Wellbeing Residential Ltd

Southernwood House

Inspection report

20 Matmore Gate
Spalding
Lincolnshire
PE11 2PN
Tel: 01775 760563
Website: wellbeingresidential.co.uk

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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?	Good
Is the service well-led?	Requires improvement

Overall summary

Southernwood House is located in the market town of Spalding. The service is registered to provide residential care for to up to 24 people including older people, people living with dementia and people with physical disabilities. The service is also registered to provide personal care to people living in their own home although this aspect of the service is is not operated currently. The service provides day care support but this activity is not regulated by the Care Quality Commission (CQC).

We inspected the service on 8 September 2015. The inspection was unannounced. There were 20 people living at the service and two people attending for day care on the day of our inspection.

The service did not have a registered manager. Although the registered provider had appointed a new manager in October 2014, at the time of our inspection an application to register this person had not yet been submitted to CQC. A registered manager is a person who has registered with the CQC to manage the service. Like

Summary of findings

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.

CQC is required by law to monitor the operation of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of the inspection one person who used the service had their freedom restricted in order to keep them safe and the provider had acted in accordance with the MCA and DoLS.

People were cared for safely and they were treated with dignity and respect. They were able to access a range of healthcare professionals when they required specialist support and their medicines were managed safely. Food and drink were provided to a very high standard.

People and their relatives were closely involved in planning the care and support provided by the service. Staff listened to people and understood and respected their needs. Staff reflected people's wishes and preferences in the way they delivered care. Staff understood how to identify, report and manage any concerns related to people's safety and welfare.

People were supported to enjoy a range of activities and pursue their personal interests. The manager told us that further work was in hand to improve the therapeutic activities offered to people living with dementia.

People and their relatives could voice their views and opinions to the manager and staff. The registered provider, the manager and staff listened to what people had to say and took action to resolve any issues as soon as they were raised with them. The manager reviewed untoward incidents and concerns carefully to look for opportunities to improve policies and practices for the future.

Staff were appropriately recruited to ensure they were suitable to work with vulnerable people. They had received training and support to deliver a good quality of care to people and an active training programme was in place to address identified training needs.

Staff delivered the care that had been planned to meet people's needs and had a high degree of knowledge about their individual choices, decisions and preferences. Staff cared for people in a kind, warm and friendly way.

There were systems in place for handling and resolving complaints. People and their relatives knew how to raise a concern. The service was run in an open and inclusive way that encouraged staff to speak out if they had any concerns. The manager and the registered provider regularly assessed and monitored the quality of the service provided for people.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People felt safe using the service and staff supported them in a way that minimised risks to their health, safety and welfare.

Staff were able to recognise any signs of potential abuse and knew how to report any concerns they had.

There were enough staff with the right skills and knowledge to make sure people's needs, wishes and preferences were met.

Medicines were well-managed.

Good

Is the service effective?
The service was effective.

People were supported to make their own decisions wherever possible and staff had an understanding of how to support people who lacked capacity to make some decisions for themselves.

People had access to specialist healthcare support when they needed it.

Food and drink were provided to a very high standard.

Good

Is the service caring?
The service was caring.

People were treated with dignity and respect and their diverse needs were met. Their choices and preferences about the care they received were respected.

Care and support was provided in a warm and friendly way that took account of each person's personal preferences.

Good

Is the service responsive?
The service was responsive.

People received personalised care and support which was responsive to their changing needs.

People were supported to pursue their personal interests and a range of activities was provided. Further work was in hand to ensure activities meet the needs of everyone using the service, particularly people living with dementia.

People and their relatives knew how to raise concerns and make a complaint if they needed to.

Good

Summary of findings

Is the service well-led?

The service was not consistently well-led.

The service did not have a registered manager. Although the registered provider had appointed a new manager in October 2014, at the time of our inspection an application to register this person had not yet been submitted to CQC.

There was an open and welcoming culture within the service.

People and their relatives were encouraged to voice their opinions and views about the service provided.

Staff were well supported and were aware of their responsibility to share any concerns they had about the care provided at the service.

The manager and the registered provider had systems in place to assess and monitor the quality of the service provision.

Requires improvement

Southernwood 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. The inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We visited Southernwood House on 8 September 2015. The inspection team consisted of two inspectors and was unannounced.

In advance of our visit we looked at the information we held about the service such as reports of previous inspections, notifications (events that happened in the service that the provider is required to tell us about) and information that had been sent to us by other organisations such as the local authority.

During our inspection we spent time observing how staff provided care for people to help us better understand their experiences of the care they received. We spoke with six people who lived in the home, five relatives who were visiting on the day of our inspection and a community health support worker. We looked at five people's care records.

