White Doves Residential Home Limited

Southover Care Home

Inspection report

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Derby
Derbyshire
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Summary of findings

Overall summary

This inspection took place on 25 July 2017 and was unannounced.

Southover Care Home provides accommodation for up to 22 people. The service is designed to meet the needs of older people living with or without dementia. At the time of our inspection there were 21 people using the service.

At the last inspection, the service was rated good.

A registered manager was in post and 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.

At this inspection, the service remained good overall. However, we found improvements were needed to the premises to ensure people lived in a place that was safe, kept clean and people's dignity was protected. Environmental risks were not assessed or managed to protect people from avoidable harm without compromising their independence.

People were supported by staff who knew how to keep people safe, recognise abuse and how to respond to concerns. Risks in relation to people's care and support needs were assessed. People were involved in the development of care plans to ensure care was personalised, and their safety, independence and wellbeing was promoted. Care plans were regularly monitored and reviewed.

People mostly received their medicines safely. People's dietary needs were met. People had access to a range of healthcare services and attended routine health checks.

People's safety was protected because staff were recruited through safe recruitment practices. We found there were sufficient numbers of staff to provide care and support when people needed it. Staff received an appropriate induction, training, supervision and appraisal.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People's privacy and dignity was respected. Staff's approach was caring and they knew people well. People were involved in the review of their care plans which helped to ensure they received personalised care that was responsive to their needs. People maintained contact with family and friends and took part in social events, activities that were of interest to them and supported people with their religious needs.

People's views about the quality of the service were sought in a range of ways and their comments showed that they were satisfied with the care provided. People and their relatives felt confident to raise concerns with the registered manager. A complaint process was available and advocacy support was made available to people.

The provider was meeting their regulatory responsibilities. There were effective systems in place to monitor and improve the quality of the service provided.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Further action was needed to ensure people living in a safe environment and risks to people's safety were minimised. Areas were not always kept clean or adequately ventilated. Risks associated to people's needs were managed. Staff were trained to recognise abuse and respond to allegations or incidents. People received their medicines in a safe way. Staff were recruited safely and there were enough staff to provide care and support to people when they needed it.

Is the service effective?

Good

The service remained effective.

Staff received appropriate induction, ongoing training and supervision. People's rights were protected under the Mental Capacity Act 2005. People had sufficient to eat and drink. People had access to a range of healthcare support to maintain their health.

Is the service caring?

Good

The service remained caring.

People lived in a service where staff listened to them and cared for them in a way they preferred. People made decisions about their care. Staff respect people's privacy and dignity and promoted their independence.

Is the service responsive?

Good

The service remained responsive.

People received care that was personalised, responsive and their individual interests and hobbies promoted. Care records were reflective of people's needs and were reviewed regularly. A complaints process was in place. People were confident that their complaints would be addressed.

Is the service well-led?

Good

The service remained well led.

The registered manager provided leadership and was meeting their regulatory responsibilities. People and staff had opportunities to influence and develop the service. There were effective systems in place to support staff, and monitor and improve the quality of the service provided.

Southover Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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.

We inspected the service on 25 July 2017 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience we used had personal experience of caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included previous inspection report, information received such as concerns and statutory notifications. Notification is information about important events which the provider is required to send us by law. We received information from the brokerage team of Derby City Council who find and fund the care for some people who used the service. This information was used to plan our inspection.

We used a variety of methods to gain people's views about the service. We spoke with 11 people who used the service and three relatives. We also used the Short Observational Framework for Inspection (SOFI). SOFI to observe care and help us understand the experience of people who were not able to have extended conversations with. We observed people being supported in the dining room at lunch time.

We spoke with registered manager, deputy manager, two members of care staff and the cook.
We spoke with two community nurses to obtain their views about the care provided.

We looked at six people's care records including their medicines and medication administration records to see how their care needs were met. We looked at recruitment files for three staff and the staff training matrix. We looked at records to see how the provider monitored the service. These included minutes of meetings for people who used the service and staff and maintenance records for the premises and equipment, complaints and quality audits.

Requires Improvement

Is the service safe?

