

Southdown Housing Association Limited

# Southdown Housing Association - 28 Southdown Road

## Inspection report

28 Southdown Road  
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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service:

Southdown Housing Association – 28 Southdown Road is a residential care home that provides personal care for up to seven adults with complex support needs. There were seven people living in the home at the time of the inspection.

The accommodation was in a large, purpose-built house with communal areas and an accessible garden. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

### Peoples experience of the service:

There was a warm friendly atmosphere. The registered manager and staff team were person-centred in their approach and had an exceptional understanding of people's individual needs. People's relatives and health professionals described how staff had gone above and beyond what was expected to care for people.

People's healthcare needs were monitored to ensure their day to day requirements were met. Staff were exceptionally responsive to changes in their well-being and worked with medical professionals to ensure outcomes in people's best interests.

Staff knew people really well as individuals. People were supported to achieve individual goals and lived their lives engaged in activities that were meaningful to them and that they enjoyed both within their home and the local community. People were supported to maintain important social and family relationships.

People received safe care. Staff were aware of their responsibility to keep people safe. Risks were assessed and managed to reflect people's current needs. Staff received appropriate training and there were enough staff to meet people's needs. People and their relatives were positive about the staff and management team. Staff were proud to work at the service.

People received care that was effective for their needs. People were supported to eat and drink, by staff who were knowledgeable and suitably trained. People were supported to eat and drink safely.

The environment was clean and well maintained and was adapted to meet people's physical and social needs.

There was a strong person-centred culture throughout the service and staff provided caring and compassionate support. Relatives and healthcare professionals were extremely positive about the caring and responsive nature of staff.

People were treated with dignity and respect and their choices and preferences were respected. Care was tailored to meet individual needs. All the people living in the home were supported to lead meaningful lives.

The service was well led, with a clear focus on person centred care, which empowered people and their relatives to make decisions about their care. The quality assurance systems in place effectively monitored the service. The registered manager responded positively to change and was proactive in improving the service. Staff told us they were well supported.

Safe recruitment was followed to ensure the staff employed were suitable to care for people and shared the culture of the service. People received their medicines as prescribed and this was administered by staff who were competent. The provider was following relevant guidance for infection control.

Systems were in place to monitor accidents and incidents to identify any lessons learned and make improvements where required.

The service was working within the principles of the Mental Capacity Act (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Policies and systems were in place to support this practice.

There was a registered manager in post who was available throughout the 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 2008 and associated Regulations about how the service is run.

Rating at last inspection:

The service was last inspected on 11 October 2016 and was rated Good.

Why we inspected:

This was a planned inspection based on the rating from the last inspection. The service remained rated Good overall.

Follow up:

We will monitor information received about the service and schedule the next inspection accordingly.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our caring findings below.

### Is the service responsive?

Outstanding ☆

The service was extremely Responsive

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The Service was well led

Details are in our well led findings below.

# Southdown Housing Association - 28 Southdown Road

## **Detailed findings**

## Background to this inspection

### The inspection

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

### Inspection team

The inspection was conducted by one inspector.

### Service and service type:

Southdown Housing Association – 28 Southdown Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The people who lived in the home had complex support needs related to their profound physical and learning disabilities.

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

### Notice of inspection:

The inspection was unannounced so the provider, manager and staff team did not know we would be visiting.

What we did: Before the inspection we reviewed information, we held about the service and the service provider. The registered provider completed 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 looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

We observed care and support practices. The people living in the home did not use words as their main means of communication.

During the inspection we spoke with a regular visitor to the home and the support worker for a team of experts by experience who had quality checked the service, to ask about their experience of the care provided. We also spoke with the registered manager and four members of staff.

We reviewed a range of records that included two care plans, daily monitoring charts and medicines records. We also looked at a range of records relating to the management and monitoring of the service. These included audits, policies and maintenance checks.

Following the inspection we received agreed feedback for a further week. We received information from three GPs who worked with patients living in the home and three relatives.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were relaxed with staff. Relatives described care and support that reassured them that their loved one was safe. They described trusting relationships with the staff team.
- There were robust safeguarding policies and procedures in place to keep people safe and ensure they received safe care. Staff received training in safeguarding and knew how to identify abuse and how to report it. They knew to report to external agencies, for example, to the police if they needed to.
- Staff explained they would be confident to whistleblow and told us they were confident that the senior team and provider organisation would act on any concerns raised.

Assessing risk, safety monitoring and management

- There were detailed individual person-centred risk assessments in care plans and staff understood when people required support to reduce the risk of harm.
- Risks associated with people's mobility and health were managed to support people to maximise their lives ensuring access to day to day life in their local community and beyond.
- There were robust, up to date, health and safety policies in place to keep people safe. Equipment, such as lifts and hoists were regularly checked by external contractors.

