. Safeguarding information and contact numbers for the relevant bodies were accessible. Staff told us they felt comfortable raising concerns.

Recruitment procedures were in place to ensure only people of good character were employed by the home. Staff underwent Disclosure and Barring Service (police record) checks before they started work in order to ensure they were suitable to work with people who were vulnerable. Staffing numbers at Southside House were sufficient to meet people's needs and provide them with individual support and time to take part in their chosen activities.

People spoke highly of the staff at the home and their caring attitudes. Comments from people included "All the staff are lovely", "They bend over backwards for us, they really do" and "They couldn't do more if they tried." Staff spent time with people individually and knew people's needs, preferences, likes and dislikes. Staff understood people's preferred communication methods and used these to involve people in their care and support them to make choices.

Staff had the skills required to meet people's needs. We found some training had not been completed by staff but found no evidence this had impacted on people living in Southside House. The registered manager assured us, however, this training would be organised as soon as possible.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and had received training in this area. People were supported to make decisions for themselves and their capacity had been assessed. People were able to make themselves meals and drinks and received support from staff where needed. People could help themselves to foods and fluids that met their needs and preferences.

The registered manager of Southside House worked shifts alongside staff. They led by example to ensure best practice was followed. People and staff spoke highly of the registered manager and told us they were approachable. Comments from people included "The manager is nice and approachable" and "She always says if you've got a problem come and talk to me." People and relatives were asked for their feedback and suggestions in order to improve the service provided and there were systems in place to assess, monitor and improve the quality and safety of the support being provided at the home.

We identified some concerns with the maintenance of records at the home and have made a recommendation for the provider to review the systems in place for ensuring records are kept up to date.

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.

People felt safe in the home.

People received their medicines as prescribed. The systems in place for the management of medicines were safe and protected people who lived in the home.

Risks to people had been identified and action had been taken to minimise these risks.

People were protected from the risk of abuse as staff understood the signs of abuse and how to report concerns.

People were supported by sufficient numbers of staff to meet their needs.

Is the service effective?

Good ●

The service was effective.

People's rights were respected. Staff had clear understanding of the Mental Capacity Act 2005.

Staff had completed training to give them the skills they needed to meet people's individual care needs.

People were supported to have enough to eat and drink.

Is the service caring?

Good ●

The service was caring.

Staff displayed caring attitudes towards people.

Staff supported people in an individualised way.

People were treated with dignity and respect.

People were encouraged to be independent and have a say in the way their support was delivered.

Is the service responsive?

Good ●

The service was responsive.

Staff were responsive to people's individual needs and these needs were regularly reviewed.

People's care plans contained personal information about them which detailed their likes, dislikes and preferences.

People benefited from meaningful activities which reflected their interests.

People were encouraged to make complaints if they had any.

Is the service well-led?

Good ●

The service was well led.

Records were not always well maintained.

People and staff spoke highly of the registered manager.

People and staff were encouraged to provide feedback. This was used to improve the service.

There were systems in place to assess and monitor the quality and safety of the support provided to people.

Southside House

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 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 inspection visit took place on 5 December 2016 and was unannounced. The inspection was carried out by one adult social care inspector. Prior to the inspection we reviewed the information we had about the home, including notifications of events the home is required by law to send us.

People who lived in Southside House were able to talk to us about their experience of the home and share their views with us. We spent time and spoke with every person who lived in the home. We looked around the home, spent time in the kitchen, the dining room and people's bedrooms with their consent. We spoke with one member of support staff and the registered manager.

We looked at the way in which medicines were recorded, stored and administered to people. We also looked at the ways in which meals were prepared and served. We looked in detail at the care provided to three people, including looking at their care files and other records. We looked at the recruitment and training files for three staff members and other records relating to the operation of the home such as risk assessments, policies and procedures.

Is the service safe?

Our findings

People told us they felt safe at the home with comments including "I feel safe" and "When I haven't been very well they've been brilliant."

People were protected by staff who knew how to recognise signs of possible abuse. Staff had received training in how to recognise harm and abuse and knew where to access the information if they needed it. One member of staff said "If I saw something I would ring safeguarding." Safeguarding information and relevant contact numbers were displayed within the staff office for them to use. People also had access to information about safeguarding and how to stay safe in the community. This was displayed within the dining room.

