

# Southpark Residential Home Limited

# South Park Residential Home

## Inspection report

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Date of inspection visit:  
23 February 2017  
24 February 2017

Date of publication:  
04 May 2017

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

South Park Residential Home is a small care service which can provide personal care and accommodation for up to eleven adults. The service specialises in supporting older people living with dementia. At the time of our inspection there were eleven people residing at the home that included two people receiving temporary respite care.

The service has had a registered manager in post since February 2017. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At our last comprehensive inspection of this service in January 2016 we rated the service 'Requires Improvement' overall and for the four key questions 'Is the service safe', 'effective', 'responsive' and 'well-led?' This was because the provider had failed to develop detailed risk management plans to help staff prevent or manage risks people might face, comply with the principles of the Mental Capacity Act 2005 (MCA), enable people to engage in meaningful activities that reflected their social interests and to notify the Care Quality Commission (CQC) without delay about incidents involving the people living at the home that had adversely affected their health and/or wellbeing.

During our last focused inspection of this service in August 2016 we found the provider had taken appropriate action to improve their arrangements for managing identified risks, complying with the Mental Capacity Act 2005 (MCA), providing people with sufficient opportunities to participate in fulfilling social activities and submitting statutory notifications to us. At the time of the focused inspection we continued to rate the service as 'Requires Improvement' overall because we needed to see the provider could consistently maintain these improvements over a more sustained period of time.

At this comprehensive inspection we found the provider had maintained improvements in the way they mitigated risk, complied with the Mental Capacity Act 2005 (MCA), offered people opportunities to engage in meaningful activities and dealt with statutory notifications. However, we have continued to rate the service as 'Requires Improvement' because they still cannot demonstrate they met all the regulations and fundamental standards.

Specifically, the provider failed to operate safe recruitment procedures. Recorded evidence was not always available in staff's files to show the provider had checked their eligibility to work in the UK and criminal record checks were not being renewed at regular intervals. This meant the provider had not done enough to satisfy themselves about the suitability of new and existing staff to work at the home.

Furthermore, while there was a full training programme in place to enable staff to update their knowledge and skills; we found that half the staff team were not up to date with this programme and had not completed all the necessary training for their role. A system was also in place to support, supervise and

appraise staffs working practices. However, this was not being followed and staff were not receiving the formal support they required from their line manager to undertake their duties.

Finally, although there were systems in place to monitor and review the quality of service delivery, which had identified some of the concerns we found during this inspection; these clinical governance systems had nonetheless failed to identify all the issues we found during this inspection. Specifically in relation to staff records, recruitment, training, supervision and appraisal.

These failings represent three breaches of the Health and Social Care (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Although we saw the provider had developed some good fire safety systems, we have also made a recommendation about involving staff in fire evacuation drills at the home.

The breaches and issues described above notwithstanding, people told us they were happy living at South Park Residential Home. We saw staff looked after people in a way which was kind and caring. Staff had built caring and friendly relationships with people. Our discussions with people using the service and their relatives supported this.

There continued to be robust procedures in place to safeguard people from harm and abuse. Staff were familiar with how to recognise and report abuse. There were enough staff to keep people safe. The premises and equipment were safe for people to use because staff routinely carried out health and safety checks. Medicines were managed safely and people received them as prescribed.

People were supported to eat and drink sufficient amounts of nutritious food that met their dietary needs. They also received the support they needed to stay healthy and to access healthcare services.

Staff continued to care and treat people with dignity and respect. They also ensured people's privacy was maintained particularly when being supported with their personal care needs.

People received personalised support that was responsive to their individual needs. Each person had an up to date, personalised care plan, which set out how their care and support needs should be met by staff. This meant people were supported by staff who knew them well and understood their needs, preferences and interests. People were supported to maintain relationships with people that mattered to them.

People and staff spoke positively about the management style of the newly registered manager. They provided good leadership and led by example. The service had an open and transparent culture. People felt comfortable raising any issues they might have about the home with staff. The service had arrangements in place to deal with people's concerns and complaints appropriately. The provider also routinely gathered feedback from people living in the home, their relatives and staff. This feedback alongside the provider's own audits and quality checks was used to continually assess, monitor and improve the quality of the service they provided.

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

We always ask the following five questions of services.

### Is the service safe?

Some aspects of the service were not safe. This was because the provider did not operate safe recruitment procedures. Specifically, pre-employment checks to ensure staff were eligible to work in the UK and on-going DBS checks on existing staff were not always being carried out. This meant the provider had not done enough to satisfy themselves about the suitability of new and existing staff.