Staffing and recruitment

- Staff and visitors to the home told us staffing levels were sufficient to meet people's needs.
- Support was provided by a consistent team of staff who were familiar with people's needs.
- The manager explained their recruitment process remained unchanged since we found them safe at our last inspection.

Using medicines safely

- Medicines were managed safely and stored securely. We observed medicines being administered safely in a manner that reflected individual preference.
- Staff told us they had training in safe handling of medicines and regular competency assessments of their practice. There were robust medicines audits in place.
- There was good information for staff on the medicines people took and any possible side effects they should look out for.
- There were protocols in place for the use of medicines given on an 'as required' basis to ensure people received these safely and when they needed them. There was also information about how prescribed emergency medicines should be administered if for example someone had a seizure.

### Preventing and controlling infection

- Staff managed prevention and control of infection to protect people from the spread of infection. The whole building was clean, free from bad odours, tidy and well maintained.
- Staff understood how to prevent the spread of infection and there were infection control policies in place to support staff's knowledge. Personal protective equipment (PPE) was readily available.
- The service has a 5-star food rating from the food standards agency. This is the top rating and shows appropriate systems were in place to ensure hygiene levels.

### Learning lessons when things go wrong

- Accidents and incidents were reviewed and any learning identified was shared to prevent reoccurrence.



# Is the service effective?

## Our findings

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

Good: People's outcomes were consistently good, feedback confirmed this.

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

- Comprehensive assessments were carried out before people moved into the home. This was to make sure the service was suitable for them and their care needs could be met. One relative recalled how they were involved in this process: They told us: "I was as constantly consulted and spent a lot of time giving background information." The information gathered during assessment was used to develop detailed and person-centred care plans.
- Assessment and screening tools were used to check people continued to receive effective care. A relative told us their loved one's needs "were constantly being assessed and discussed with us".
- The registered manager and senior team, attended provider meetings and discussed developments in adult social care. This supported staff to provide care and support that reflected current good practice. Information about good practice was available to staff and shared in meetings.
- Staff had a good knowledge of people's needs, cultures and backgrounds and they respected these. The registered manager described how people were supported to attend church groups.

Staff support: induction, training, skills and experience

- Relatives and professionals described the staff as skilled.
- Staff told us they were well supported with supervision and training. Refresher and update training was provided, along with training specific to people's needs.
- Staff training included training that supported staff to engage positively with people each time they interacted. This training was reflected on positively by staff who described it as underpinning the way they communicated. We saw that all staff interactions were positive, and person centred.

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

- People were supported to eat healthy and nutritious food. People's likes, and dislikes, were known and the staff team worked with health professionals to ensure people were able to eat and drink safely.
- There were systems in place to ensure any changes to people's eating were picked up and acted on appropriately.
- People were supported to eat in the place of their choosing at a time that fitted in with their day. Staff prompted and encouraged people and provided assistance when it was needed.

Staff working with other agencies to provide consistent, effective, timely care

- People had access to health services such as community nurses, GPs, social workers and occupational therapists.

- Staff recognised the importance of seeking advice and guidance from community health and social care teams so that people's health and well-being was promoted and protected. Feedback from families and GP's praised the skills of the staff in ensuring health needs were managed effectively. GP's gave numerous examples of the staff skills in observing and interpreting changes in people's wellbeing and ensuring that appropriate medical input was sought. Relatives gave powerful testimony of the support their loved ones received to maintain and improve their health and well-being.
- The staff were exceptionally skilled at responding to changes in people's physical well-being and altering their care and support accordingly. The people living in the home had complex health needs and profound learning disabilities which meant they were at significant risk of health conditions going undetected. We received consistent positive feedback from GP's with patients living in the home who each gave detailed examples of how people's health needs had been identified and addressed. One GP identified how the staff had researched alternative medicines and worked in partnership to improve treatment. They identified the impact of this for the person: They told us: "Through continually adapting and being one step ahead in terms of his health needs and proactively contacting me when things change and to report responses to medication we worked in collaboration and this has really improved their quality of life." Another GP fed back about how a reduction in medication had been achieved, commenting: "I have been and remain impressed by the provision of holistic and responsive care provided." This responsive care and support had resulted in a person no longer taking a pain relief that left them sedated. Staff all commented on the change in this person's quality of life highlighting their increased communication and interaction with others.
- Relatives fed back the impact that the responsive health care had making comments such as: "the staff are so aware of early signals of any of (person's) health problems which has saved a lot of distress". Another relative identified how on top of potentially life-threatening infections the staff team were and described their responsiveness to any indications of infection.