Our findings

The provider had made alterations to the premises but had not assured people's safety. A new toilet was created on the first floor, which had no window opening or an extractor fan fitted to provide adequate ventilation. There was another bedroom with an ensuite toilet, which again had no suitable ventilation or an extractor fitted. The number of shared bedrooms had reduced as a bathroom had been converted to a bedroom but the overall number of beds had not increased. However, the functional toilet remained in the room with no partitioning. There had been no consideration to ensure that privacy and dignity would not be compromised. There was an offensive odour even though there was small window, which meant ventilation was not adequate. The room was carpeted throughout including area around the toilet and wash hand basin. This room and a few other bedrooms we looked at had offensive odours which indicated potential infection control risk. Cobwebs and dust was evident in all these rooms, which meant that cleaning was not always done thoroughly. That meant people's health, safety and wellbeing was at risk because adequate measures including ventilation were not in place and cleanliness was not maintained.

We received mixed responses about the premises and standard of cleanliness from people who used the service and their relatives. A person said, "I think it's clean. I agree some rooms might need decorating. I have been here 3 years and mine's not decorated." Relatives said, "Yes it is clean and never smells dirty" and "It's not particularly salubrious but the staff are what makes it." Another relative told us they had brought air fresheners for their relative's rooms to mask the odours. We checked this person's room which had a commode and a strong offensive odour. All these issues were shared with the registered manager.

The storage radiator in one lounge was hot to touch. A warning notice had been placed on wall above. However, people could be at risk of burns or scalds if touched accidentally. When raised with the registered manager they switched it off. Although action was taken immediately, further action was needed to manage the ongoing risk to prevent avoidable harm to people.

People used the stairs or the lift to access the first floor. We saw a number of people walking across the landing using their walking aid. The carpeted floor was slightly uneven. Each side had a further step and one side had few more steps along with a chair lift. The bannister was low. This area posed a potential risk to people's safety for instance, if someone was to trip, lost their balance whilst walking or fell away from the wall. Again we found no risk assessment had been carried out to ensure appropriate measures were in place to keep people safe.

The premises and health and safety audits from April to June 2017 had identified a number of issues. An action plan was developed from the audit including the proposed completion dates. However, some remained outstanding such as decorating and replacement of carpets.

We shared our concerns about the premises and environmental risks to people's safety with the registered manager. They told us that the bedroom with the toilet had been discussed with the person who occupied the room. However, no records were found in their care file. A risk assessment had not been carried out to ensure the room was suitable, fit for purpose and that appropriate measures were in place to protect and

maintain the person's safety, wellbeing and dignity. That showed risks to people's safety were not always recognised.

Staff we spoke with felt that the changes to the environment had created new risks and had raised concerns with the registered manager but felt no action had been taken. A staff member said, "I always tell [person's name] to call us [staff] and walk close to the wall when they leave their room (on the first floor). I worry about what could happen if someone fell at the top [landing]." This showed that staff were concerned and the lack of action taken by the provider meant people's safety was put at risk.

This was a breach of breach of Regulation 15 (1)(c)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the premises were not always safe, kept clean and measure to manage environmental risks to protect people's safety, health and wellbeing were not in place.

Records showed external contractors carried out routine maintenance and servicing on the electrics, gas and fire systems and equipment such as the hoist and lift were safe to use.

People told us that they were given their medicines on time. A person aid, "Staff bring my tables as they are prescribed and always ask me if I need anything for pain." A relative said, "The home is excellent when it comes to medication. Staff know exactly what medication [my relative] is on and what each one is for and makes sure they are given as and when they should be."

Medicines were stored securely. The medicines administration records (MAR) all contained photographs of the person to reduce the risk of medicines being given to the wrong person, and all the records we checked clearly stated if the person had any allergies. This reduced the chance of someone receiving a medicine they were allergic to. Documentation was available to support staff to give people their medicines according to their preferences.

Staff were trained in the safe administration of medicines and had their competency to administer medicines assessed. The deputy manager who administered medicines did not always observe people taking their medicines. For instance medicines dispensed in a small pot and were left on the dining table with the person to take. They had not observed the person taking their medicines but had signed the MAR. This showed that the safe administration of medicine procedure was not consistently followed and there was a risk of medicines being hidden or consumed by another person sat at the dining table. When we raised this with the deputy manager, they initially told us that had observed people take their medicines from a distance. Subsequent medicines were administered correctly.