There were enough staff suitably deployed in the home to keep people safe.

There were robust procedures in place to safeguard people from harm and abuse. Staff were familiar with how to recognise and report abuse. The provider assessed and managed risks to people's safety in a way that considered their individual needs.

The premises and equipment were safe for people to use because staff routinely carried out health and safety checks. Medicines were managed safely and people received them as prescribed.

**Requires Improvement** ●

### Is the service effective?

Some aspects of the service were not effective. Not all staff had completed their required training or received adequate support from their line manager to ensure they had the right knowledge and skills to effectively perform their roles.

The registered manager and staff were knowledgeable about and adhered to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were supported to eat and drink enough to meet their dietary needs. They also received the support they needed to stay healthy and to access healthcare services.

**Requires Improvement** ●

### Is the service caring?

The service was caring. People said staff were kind, caring and respectful.

**Good** ●

Staff were thoughtful and considerate when delivering care to people. They ensured people's right to privacy and to be treated with dignity was maintained, particularly when receiving personal care.

People were supported to do as much as they could and wanted to do for themselves to retain control and independence over their lives.

### Is the service responsive?

Good ●

The service was responsive. People were involved in discussions and decisions about their care and support needs.

People had an up to date, personalised care plan, which set out how staff should meet their care and support needs. This meant people were supported by staff who knew them well and understood their individual needs, preferences and interests.

Staff encouraged people to actively participate in leisure activities, pursue their social interests and to maintain relationships with people that mattered to them.

People knew how to make a complaint if they were dissatisfied with the service they received. The provider had arrangements in place to deal with people's concerns and complaints in an appropriate way.

### Is the service well-led?

Requires Improvement ●

Some aspects of the service were not well-led. Systems were in place to monitor and review the quality of service delivery. However, these governance systems had not been effectively operated because they had failed to identify a number of concerns we had found during this inspection.

People and staff spoke positively about the management style of the newly registered manager. They provided good leadership and led by example.

The views of people receiving services, their relatives, and staff were regularly sought and valued by the provider. Managers used this information along with other checks to assess and review the quality of service people received.

# South Park Residential Home

## **Detailed findings**

### Background to this inspection

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

This was a comprehensive inspection, which took place because we carry out comprehensive inspections of services rated 'Requires Improvement' annually. The inspection took place on 23 February 2017 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, the 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. Prior to our visit we reviewed the information we held about the service. This included reports from previous inspections and statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send to us by law about significant events that take place within services.

During our inspection we spoke with three people who lived at the home, the newly registered manager, two care workers and the chef/part-time activities coordinator. We also observed the way staff interacted with people living in the home and performed their duties. During lunch we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. Records we looked at included four care plans, six staff files and a range of other documents that related to the overall governance and management of the service.

After our site visit to the service we contacted and received telephone feedback from the relatives of three people who lived at the home.

# Is the service safe?

## Our findings

At our last inspection of the service in August 2016 we found the provider had taken appropriate action to improve the way they mitigated risks and hazards people might face. During this inspection we saw staff continued to assess risks to people's health and safety. Staff were knowledgeable about the risks to people's wellbeing and supported people to prevent or manage those risks. This included implementing preventative measures in regards to the development of pressure ulcers, falling, moving and transferring and becoming dehydrated. Care plans contained detailed risk assessments and management plans which were reviewed and updated at least bi-annually by the registered manager or as and when required if people's needs changed.

However, the provider had not always followed good recruitment practices to ensure people were always cared for by suitable staff. Although records indicated most pre-employment checks had been undertaken by the provider in relation to new staff's identity, professional references from previous employers and criminal records checks; three staff files we looked at did not contain any evidence to show these staff's eligibility to work in the UK had been checked. In addition, a Disclosure and Barring Service check (DBS) had not been checked for over three years and the registered manager told us the provider did not have any protocols in place that clearly stated how frequently DBS checks for existing staff must be renewed. This meant the provider had not done enough to satisfy themselves about the suitability and fitness of new and existing staff.

We discussed our concerns with the registered manager who told us they were not aware information about some staff's eligibility to legally work in the UK was not included in their staff file and that they would be actively pursuing this with all the staff concerned. This represents a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager also advised us they would review and update the provider's staff recruitment procedures in relation to the frequency of renewing existing staff's DBS checks.