We also spoke with the manager of the home, five members of the care staff team, the chef, the administrator, the activities organiser and one of the directors of the company that owns the home (the 'registered provider'). We looked at four staff recruitment files, training records, supervision and appraisal arrangements and staff duty rotas. We also looked at equipment and building maintenance records and information regarding the arrangements for managing complaints and monitoring the quality of the service provided within the home.

Good

Is the service safe?

Our findings

People told us that they felt safe using the service. One person said, "The care staff are always making sure we are safe and I feel safe." Another person said, "I always feel safe living here."

Staff told us how they ensured the safety of people who lived in the service. They were clear about whom they would report any concerns to and were confident that any allegations would be fully investigated by the manager or the registered provider. Staff said that, where required, they would escalate concerns to external organisations. This included the local authority safeguarding team and the CQC. Staff said, and records showed, that they had received training in how to keep people safe from abuse and there were up to date policies and procedures in place to guide staff in their practice in this area. When concerns had been raised we saw that the manager had worked effectively with other agencies to ensure people were safe and their needs had been met. We also saw that the manager and the registered provider had taken preventative action to minimise the risk of future incidents.

We looked at five people's care records and saw that possible risks to people's wellbeing had been assessed and action identified to reduce them. For example, one risk assessment described the help and support required by someone who liked to use a hot water bottle regularly. The information in the risk assessment highlighted the need to ensure the water wasn't too hot and that a protection cover was used to ensure it was safe for the person to handle. Staff demonstrated they were aware of the assessed risks and management plans within people's care records and used them to guide them in their daily work. One member of staff told us, "I always use the care plan to understand individual risks."

Staff told us, and records showed, that when accidents and incidents had occurred they had been analysed so that steps could be taken to help prevent them from happening again. For example, as part of the response to a recent complaint the manager showed us how they had changed the way any injuries sustained by people were recorded and followed up by the staff team. People's safety was also protected through regular checks on the equipment used by staff to provide care.

Personal emergency evacuation plans had been prepared for each person and these detailed what support the person would require in the event of needing to be evacuated from the building.

The manager told us that she and her staff team were committed to maintaining people's independence whilst at the same time protecting them from harm. For example, one person had wanted to help with flower-arranging in the service but the use of scissors by this person had been identified as a possible risk. Rather than preventing the person getting involved in the activity, the manager had arranged for them to be supervised by a member of staff. This had worked very well and the manager anticipated that the person would soon be able to use the scissors independently and follow their interest without supervision.

We saw the registered person had safe recruitment processes in place. We examined four staff personnel files and saw that written application forms and evidence of the person's identity had been obtained. Disclosure and Barring Service (DBS) checks had been carried out to ensure that the service had not employed people who were barred from working with vulnerable people.

During our inspection we saw that staff had sufficient time to meet people's needs and to talk to them individually without rushing. Staffing levels were kept under regular review by the manager who used a tool to assess people's support needs and identify the amount of staffing required to meet that need. The manager confirmed that the needs of the people using the service for day care were included in the calculation. We looked at recent staffing rotas and saw that the number of staff on duty matched the planned rota for each day.

We reviewed the arrangements for the storage and administration of medicines and saw that these were in line with good practice and national guidance. Staff told us, and records confirmed, that only staff with the necessary training could access medicines and help people to take them at the right time. We observed a member of staff administering medicines and saw that they talked carefully to each person individually about the medicine they were being offered. We saw that one person was offered an 'as required' medicine but decided that they didn't want it on this occasion. Their decision was accepted readily by the staff member. We reviewed recent audits of medicine

Good

Is the service safe?

management which had been conducted internally by the service and externally by a local NHS pharmacist. We saw that the manager had taken action to address the recommendations made.

Good

Is the service effective?

Our findings

Staff were confident in their ability to meet the individual needs of the people using the service. One staff member said, "I think we have had the right training. I feel confident when providing care and feedback from people tells me I am doing a good job." One person told us, "Staff are very helpful. If I have a problem or need help with anything, staff will sort it out."

New members of staff received induction training. This included an introductory day covering local training identified as necessary for the service and familiarisation with the registered provider's company-wide policies and procedures. This was followed by a period of shadowing more experienced members of staff before the new employee was deployed as a full member of the team. A member of staff who was training to take on a more senior role within the care team said that the manager had told them, "Take as long as you need to learn everything, before you step into the role." The service had also adopted the new national Care Certificate which sets out common induction standards for social care staff. Several members of staff were working towards the certificate over a 12 week period under the assessment of a local college.