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

- The environment was light and airy, and the design reflected the needs and preferences of the people who lived there.
- Flooring had been changed to enable people to move more easily and plans for the communal lounge included a projector that had been installed to support people's meaningful use of the room and ability to communicate with each other. People would be able to use the projector to share what they had been doing with visitors, each other and staff.
- People's rooms had been decorated to reflect individual need and keyworkers had spent time ensuring that lighting, artwork and murals reflected people's needs and promoted their wellbeing. Each room was reflective of the person and it was clear people appreciated this through the way they used their bedrooms.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- Staff understood the principles of the MCA, how to implement this and how to support best interest decision making. Staff were confident in their application of principles of least restriction. They described the ways they encouraged and respected the choices people made about their daily lives.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the

Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to care and treatment.

- Where there were restrictions on people's liberty applications had been made appropriately to the local authority.

# Is the service caring?

## Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People looked comfortable with the staff that supported them. The staff were friendly, respectful and attentive to people's needs. It was clear that staff enjoyed their work and they spoke positively about the people they supported. One member of staff described someone as "a lovely character." Another member of staff described with compassion how a person let them know when it was time to move on to the next thing.
- Staff supported people in ways that reflected individual relationships. One person liked loud comedic interactions another needed space and quiet. These differing approaches were achieved by staff who knew individuals well and used the environment to support this.

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

- People needed support to make decisions about their care and support and how they spent their days. Staff understood which decisions people could make, how they communicated these decisions and respected these. We heard about how people used sounds and body language to communicate their preferences.
- Staff told us how they encouraged people to determine how they lived their life. Staff explained how they could pick up on the indicators that a person was enjoying an activity.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted dignity in all their interactions with people; speaking respectfully and being attentive to people's wishes. Feedback from a relative reflected this: "I have always been impressed with the way staff include my (loved one) in their conversations. Always talking to (them) and never over (them)."
- Staff worked in a way that promoted people's independence encouraging people to take part in the tasks of daily living and supporting the skills they had.
- People were supported to maintain their appearance and staff were discreet as they provided this support.

## Is the service responsive?

### Our findings

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

Outstanding: Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

#### End of life care and support

- People had received exceptional person-centred end of life care. We heard from staff about the impact this had had on them as individuals and as a team. They had been passionate about ensuring people received the best possible care at this time in their lives and had made changes in their working practices to ensure this happened. This had included ensuring organisational policy changes to enable a person to bring the equipment they needed for treatment back to the home from hospital.
- Two GP's wrote to us as part of the inspection to reflect on the care the team provided. They identified how communication and partnership working had been excellent in achieving appropriate clinical treatment. They also observed how the person's best interests had been promoted by staff and reflected on the fact that they had observed staff go "above and beyond expected which lead to a peaceful death for the (person)."
- A relative described the care their loved one received; reflecting on the small details and kindnesses they witnessed that let them know how much the staff cared. They told us: "I can't stress how involved and compassionate the staff were... (Person) was treated with love and the utmost respect to meet (their) every need. Much thought was given to these individual needs."
- The staff team supported the other people in the home through these times and to remember their friends. Photos were kept and used to support discussion and people were supported to attend the funerals if they indicated they wanted to.
- Staff shared the knowledge they gained through these experiences within the provider organisation to improve the care people received and the support available to staff at this time.

#### Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The care was very person centred and the staff team had an exceptional understanding of people's individual needs and preferences. This meant that the care and support people received led to people living meaningful lives. Relatives all focussed on the impact of this. One relative referred to the care as being "second to none" leading their loved one to 'benefit in so many ways' and "come on in leaps and bounds". Another relative focussed on how it was this care that "enables them to live that full life".
- Staff were committed to supporting people to maintain important social and family relationships. People were not able to maintain their relationships without support. Their relationships with other people they had lived with and family were valued and promoted. One person was being supported to visit a relative who could not make the journey to visit for a while. Staff had ensured the person was able to visit this relative when they were unable to travel and had formed a plan that suited everyone to ensure they could spend time together as the situation changed. This responsiveness amongst the staff team, carefully altering

routines and expectations had ensured the person's relationship was supported and protected.