People lived in a safe environment that was clean and well maintained. Staff demonstrated good awareness of their role and responsibilities in relation to infection control and hygiene. Regular checks of the premises and equipment were undertaken to ensure people were kept safe. For example, gas, water, electrical wiring, wheelchairs and mobile hoists were regularly checked to make sure they were fit for purpose and safe for people to use. We also saw fire alarms and extinguishers were regularly tested and serviced in accordance with the manufacturer's guidelines and people had personal emergency evacuation plans which explained the help individuals would need to safely leave the building in an emergency.

However, although staff were aware of the fire evacuation procedures for the home, they had not been involved in any fire drill for over a year. We discussed this fire safety issue with the registered manager who acknowledged staff would benefit from participating in fire evacuation drills on a regular basis. We recommend the service seek advice and guidance from a reputable source about current best practice on carrying out fire drills and staff involvement in them.

People told us they felt safe at the home. One person said, "I must admit I feel a lot safer living here than I would at my own home." In the last 12 months all staff had received annual refresher training in safeguarding adults at risk. This helped them to stay alert to signs of abuse or harm and they were reminded of the appropriate action that should be taken to safeguard people. Staff we spoke with were aware of the importance of sharing any concerns with the local authority and were aware of the reporting procedures to follow. The provider had a safeguarding adult's policy in place, but not a whistleblowing policy. We discussed this with the registered manager who agreed to develop a whistleblowing policy and ensure her staff team read and understood it.

There were enough staff to support people. One person told us, "At least there's always some staff about, which I wouldn't get at home." Throughout our inspection we saw staff were visible in communal areas, which meant people could alert staff whenever they needed them. We saw numerous examples of staff attending immediately to people's requests for a drink or assistance to stand. We saw the staff rota for the service was planned in advance and took account of the level of care and support people required in the home. Additional staff were arranged when needed, for example, when people attended hospital appointments. The registered manager worked as part of the staff team and was available to provide support if required.

Medicines management was safe. People's care plans contained detailed information regarding their medicines and how they needed and preferred these to be administered. We looked at medicines administration records (MARs) and our checks indicated people received their medicines as prescribed. Staff received training in the safe management of medicines and their competency to handle medicines safely was assessed annually.



## Is the service effective?

### Our findings

At our last inspection of the service in August 2016 we found the provider had taken appropriate action to ensure they acted in accordance with the Mental Capacity Act 2005 (MCA). At this inspection we saw staff continued to work within the principles of the Mental Capacity Act 2005 code of practice. Staff respected people's decisions and ensured they consented to the care provided where able. When people did not have the capacity to consent 'best interests' decisions were made on their behalf.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The manager appropriately applied to the local authority to deprive a person of their liberty when required to maintain their safety and were meeting the conditions of the authorisation.

The provider had not ensured staff stayed up to date with all the training considered mandatory by the provider, although people told us staff were competent. One person said, "The staff seem to know that they're doing", while another person's relative told us, "I think the staff are all very good at what they do. They all do a good job." However, records indicated that although staff had completed a thorough induction and training on the safe management of medicines, infection control and end of life care; we found five out of ten staff had not received training in various topics that were relevant to their roles. This included dementia awareness, moving and handling, food hygiene and fire safety. This was confirmed by the registered manager and staff we spoke with.

In addition, staff did not receive regular one to one supervision nor had their work performance appraised annually. Staff told us they felt supported by the newly registered manager and the deputy manager who people described as approachable. However, staff did concede they did not have regular individual meetings with either of them. Records indicated in the last 12 months less than half the services staff team had received a formal one to one supervision session with their line manager and that no staff had had their overall work performance appraised in that time. This meant staff had not received the regular support they required to undertake their roles. We discussed this issue with the registered manager who told us the provider did not have staff supervision and appraisal policy in place and acknowledged staff would benefit from having regular opportunities to meet with her or the deputy manager to discuss their working practices and training needs.

These failings described above represent a breach of regulation 18 of the HSCA (Regulated Activities) Regulations 2014.

People were supported to have enough to eat and drink. People typically described the food and drink they were offered at the home as "lovely". One person told us, "I like the food. I love Italian style food so the staff make me things like spaghetti bolognese sometimes." Another person said, "The meals have been lovely. I'll miss the staff and the food when I go home." Staff demonstrated a good awareness of people's dietary requirements and respected their mealtime choices. For example, we observed staff respect a person's

decision not to have the hot meal that had been prepared for their lunch. Instead, staff offered to make this individual a sandwich of their choosing, which they said they could eat now or later that afternoon. The registered manager told us all the meals they prepared at the home were made from fresh ingredients which they purchased locally, which the chef confirmed.