People told us they felt safe. They said, "There is nothing to make me feel unsafe here. Staff are all lovely and they are always on hand if I am worried about anything or need help" and, "I can walk on my own but they [staff] what with me which I like as it makes me feel safer."

We observed people moved around independently and walked with various mobility aids. There was a balance between protection and freedom as staff encouraged people to move around independently but also walked alongside offering guidance and reassured to give people confidence.

Staff were aware of safeguarding procedures and the signs of abuse. A staff member said, "Although I've not witnessed abuse, if I did then to would report it to the manager. I would report it to CQC or the Police if the manager didn't do anything." That showed staff understood their role and people could be assured they would be protected from avoidable harm.

There were policies and procedures for the promotion of people's safety in place. These included advocacy services, a policy on safeguarding people from abuse and managing people's finances. We saw that all personal transactions were documented with receipts attached. These were regularly checked by the registered manager to ensure people's money was safe. Individual risk assessments for evacuation of the service in an emergency, also known as PEEP's (personal emergency evacuation plan) were in place. Staff were able to describe the level of support people needed with was consistent with their PEEP.

Risk assessments were completed to identify risks to people's health and safety. These covered risks of falling, choking and developing a pressure ulcer and also took account of people's rights and choices without placing undue restrictions. For example, a risk assessment had been updated after a person had had a fall. An accident report was completed which included details of the actions taken. The care plan was updated to reflect the person now used a three wheeled walker to move around and the level of support required from staff. It also stated that staff should ensure that the person wore their hearing aid and glasses which should be cleaned. We saw this person's safety had been promoted because staff had provided the support required in line with the care plan and staff had followed the accident and incident reporting procedure correctly.

Another person's risk assessment and care plan was reviewed and had guidance for staff to follow to promote their skin integrity. The community nurse visited regularly to meet this person's health needs and to promote their skin integrity. That meant people's needs were monitored and met.

People's safety was promoted because all staff had undergone the required recruitment checks. Staff files contained all relevant information and confirmation of checks carried out before staff started work.

People told us that there were enough staff available most of the time to meet their needs. They said, "On the whole I think they [staff] come quite quickly. If people need two carers then it takes longer but we are only talking minutes usually in my experience." They added, "Sometimes another pair of hands would be helpful, for example around meal times." We observed staff were available when people required support and responded to people's requests. At lunch time people had to wait for their meals to be served by one staff member, as the second staff member assisted people to be seated and deputy manager administered medicines. Despite some people having to wait longer for their meals, everyone was served a hot meal.

The registered manager explained that they took account of people's dependencies to plan the staffing levels. Staff rotas we looked at showed the number of staff required remained at the correct level. Any unplanned staff absences had been covered by the existing staff. That ensured there were sufficient numbers of staff to meet people's needs.

Good

Is the service effective?

Our findings

People were cared for and supported by staff who had the relevant experience, training and knowledge to meet their needs. A person said, "I think the staff are skilled at what they do. I have every confidence in them [staff] when they help me mobilise to get to the toilet." A relative said, "The staff here are very good. All the staff are so knowledgeable and well informed about what is going on and up to speed with how things are [with my relative] and doing the best they can to help in a difficult situation."

Staff we spoke with were knowledgeable about the systems and processes in the service and about aspects of safe care delivery. They had completed a range of training to do their job safely. New staff had completed the care certificate, which is a set of standards that should provide staff with the necessary skills, knowledge and behaviours to provide good quality care and support. Training matrix showed staff had received training in a range of topics to support the health, safety and wellbeing of people. This included attaining qualifications in health and social care, and training to meet individual needs of people. For example, training to help staff support people living with dementia and specific health conditions.

Staff received regular supervisions from the management team and were given feedback on their performance. Staff meetings took place regularly. The management team used these meetings to share information about changes to the service, and enable staff to provide an effective service to meet people's needs. Meeting minutes were available for those staff who were unable to attend. This meant people could be assured staff were supported in their role.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager and staff were trained in the MCA and DoLS and understood their role. We found a person had a DoLS authorisation in place with no condition attached. DoLS applications had been submitted for other people. The related assessments and decisions had been properly recorded and kept under review.