People had a variety of needs relating to their learning disability or their physical health. These needs related to people's vulnerabilities, mental health, epilepsy and diabetes. Staff recognised the need for people to receive personalised support which reflected their needs and risks. The potential risks to each person's health, safety and welfare had been identified and staff knew how to ensure these risks were minimised. For example, one person enjoyed going out on their own and sometimes staying out overnight. Staff had discussed and agreed some safety measures with this person to ensure any risks were minimised. Before leaving this person would give staff the phone number and address of the person they were staying with. Staff ensured the person's mobile phone was fully charged and had available credit, ensured the person had their key to Southside House in case their plans changed and ensured they had the contact number for the staff to contact day or night to arrange transport should there be any issues. These measures enabled this person to lead an independent social life whilst ensuring risks to their welfare were minimised.

Where people had specific healthcare needs, such as epilepsy, we found there were not always detailed assessments and plans in place for staff to follow and staff had not received training in this area. We asked the registered manager and staff about this and they told us the person in question had not had a seizure in over eight years. Although there were no plans in place, staff could tell us exactly what steps they would take should this person experience a seizure. The registered manager understood the need for a clear plan to be in place in case new staff or agency staff worked with the person and during our inspection they created a plan. They also started organising for some specialist training to be delivered to staff.

Some people living in Southside House required support from staff to take their medicines whereas others managed their medicines themselves. Records showed that, where staff administered people's medicines, these had been administered as prescribed by their doctor. Staff and the registered manager carried out regular medicine checks and regularly checked the recordings. This was to ensure people had received their medicines and any potential errors were picked up without delay. Staff had all received training in the management of medicines and people told us medicines were well managed. One person said "They're good with my tablets."

There were sufficient staff available to meet people's needs. There were five people living in Southside House and during the day and during the night there was one member of staff working. The registered

manager worked weekdays 9am till 3pm, a member of staff would then take over for the rest of the day. During the night there was one member of staff working a sleeping shift. Due to the independence and capabilities of the people who lived in Southside these staffing numbers were sufficient to ensure they had the support they needed. The registered manager told us that should any person have a specific appointment or activity they needed staff support with they ensured additional staff were sought. During our inspection we saw people going about their day independently. When they sought help or just a chat with staff, this was provided to meet their needs.

Recruitment practices ensured, as far as possible, that only suitable staff were employed at the home. Staff files showed the relevant checks had been completed to ensure staff employed were suitable to work with people who are vulnerable. This included a disclosure and barring service check (police record check). Proof of identity and references were obtained as well as full employment histories, this protected people from the risks associated with employing unsuitable staff.

Where accidents and incidents had taken place, the registered manager had reviewed these to ensure the risks to people were minimised. The home did not manage anybody's finances.

The premises were well maintained to ensure people were kept safe. Regular checks were undertaken in relation to the environment. The home had fire extinguishers, fire protection equipment and clearly signposted fire exits to assist people in the event of a fire.

Is the service effective?

Our findings

Staff knew people's needs and how best to meet them. Feedback from people about the home and staff was positive and included comments such as "I like it, they help me", "They do know me, they know me well" and "I actually really like it here."

Staff had undertaken training in areas which included medication, safeguarding adults, first aid, manual handling, health and safety, infection control and food safety. Staff told us they had received sufficient training to carry out their role and meet the needs of the people at the home. We found, however, that no staff had undertaken training in epilepsy or diabetes management. This caused some concern as one person in the home had epilepsy and another had diabetes. Although staff had not received this training we found staff could tell us what actions they needed to take to meet these people's needs and records demonstrated that appropriate action was taken to protect people. For example, when one person's blood sugar levels were low staff had responded by giving them some glucose tablets and retaking their blood sugar levels a little while later. This demonstrated they understood the actions to follow to ensure this person's blood sugar levels remained in a healthy range. Although we did not identify clear impact of this lack of training on the people in the home, we discussed the potential concerns with the registered manager who took action immediately to seek specialised training for staff in those areas.

The member of staff we spoke with told us they felt supported by the registered manager. They said "[Name of registered manager] is very approachable and supportive." The registered manager completed supervisions with staff every two months and conducted observations of their performance. Prior to our inspection the registered manager had handed out yearly appraisal forms for staff to complete and appraisal meetings would be booked when these were returned. During supervision and appraisal staff had the opportunity to sit down in a one to one session with the registered manager to talk about their job role and discuss any issues they may have.

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. We checked whether the service was working within the principles of the MCA.