People were supported to maintain good health. Staff ensured people attended scheduled appointments and check-ups such as with their GP or consultant overseeing their specialist health needs. People's individual health action plans set out for staff how their specific healthcare needs should be met. Staff maintained records about people's healthcare appointments, the outcomes and any actions that were needed to support people with these effectively.

People told us the home was a comfortable place to live. One person said, "I've got everything I could need in my room. It may not be the most luxurious place in the world, but it's a pleasant enough place to live." We saw bedrooms were personalised and included some personal possessions that people had brought with them including, family photographs and ornaments.

However, most of the furniture in people's bedrooms and communal areas looked damaged and worn. For example, we saw knobs were missing on most of the chest of drawers located in people's bedrooms. In addition, most of the fabric on the chairs in the lounge and dining area looked thread bare and shabby. We discussed this issue with the registered manager who said they were aware that most of the furniture, soft furnishings and fittings in the home had seen "better days". They told us they had recently secured a budget from the home's owner to replace all the services damaged furniture within the next three months. Progress made by the provider to achieve this stated aim will be assessed at the service's next inspection.

# Is the service caring?

## Our findings

People told us they were happy living at South Park Residential Home and typically described the staff who worked there as 'friendly'. One person said, "I wasn't sure about the place at first, but I can honestly say I've enjoyed my stay here. The staff have all been brilliant." Another person remarked, "I like living here. The staff are lovely." Comments we received from people's relatives were equally complimentary about the home. One relative told us, "I'm very happy with the care the staff give my [family member]." The service had also received a number of written compliments from people's relatives since our last inspection. One relative wrote in a card they had recently sent to the home, "I have not seen my [family member] so happy for a long time." Another relative wrote, "Great improvements made by the new manager. Lots of effort being made to make the home better."

We observed staff were respectful, friendly and kind when speaking with people. People looked at ease and comfortable in the presence of staff. We saw staff responded positively to people's questions and requests for assistance. Staff also gave people their full attention during conversations and spoke to people in a kind and considerate way. During lunch we saw staff frequently checked if people were enjoying their meal or needed a drink.

People's relatives were welcomed at the service and there were unrestricted visiting times. A relative told us, "The staff are always friendly to me whenever I visit my [family member]."

Care plans were personalised and centred on people's needs, strengths and choices. People's life histories and the names of family members and friends who were important to them were recorded in their care plan. Staff knew people well and were able to tell us about their preferences, interests and background. They knew what people liked to do and what their preferred routines were.

People's privacy and dignity were respected and maintained. We saw staff did not enter people's rooms without first knocking to seek their permission to do so. Staff kept doors to people's bedrooms and communal bathrooms closed when supporting people with their personal care to maintain their privacy and dignity. In addition, double occupancy bedrooms contained privacy screens and curtains which we saw staff use when they were supporting people with their personal care.

Staff understood and responded to people's diverse cultural and spiritual needs in an appropriate way. Information about people's spiritual needs were included in their care plan. A member of staff gave us a good example of how they routinely supported a person to pray on their bedroom floor and to practice their faith in accordance with their wishes. It was clear from comments made by staff that they were fully aware of the dietary requirements of this person and knew how to meet these. We observed the chef prepare a meal for the person which reflected their specific religious dietary needs and wishes. People were also asked if they wanted to participate in religious services provided by a local Christian group who regularly visited the home.

Although most people living in the home were dependent on the care and support they received from staff

with day-to-day activities and tasks, staff still encouraged people to be as independent as they could be. For example, we saw people could move freely around the home.

When people were nearing the end of their life, they received compassionate and supportive care. Staff told us they asked people for their preferences in regards to their end of life care and documented their wishes in their care plan. This included conversations with people, and their relatives, about their decision as to whether to be resuscitated and whether they wanted to be hospitalised for additional treatment and in what circumstances. Staff confirmed they had received end of life care training.

## Is the service responsive?

### Our findings

At our last inspection of the service in August 2016 we found the provider had taken appropriate action to improve the opportunities people had to participate in more meaningful social activities. At this inspection we found people continued to have enough opportunities to engage in a variety of fulfilling social activities.

One person told us, "I personally don't join in many of the group activities the staff arrange in the lounge, but other people do and there always seems to be something going on downstairs." We saw the services' part-time activities coordinator initiate a game of indoor skittles after lunch, which people sitting in the lounge who joined in this recreational activity seemed to enjoy. Staff were aware of people's social interests and hobbies and supported individuals to pursue them. For example, we saw staff helping people to have their nails painted and offer a book to a person whose care plan stated they were an avid book reader. The activities coordinator gave us several good examples of new activities they had introduced which included gentle exercise, pampering and reflexology sessions, bingo nights and going out for something to drink in local cafes.