People told us staff sought their consent and they were involved in decisions made about their care and support. A person said, "They [staff] always check and ask before they do anything to help me with a wash and getting dressed for example. They never assume that it will be alright just because it is what we do every day."

Records showed that people's ability to consent to their care and to make informed decisions about their daily lives had been assessed. If the person had been assessed as not having the capacity to make a decision, a best interest's decision had been made, which ensured that the principles of the MCA were followed.

Feedback on quality of the food and drink was positive. People told us that their dietary needs and preferences were met. A person said, "The food is pretty good. There's always something on the menu that I like or the cook will make a sandwich for me." Another person having finished their lunch said, "It was very tasty. The pudding was really nice, I enjoyed it all, always do."

At lunchtime we saw people chose where they wanted to be seated. All the tables were well laid. Meals were served individually. Food looked appetising and portion sizes were good. People were provided with suitable cutlery to eat independently. Staff supported people to eat where appropriate. For instance, when a person said they were slow to eat, the staff member replied, "We can go as slow as you like. It's pork casserole today but it's blended so there are no lumps. They have made it a bit thicker today so you might be able to manage more by yourself." That showed suitable meals were provided to meet people's dietary needs and promoted their independence with eating.

Information about people's dietary needs was given to the cook and was used to plan the menus. The cook prepared sandwiches with a choice of fillings for a person who did not want the hot meal.

People's care plans for nutrition and hydration were personalised to reflect people's food preferences and the role of staff to support people to eat and drink. For example, one person's care plan included guidance on the texture of their food and drink. Records showed that the speech and language therapist (SALT) team was involved and staff monitored that the person had enough to eat and drink. People were weighed regularly and records showed the action taken when staff had concerns about people's weight. This helped to ensure people's health was maintained.

People were confident that staff would support them if they became ill. A person said, "They [staff] are very good and will suggest you have the GP out if you are not well and let your family know if needs be." People told us staff supported them with their routine health needs. Records confirmed this and showed that people had access to a wide range of health care professionals including GPs, district nurses, mental health specialists, and chiropodists.

A community nurse visited the service weekly to meet people's health needs. They told us that staff were alert to any changes or deteriorations in people's health and had sought advice.

Good

Is the service caring?

Our findings

People told us they were happy with the care they received and had developed good relationships with staff. A person said, "The [staff] are all very good. No complaints at all about how any of them [staff] treat me. Patient and respectful at all times and always got a smile." A relative said, "I would describe the staff here as patient, caring, sympathetic and understanding."

People looked relaxed and comfortable with staff. We saw staff showed care in their approach towards people and their visitors. We saw staff showed empathy for the people they cared for and demonstrated their knowledge of people in the way they talked with them. For instance, we saw staff were at the same eye level with people who were seated; spoke clearly and discreetly when people needed assistance to maintain their dignity.

People made decisions about their care and encouraged to be as independent as possible. A person said, "I choose when I get up. I choose what I want to wear and how and where I spend my day and what time I got to bed. I would prefer my own home if that can't be then this will do. Nothing but kindness and good food here." When a person chose to retire to their room, they asked staff member for a cup of coffee, which was taken to take to the room soon after. People told us they regularly attended religious services both at home or went to the local church. These examples showed staff respected people's wishes and acted on requests.

We asked people whether staff respected their privacy. A person said, "I can manage most things myself but need help to get to the toilet and manage my clothes. They [staff] help do this and then wait outside the door until I am ready and they put my clothes right again and help me back to the chair. They [staff] are always respectful and mindful of giving me as much privacy as they can in the circumstances." Another person said, "I like to have a bath not a shower. There carer helps me in and does the bits that I cannot get to like my back and leaves me to do the rest. She [staff] chats to me to put me at east and there is always a towel ready for when I get out."

People were not fully aware of the contents of their care plans. Despite this people and their relatives felt involved in the care planning process. A person said, "I have been asked about my care and they [staff] do involve you if there are any changes." Information about the local advocacy services was available to people and their relatives at the service. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known.

Staff understood and treated people's information confidentially. Care records contained information regarding people's needs and guidance as to how staff should support them. A person's care plan was specific with regards to the assistance required when removing their footwear. Records showed that staff had followed the care plan to provide the level of support required to meet their needs. This demonstrated that staff knew how people wished to be supported and respected their wishes.