Staff told us, and records showed, they had received a varied package of training to help them meet people's needs. We saw that the manager was in the process of reviewing training needs and producing a comprehensive training plan for the service. She told us that, "Improving training and introducing a more systematic approach had been a key priority." We saw that the service had used specialist training agencies to make sure staff were up to date on best practice and that several staff, including the manager and her deputy, were working towards a nationally recognised qualification.

The manager had been trained in, and showed an understanding of, the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). This is the legal framework that exists to ensure that the rights of people who may lack mental capacity to take particular decisions are protected. At the time of our inspection a DoLS authorisation had been obtained for one person living in the home to ensure that they could continue to receive the care and support they needed and that their rights were protected.

The manager told us that staff were about to receive training in MCA and DoLS, as part of the staff training programme she had been developing. Shortly after our inspection visit we received written confirmation that this training programme had started and would be completed by the end of October 2015. Despite the lack of formal training, staff were able to demonstrate an understanding of the implications of the MCA for the way they supported people. For example, one member of staff told us of the importance of, "Reading [each person's] care plan to understand their capacity." Another staff member said that, "People should make their own decisions whenever they can."

From talking to staff and reviewing records we could see that staff were supported to do their role and received regular supervision sessions. The manager told us that, following her appointment, she had spent time on shift observing every member of the care staff team. She had then followed this up with a detailed one-to-one supervision meeting which gave her and the staff member the opportunity to discuss working practices and identify any training or support needs. We saw that communication logs and shift handover meetings were used to ensure staff kept up to date with any changes in people's care needs.

People received good healthcare support. People said they were confident that a doctor or other health professional would be called if necessary and we could see from people's care plans that their healthcare needs were monitored and supported through the involvement of a range of relevant professionals including GPs, district nurses and speech and language therapists. We spoke with a visiting community health care support worker who told us, "We work well [with the service] and the staff here follow the plans we put in place." As part of our inspection we sat in on a staff handover meeting during which there was a discussion about changes in people's care needs. The senior staff member present confirmed they would be making contact with the local GP to have one person's medication reviewed and to organise a community psychiatric nurse assessment for another person. We also saw a poster in the reception area which confirmed that people had been invited to have an eye examination through a visiting optician.

One person told us, "I love the meals here. I get to eat the food I like and the staff always ask in advance what we want and I tell them." We spent time in the kitchen and

Good

Is the service effective?

observed people eating lunch and snacks and saw that they were provided with food and drink of a very high quality. There was a rolling four week menu that changed seasonally. This provided three home cooked lunch choices every day. People were also offered a wide choice at tea time including home made cakes, sandwiches, salads and a hot snack if they wanted it. The chef told us that people could choose what they wanted for breakfast with some people preferring the same thing every day but others said they "liked a surprise." Fresh fruit was provided every day and hot and cold drinks were offered by staff at regular intervals throughout the day to combat the risk of dehydration. The chef sought feedback from people on the food and drink provided and made changes accordingly. For example, a wider range of soups had been introduced recently in accordance with people's wishes.

Both catering and care staff demonstrated a detailed understanding of people's individual nutritional needs and preferences. People's likes, dislikes and dietary requirements were recorded when they moved into the home and the information was regularly reviewed and updated as people's needs changed. We saw that the chef knew which people needed to have their food pureed to reduce the risk of choking and which people needed to have their food fortified to reduce the risk of malnutrition. We saw that one person had recently been referred to the Speech and Language Therapy service having been assessed at being at risking of choking. This person now had their food pureed to make it easier to swallow. The chef told us that the service promoted healthy eating, for example some people were cutting down on salt or fat.

Good

Is the service caring?

Our findings

People told us that staff were kind and attentive to their needs. One person said, "They are really caring. The staff treat us like they would their own family." A relative told us, "As a family we feel the care is really good because the staff care about us all and the home is family orientated." Another relative told us, "They [staff] are endlessly patient and truly approachable." One staff member told us, "I try to come in with a happy, positive approach. People wouldn't like it if I was miserable."