It was also evident from care plans we looked at and comments we received from staff that they actively encouraged people who liked to spend much of their time on their own to participate in a few group activities in the communal lounge each week. Staff explained the rationale behind this was to mitigate the risk of these individuals becoming socially isolated.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. People continued to receive personalised support which met their specific needs. Each person had an up to date care plan which set out for staff how their needs should be met. Care plans were personalised and contained detailed information about people's social interests, food preferences and how personal care and support was to be provided. For example people's daily routine set out for staff when people liked to wake up, how they wished to be supported with getting washed and dressed and when and where they would like to eat their meals.

Care plans were reviewed at least bi-annually or sooner if there had been changes to people's needs. Where changes were identified, people's care plans was updated promptly and information about this was shared with all staff. Staff knew people well and what was important to them. This was evidenced by the knowledge and understanding they displayed about people's needs, preferences and wishes.

Staff were knowledgeable about the people they were supporting, knew what was important to them and provided support in line with people's needs and expressed wishes. One person told us the registered manager had arranged for staff to buy them some porridge oats and honey for their breakfast when they had mentioned they always ate this at home instead of toast or cereal. Staff demonstrated a good understanding of people's needs, preferences and wishes. For example, staff were able to explain to us what aspects of their care people needed support with, such as moving and transferring or assistance at mealtimes, and what people were able to do independently.

Staff respected people's individual choices. One person told us, "I'm quite happy relaxing in my room and watching the telly in the evening, which the staff know that's what I like to do and respect." We observed that people were offered choices throughout the day. This included how they wanted to spend their time and what activities they participated in. For example, we observed staff asking people whether they would like salad and/or potatoes with their lunch or join in a game of indoor skittles being play in the lounge.

The provider continued to maintain appropriate arrangements for dealing with people's complaints or concerns if these should arise. The service had a procedure in place to respond to people's concerns and complaints which detailed how these would be dealt with. The registered manager confirmed there had been no formal complaints received by the service since our last inspection.

## Is the service well-led?

### Our findings

At our last inspection of the service in August 2016 we found the provider had taken appropriate action to ensure they notified the CQC about any incidents involving the people using the service which they were legally obliged to do. It was clear from statutory notifications we had received from the registered manager in the last 12 months and their comments that they understood their legal responsibilities to keep us informed without delay about incidents affecting the people using the service.

The registered manager routinely undertook a range of audits, including reviewing care plans, medicines, infection control, food hygiene, and the environment. Through this quality monitoring system the newly registered manager had identified several issues which they had begun to address, such as the replacing damaged furniture in people's bedrooms and the communal area.

However, the provider's governance system was not always operated effectively. This was because the provider had failed to identify a number of concerns we had found during this inspection. For example, we found poor record keeping in relation to staff files which did not always include up to date information about staff's DBS Checks, eligibility to work in the UK and the training, support and supervision they had received. This represents a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a management structure in place. The registered manager was supported by a deputy manager. A relative told us, "The new manager is very easy to talk to and a good listener." The staff team were caring and dedicated to meeting the needs of the people using the service.

The provider promoted an open and inclusive culture which welcomed and took into account the views and suggestions of people living in the home and their relatives. The provider used a range of methods to gather people's views which included regular telephone contact with the registered manager and participation in satisfaction surveys. All the satisfaction surveys we looked at which had been completed and returned to the provider by people's relatives in the past 12 months were complimentary about the service their family member had been provided with at the home.

The provider valued and listened to the views of staff working in the home. Staff spoke favourably about the registered manager's leadership qualities and said they were always approachable and supportive. One member of staff told us, "I like the new manager a lot. You can talk to her about anything and she often helps out on a shift, especially if we're busy." Staff meetings were held regularly and staff said they were able to contribute their ideas. Records of these meetings showed discussions regularly took place which kept staff up to date about people's care and support and developments in the home.

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 17 HSCA RA Regulations 2014 Good governance  The registered person did not operate effective systems or processes to ensure they assess, monitor and improve the quality and safety of the services they provide people living in the home. Regulation 17 (1) (2) (a)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The registered person had not established and did not operate staff recruitment procedures safely to ensure service users were not placed at unnecessary risk of receiving inappropriate care and support from people who might not be 'fit and proper' or of 'good' character. Regulation 19(1) (2) & (3)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Staff employed by the provider did not receive appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they were employed to perform. Regulation 18(2) (a)