- Relatives gave powerful examples of the impact of person centred, compassionate care in achieving social outcomes for people. One relative described how this affected their loved one's quality of life. "The staff were totally aware of (their) needs but also realised (they) would benefit by being introduced, gradually and in (their) own time to more noise and activity. (Their) splints were dispensed with. (They) were taken on many outings, shopping, concerts, church, etc. and integrated into the community. (They) even attended her sister's 40th birthday party with loud music. (They were) driven and accompanied by a member of staff who went far beyond their shift hours. " Person centred , responsive support had enabled the person to be in an environment which would have previously caused them to harm themselves. This meant they were able to take part and enjoy the company of their family in an important family event.
- The staff team were motivated to work alongside people at their own pace to achieve individual goals. One person had been supported to go swimming, an activity they had never experienced due to perceived risks associated with their health and difficulties they may have had managing their emotions. The staff knew the person enjoyed water and took a measured approach, determining the true risks and working at the person's pace. The result of this was the person enjoying swimming and strengthened trust between them and the staff who supported them. Photos of the person enjoying time in the pool provided a means for the person to share their achievement and enjoyment.
- The relationships built between staff and people were strengthened through shared experiences and as people's lives changed and their needs altered the staff's commitment to them and meeting their needs was evident. A relative reflected on how changes in their sibling's needs were responded to: the staff are on top of it, very adaptable and always have (person's) best interests at heart." A person living in the home was experiencing difficulties with tasks and activities they had previously enjoyed. The staff team were proactive in improving their own knowledge, seeking additional support and working to ensure the person was not distressed. During our visit, gentle interaction, respect for the person's space and then ensuring the person had access to an aromatherapy session all combined to turn the person's day into one filled with smiles.
- People were involved in a range of activities that reflected their individual preferences and staff were passionate about working to ensure these happened. A review had identified that one person liked boat trips and this had led to staff supporting the person to take the ferry to the Isle of Wight. Staff also sought out holiday destinations that met people's individual needs including those associated with their physical health and impairments. Another person had a forthcoming birthday and a party had been arranged with their favourite type of entertainment for friends and family. Staff had come in specifically to prepare the food for this event when we visited the home.
- Within the home on a day to day basis people were supported to live their lives, this included support to take their part in food preparation and laundry. Staff understood what motivated each person and worked individually to support and value the input people made.
- Care plans were personalised and provided details of how to support people to meet their individual preferences and assessed needs. These care plans were monitored and reviewed in ways that were meaningful to people. Photos were taken throughout the day on individual tablets. These were used to review what people were enjoying and what they would like to do more of. They were also used to help people communicate about their achievements and lives with those that mattered to them.
- People were supported to communicate in ways that were meaningful to them. Staff took the time to understand people and checked this understanding back with people guided by the person's body language or vocalisations. Care plans reflected what was known about how people communicated, and this was shared with visiting professionals.

Improving care quality in response to complaints or concerns

- The registered manager told us they had not received any complaints in the last 12 months. They told us they had regular communication with relatives and this meant that any issues were addressed as they arose.

The registered manager and staff had good relationships with people and their visitors. The people living in the home could not use words to communicate their dissatisfaction. Staff were committed to 'hearing' their views and were passionate about ensuring that their preferences were reflected in the environment and the day to day running of the home. This commitment to people's voice was clear through all staff comments, information on the walls of the home and the feedback we received from relatives.

# Is the service well-led?

## Our findings

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting person-centred, high-quality care and good outcomes for people

- The registered manager and the staff team had a strong commitment to learning and making improvements to the service people received.
- Relatives and professionals spoke highly of the team. Feedback from relatives reflected the fact that staff listened to them and kept them informed.
- Staff were motivated, spoke positively and felt well supported. It was clear they had good relationships with the registered manager and senior team. They told us: "I am proud of my manager and deputies they are really supportive. We have supervision every fortnight and the team it is like a family." And "I feel supported - it is a good team - we are very lucky with our manager and deputy - they listen. It is a joint effort in caring."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager had a clear vision of a happy and safe environment where people received high quality care that reflected their individual preferences and this vision was understood and shared by the staff. Staff were committed to learning and implementing their knowledge to ensure people had the best experience possible.
- The manager knew what notifications they had to send to the CQC. These notifications inform CQC of events happening in the service.
- Policies and operating procedures were reviewed regularly and provided clear guidance and direction for staff.
- Systems were in place to monitor and evaluate the quality of the service provided. For example, accidents and incidents were reviewed and information used to reduce the risk and prevent recurrence.
- Regular audits were undertaken by staff within the home and the provider organisation. These audits identified areas for improvement and fed into an action plan.

Engaging and involving people using the service, the public and staff.

- The service actively encouraged open communication amongst everyone who used, worked in, and visited the service. Whilst the people who lived in the home did not use words to communicate their views, they were heard and their needs and preferences were reflected in decisions made about such issues as staffing and environmental changes. Plans had been implemented to reinforce this contribution through using technology to support meetings in the home.
- The provider supported an external team of experts by experience to carry out checks in the service. We received feedback from the team who told us they had been impressed by the commitment of the senior



team in the home to the process of the quality check and in taking action in response to their visit.

- Staff felt valued and confident because their views and feedback were listened to and acted upon. The provider organisation had a staff forum structure in place to ensure staff were consulted on issues that affected them. Members of staff from the home were part of this staff forum.

Continuous learning and improving care; working in partnership with others

- The registered manager and staff team had developed good working relationships with external professionals. We received positive feedback that reflected confidence in the capability and commitment of the whole staff team.
- The registered manager and senior team worked in partnership with others. They attended provider forums and sought out professional input and guidance.