We saw that staff interacted with people in a friendly yet respectful way. For example, one member of staff who had just returned from holiday, exchanged kisses with someone who lived in the home who hadn't seen them for a couple of weeks. It was clear that this warm, tactile greeting meant a lot to the person but it was also clear that staff knew which people welcomed this kind of interaction and those who preferred more formality. Another staff member told us, "If they want a cuddle, they get a cuddle. But I know who wouldn't welcome this approach." We saw that staff took time to engage individually with people and listened to things that were important to them. One member of staff said, "It's important to get to know people by talking to them, understanding their life stories and what they like and don't like." Another staff member said. "I love working here and feel we can make a difference to people. It's all about them. We are small so it's like a family." During the course of our visit we saw several examples of the registered provider's focus on people as individuals. For instance, the chef maintained a list of each person's date of birth and told us, "Everyone get's a card and a cake on their birthday." Additionally, a relative told us, "When [my relative] moved here we were welcomed and they listened to how we wanted things. For example, [my relative] was supported to bring their own curtains into the home and put them up in their room to make it feel more like home." Several staff members told us that they would be happy for their own relative to use the service.

We saw that the staff team supported people in a patient and encouraging way that took account of their individual needs. One staff member told us that when they delivered care to people, "I take my time and tell each person what I am doing every step of the way. It's common courtesy." Care plans detailed people's preferences, for example how they liked to dress, what time they liked to get up and go to bed and how they liked to spend their time. We saw that staff understood and respected these wishes as part of their commitment to giving people personal choice and control.

Staff were friendly, patient and discreet when supporting people with their personal care needs. They recognised the importance of not intruding into people's private space. Staff knocked on the doors to private areas before entering and ensured doors to people's bedrooms and toilets were closed when people were receiving personal care. We saw that several people had asked for locks to be fitted to their bedroom door, to further protect their privacy. The manager told us they did this for anyone who asked and that people carried their own key.

There was a warm and welcoming atmosphere within the home throughout our visit. Lunch for most people was served in the home's two communal dining areas where staff encouraged people to eat as independently as possible, whilst being quick to offer support and assistance when it was needed. Some people had chosen to eat their meals in their rooms. We saw that each person was enabled to make this choice and that staff also assisted people in their rooms. We observed that people were also offered a range of alternative foods if they did not want what they had chosen originally. The manager confirmed they had links to local advocacy services. Advocacy services are independent of the service and the local authority and can support people to make and communicate their wishes. We saw that this had helped to ensure that a person who lived in the service and who did not have family or friends had been assisted effectively to make their voice heard.

People were supported to maintain their religious needs and Christian services were held regularly at the home for people who chose to attend.

Good

Is the service responsive?

Our findings

People thinking of moving into the home had their needs assessed to help ensure the service was able to meet their wishes and expectations. A relative told us, "When [my relative] moved here we were welcomed and they listened to how we wanted things. For example, [my relative] was supported to bring their own curtains into the home and put them up in their room to make it feel more like home." We saw that people's bedrooms were decorated and furnished individually and that many people had family photos and other souvenirs on display. In addition to their own bedroom, people could choose to spend time in one of the communal lounges and the attractive garden which had a variety of seating areas to meet individual preferences.

People's care plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported. We saw that the plans had been developed and were reviewed in consultation with people and their relatives. The care plans captured people's changing needs and provided important information for staff to follow. One member of staff told us, "I check every care plan at the start of each shift because if you don't, you don't know what's happened since you last worked. Someone's medication could have changed or the doctor could have been called out." Another member of staff told us that if they noticed any significant changes in a person they were supporting they would, "Advise the senior so that the care plan can be reviewed."

We joined a handover meeting where staff discussed each person's needs and any changes that the staff starting their shift needed to be aware of. Staff told us they found these meetings helpful and that they enabled them to develop a clearer understanding of each person's care requirements, for example, any changes in a person's mood or appetite.

The manager told us that the staff team supported people in maintaining their hobbies and interests. For instance, we met one person who lived in the home who told us that they looked after the container plants in the garden. On the morning of our inspection this person was making floral arrangements for the dining room. They told us, "I like to do the flowers and the gardening. If there is a job like that they always ask me if I want to do it."

We saw that one member of staff was given twenty hours a week to take the lead role in organising activities for people and there was a list on the notice board in the home which showed a range of planned activities including pamper days, afternoon teas, film afternoons and reminiscence sessions. On the day of our inspection we saw that people had the opportunity to join a music and exercise class which was provided by a visiting instructor. Several people took an active part and appeared to really enjoy getting involved. However, the records we reviewed indicated that some people, including those who experienced memory loss, did not have access to consistent stimulation through the provision of suitable activities. One relative said, "The service is really great. I do think they could do more to develop the activities further though." We discussed this issue with the manager who told us this was an area which she had already identified as one that needed to be addressed. She said she would be working together with people, their relatives and staff to further improve the range of activities available, particularly for people living with dementia.