The registered manager and staff had received training in the MCA and displayed an understanding of its principles. At the time of our inspection all people living in Southside House had capacity to make decisions about their care. The registered manager and staff understood that should a significant decision need to be made or should there be any changes in people's ability to make a particular decision, that their capacity would need reassessing.

People were supported to have enough to eat and drink. People independently prepared their own breakfast and lunchtime meals. Sometimes people were supported by staff with this but this was at their request. On the day of our inspection some people made themselves packed lunches which they took out

with them into town or to participate in their chosen activity. Other people made their own lunch and ate it either in the dining room, the living room or in their bedroom. In the evenings staff supported people to cook a meal for the house. Each person contributed towards a weekly menu and if someone did not like the meal of the day they were supported by staff to make themselves something else. During the day we saw people help themselves to drinks and snacks.

People were supported by staff to see healthcare professionals such as GPs, cardiologists, diabetes specialist nurses, neurologists, specialist nurses and dentists. People were referred to outside professionals without delay and the advice provided by these professionals was listened to and used to plan people's care.

Is the service caring?

Our findings

The atmosphere in the home was warm and welcoming. Staff knew people well and engaged them in conversations and jokes relating to their interests and preferences. People spoke highly of the staff at the home. Comments from people included "All the staff are lovely", "They bend over backwards for us, they really do" and "They couldn't do more if they tried." In a recent survey people's relatives had been asked for their views. They provided the following comments about staff "Friendly staff. Very caring" and "Well trained staff and very caring."

Staff supported people to develop their everyday living skills as well as develop new interests. Staff spoke with obvious affection about the people they supported. Comments included "I think the people we look after are lovely." Each person's care plan was written in a respectful manner which highlighted their qualities, personalities, likes, dislikes, preferences and interests. One person's daily notes, written after they had been successful at an interview for a volunteer job stated '[Person's name] did very well. Very proud. Well done [name of person]'. This demonstrated people's achievements were recognised and praised in order to improve confidence and well-being.

People's dignity and privacy were respected. For example, staff did not enter people's rooms without first knocking and waiting for a reply. Each person had a personal key to their bedroom and to the house so they could come in and out as they pleased and ensure their privacy. People received personal care in private and staff did not discuss people in front of others. The registered manager told us they regularly reminded the staff "It is their home and we are guests in their home." This was to highlight people's right to dignity and privacy in their home.

People were involved in all aspects of their care and were asked for their opinions in ways they could understand. One person who lived in Southside House preferred to communicate using signs and body language than words. Staff told us how they interpreted what the person wanted and how they always gave them options in ways they could understand, such as showing them food items in the fridge to choose from. People's care plans highlighted to staff the need to involve people in their support, provide them with options and enable them to make choices. One person's care plan stated "[Name of person] is an adult with learning difficulties but staff need to remember that she also has her own mind."

People's bedrooms were decorated in ways which reflected their personal tastes. One person proudly showed us their room which staff had supported them to decorate in ways which matched their personality, their hobbies and their preferred colours.

Some people who lived in the home followed different religions and were supported by staff to find and attend regular churches and ceremonies when they wanted.

People were encouraged and supported to make choices, retain and develop their independence through taking part in daily chores and activities. The registered manager said "We like to keep people as independent as we can in their capabilities." Where people had accomplished tasks on their own or had

skills in certain areas, staff provided them with praise and encouragement. For example, we saw the registered manager praising a person for the great job they had done cleaning their room the previous weekend. This person smiled at this and told them they had used bleach to clean surfaces and this was met with more praise and smiles.

Is the service responsive?

Our findings

People who lived in Southside House had a variety of needs and required varying levels of care and support. Most people only required prompting from staff whereas some required more support from staff. People had needs relating to their learning disabilities, their physical health and their mental health. People's needs had been assessed and from these, with input from people and their relatives, care plans had been created for each person. Each person's care plan was regularly reviewed and updated to reflect their changing needs. For example, one person's behaviours had significantly changed following a loss in their family. The registered manager referred this person to the learning disability team to seek guidance on what actions staff should take to minimise the person's distress. The advice provided by the team was then used by staff to reassure this person and improve their wellbeing.

We looked at the care and support plans for three people receiving support. Each support plan gave staff important information about each person's individual needs, including people's physical health needs, mental health needs, spiritual and religious needs, social needs and needs relating to their well-being. Guidance was provided for staff which ensured they fully understood people's needs and ensured people were supported in a consistent manner. This was particularly important for people who had some communication difficulties.