People told us they felt comfortable raising concerns if they were unhappy about any aspect of their care. A relative said, "If we have any little issues we can raise them straight away and the manager sorts things out quickly." People said they knew about the complaints policy and that they were encouraged to raise any concerns or complaints. There was a complaints procedure on display in the service which informed people how to raise a concern. We discussed a recent complaint with the manager who told us that they took any concern seriously and that, "We never stop learning." The issue raised in the complaint had been reviewed carefully and changes had been made to working practices in the home to reflect some of the concerns raised.

Requires improvement

Is the service well-led?

Our findings

The service had been without a registered manager since July 2014. Although the registered provider had appointed a new manager in October 2014, at the time of our inspection an application to register this person had not yet been submitted to CQC and the service continued to operate without a registered manager. Submission of the application was confirmed the day after our inspection visit.

People and relatives told us they had confidence in the new manager. One person said, "This home is managed well and the manager is strong but at the same time very warm and friendly with us." A relative commented that, "Morale always seems high and the staff work well with the manager which is important." Throughout our visit the manager displayed an open and reflective management style. She told us, "I may be the manager but I am also one of the team."

The manager told us she had a good working relationship with the registered provider who visited the home every week. At the time of our inspection the provider was conducting one of his weekly visits. He told us of his strong commitment to the home and the people living there. For example he confirmed his company's recent decision to invest in the refurbishment and extension of the service. We saw that this work had started and were told that it was due to be completed within the next two months. During our inspection visit we saw that the provider took time to talk to people and staff and was clearly well known to many. One staff member told us, "[the registered provider] tries to come every Tuesday. I can talk to him."

Throughout our inspection we saw that the atmosphere in the service was open and welcoming. The manager was clearly well known to people who used the service, relatives and staff. One staff member told us, "She [the manager] is a very nice lady. If I have a problem she will sort it out there and then. I couldn't wish for a better boss." Another member of staff told us, "She takes everyone's opinions into account and encourages people to bring her their problems." During our inspection, some members of staff told us that 'the morning shift' could be very busy and that they thought more staffing should be provided. We raised this issue with the manager who said that she thought the problems might relate to working practices on the shift rather than staffing levels. However, she told us that she was committed to listening to feedback from staff and that she would work some shadow shifts to gain a full understanding of any problems and to identify any changes required.

Other staff members confirmed that morale was high within the staff team. One member of staff told us, "We work together well as a team. If I am not sure about something I will talk to my colleagues who will always try to help. Another staff member said, "I feel listened to. For instance, I suggested we do something during Wimbledon week because several of the residents are interested in tennis. We ended up having a tennis tournament in the garden with a strawberry tea. It was great."

The manager had a good knowledge of staff competencies and people's individual care needs and preferences. This helped her to oversee the service effectively and provide leadership for staff. We noted throughout our inspection that there were clear management arrangements in the service so that staff knew who to escalate any issues or concerns to.

Staff demonstrated a clear understanding of their roles and responsibilities within the team structure and also knew who to contact for advice outside the service. Staff knew about the registered provider's whistle blowing procedure and said they would not hesitate to use it if they had concerns about the running of the home or the company, that could not be addressed internally.

The manager maintained logs of any untoward incidents or events within the service that had been notified to CQC or other agencies such as the local authority safeguarding team. The manager told us, and records showed, that each of these issues had been considered carefully and changes made to policies and practices where necessary.

There was a clear quality assurance and audit framework in place within the service which reflected the provider's company-wide quality assurance policy. We saw that a series of audits were carried out regularly in areas such as medicines, care planning and catering. Action had been taken to address any issues highlighted in these audits. For example, in response to a recent medicines audit, two members of staff had received additional supervision following medication errors. The manager told us that she conducted regular health and safety audits by walking round the building looking for possible hazards. However,

Requires improvement

Is the service well-led?

these checks were not written up and no record was kept of any issues identified and action taken. The manager agreed to start recording these checks as part of a regular health and safety audit.

The manager told us, and records confirmed, that the registered provider undertook a monthly audit of service quality. We saw reports from the last two audits highlighting a number of issues for the manager and her team to address.

The service conducted regular customer satisfaction surveys to ask people to provide feedback on the service they received. We saw the returns from the most recent survey which had been conducted using a well-designed questionnaire which used a mixture of pictures and words to make it easier for people to record their views. We saw that people had been asked, and had provided their opinion, about a range of issues including food quality, personal care and activities and these were being reviewed by the staff to see if any changes were needed as a result. The manager also hosted a regular meeting for people who lived at the service and their relatives. She told us that these provided important feedback to her and her team and that changes were made in response. For instance, following the last meeting an additional late morning drinks service had been introduced.