People told us staff understood their needs well and responded to them as they would want. For example, one person told us "They know if I get angry to leave me alone and if I get upset to give me a cuddle and tell me everything's ok. They've really helped me avoid some blow ups." This person's relative had stated in the recent questionnaire "The care and time given to [name of person] is first class and gives us peace of mind."

One person could become depressed. Staff had guidance and a clear understanding of how this person communicated their moods, how to identify signs they were feeling low and the actions they took to improve their mood. One member of staff told us this person would "go very quiet" and express themselves differently when speaking. They said they provided this person with "reassurance" and reminded them staff were there for support.

People's care plans contained details about how best to communicate with people and the ways in which people could communicate their feelings, desires and opinions. Some people communicated using words whereas others used signs and facial expressions. Staff told us they knew how best to communicate with people in their chosen form and they could give us examples of what people's facial expressions and signs meant.

People's care was responsive to their needs. People's care plans stressed what they were able to do for themselves and how staff were to maintain and promote their independence. For example, people were encouraged to use public transport and travel places independently in order to build on their independent living skills. During our inspection a number of people went out of the house on their own in order to take part in organised activities, go for walks or go shopping.

Where accidents and incidents had taken place staff had responded and taken action. For example, where one person had become unwell in the weeks prior to our inspection, staff had taken action to contact paramedics and ensure the person was safe. Following this, staff had supported this person to attend the GP in order to ensure their health was maintained.

People had access to activities which met their social care needs. Each person's care plan contained details about their interests and the activities they enjoyed. People lived highly independent lives and therefore most people spent large amounts of time outside of the house every day. People attended day centres, pottery classes, college courses, sports clubs and spent time going out into the town to do some shopping or go for walks. Several people also had volunteer jobs which met their interests and abilities. One person said "Everyone does their own thing." Another person told us they had been out that morning to visit a relative and said "We always go out and about."

A complaints policy was in place at the home. People were supported by staff to raise complaints should they want to. A complaints procedure document was displayed on the notice board in the dining room for people to access should they want it. People told us they felt confident raising complaints should they want to. The registered manager told us no official complaints had been received in the months prior to our inspection.

Is the service well-led?

Our findings

Staff told us the registered manager was supportive and approachable. They said "If I had a problem [name of registered manager] is very approachable and I would go to her if I had a problem." People spoke highly of the manager and made comments such as "The manager is nice and approachable" and "She always says if you've got a problem come and talk to me." During the inspection we saw people going to the registered manager for advice or just to have a chat.

The registered manager told us, and staff confirmed, that they led by example in order to ensure staff provided people with a high standard of respect and support. The registered manager said "I see all the staff during the week so if there's a problem we address it straight away."

People and their relatives were encouraged to give feedback and share their views. Yearly surveys were sent out to people and their relatives. People were provided with support to complete the surveys if they needed this. Once the surveys had been completed and returned, they were analysed and action plans were created to respond to any issues raised. For example, one person's relative had expressed concern about the tone a member of staff had used when speaking with them. The registered manager had investigated the concern, spoken to the staff member and the relative. The registered manager told us the relative was happy with the outcome and the fact the registered manager had acted on their feedback.

People benefited from a good standard of support because Southside House had systems in place to assess, monitor and improve the quality and safety of support at the home. A programme of audits and checks were in place to monitor the safety of the premises, accidents and incidents, care plans, medicines and safeguarding. From these audits and checks action plans were created and the registered manager took action where areas requiring improvement were highlighted. For example, one audit had identified the kitchen cupboards were showing signs of wear and should be replaced. The registered manager had these replaced without delay.

As well as the registered manager conducting monthly audits, weekly and daily checks, the provider of the service conducted regular visits of the home. During these visits they checked areas such as medicines, staffing, staff training, environmental concerns and records. The registered manager told us that following these visits they were provided with a report and action plan to work towards to implement improvements in the home.

Although both the registered manager and the provider regularly reviewed care plans and records as part of their quality assurance systems, we found records were not always up to date. For example, where one person's daily insulin dosage had changed, this person's care plan, risk assessment and missing person's protocol had not been updated to reflect this. The person's medicine information did contain the correct dosage however, and staff demonstrated they knew the correct dose the person should be taking. We raised the issues relating to the maintenance of this person's records with the registered manager who assured us they would be correcting these without delay.

As far as we are aware, the provider met their statutory requirements to inform the relevant authorities of notifiable incidents.

We recommend reviewing the systems in place for ensuring records are well maintained and kept up to date.