We found the provider's policies did provide guidance for staff on how best to support people to maintain their choice of lifestyle and personal relationships. When we discussed this area with the registered

manager, they assured us they would review their practices, documentation and policy to address this.

Good

Is the service responsive?

Our findings

People told us they felt their care was personalised to their needs and that staff knew people's preferences and how they wished to be supported. A person said, "When I came here they [registered manager] really made a point of finding out what I liked and about my life, family and staff always ask about them [family]."

People's needs had been assessed and their involvement in the development of their care plan meant that their individual lifestyle preference, daily routines and the support required could be documented. Care plans provided guidance as to how staff needed to respond to support people and meet any changing needs. For example, staff carried out frequent checks on a person who recently became 'low' in mood, to ensure they were safe. Additional guidance on how staff were to encourage conversations so that the person could say how they were feeling. Care plans had information about people's preferred routines, health conditions and treatment provided by the community nurse. For example, a care plan to support a person with diabetes included the signs that indicate the person's mood changes and the actions staff should take if the person became unwell.

We observed positive interactions between people who used the service and staff, which demonstrated that staff knew people well. We saw the cook asked people about their meal choices for the next day. They asked a person if they would prefer plain boiled potatoes instead of the creamed potatoes and confirmed no butter on the bread for sandwich and asked if they wanted a salad to accompany it. This was an example of how staff used information in people's care plans to ensure people's preferences were accommodated and received a personalised service.

People and in some instances, their relatives were involved in the review of their care plans. The review looked at all aspects of the person's care and support including their physical and mental health and how they felt. We saw that care plans and risks assessments were reviewed following any accident or incident such as a fall. This helped to ensure the people received appropriate support and that any changes in care needs could be met.

The registered manager told us about the social events and activities people took part in. They told us a person attended a weekly club where they met their friends and another person attended a local college. The person had completed various courses including pottery and computing.

People were supported to engage in activities outside the home to ensure they were part of the local community. A monthly church service was held at the home and some people went to the local church with their relatives. A person said, "It's an easy place to live and what I like is the surroundings. Even if I can't get out in the garden there is plenty to look at with all the trees and [surrounding greenery]. Another person said, "Yes, we are asked what we want to do and they [staff] try to provide it I have done baking on occasions, well mainly decorating little cakes. Do some gardening baskets and as well as games." Another said, "They [staff] do things and ask me to join in but I do get bored especially at night when everyone else has gone to bed. I like football and horse racing and go to my room and watch my TV." People told us that an external entertainer visited weekly who did quizzes, which they enjoyed.

During our inspection visit staff organised an indoor skittles competition which people in the lounge participated. Some people were reading the daily papers, books and magazines or completing puzzles. A tea party in the afternoon celebrated someone's birthday. A big birthday cake and a selection of food and drink, was all served in the best china crockery. This was important to the person celebrating their birthday.

People told us they knew how to make a complaint and were confident that the registered manager would address their concerns. A person said, "I would feel comfortable just going and knock on the door to tell the manger if I was not happy and I am sure she would sort it." A relative said, "I have never had any concerns but how I deal with it would depend on what it was. If it was something minor I would speak to one of the staff that I talk to most when I visit but if it was major I would speak and put it in writing to the manager."

The provider's complaints procedure was displayed within the service. The service had not received any complaints in the last 12 months. However, following our inspection visit we received concerns about the service which was referred to the registered manager. They investigated and reported back the outcome of the compliant and the actions taken to prevent the issue from reoccurring. That showed complaints procedure was followed.

Good

Is the service well-led?

Our findings

People and their relatives knew who the registered manager was. They said, "The manager is very approachable and available if you need to speak to her" and "The deputy manager is very friendly and I feel really comfortable with her as she is always laughing."

The culture of the service was open and staff were friendly and welcoming. There were notices displayed in the home to inform people and their relatives of the upcoming dates for the 'residents' meetings and social events. People told us the meetings were informative, and their views were sought about the care provided and they were encouraged to express concerns if required. Meeting minutes confirmed that people had been consulted about the changes that were made to the conservatory, and their views sought about the menus, activities and had an opportunity to raise concerns.

Surveys were used to gather views about the service from people in residency, their relatives and health and social care professionals. A sample of the last survey responses we looked at were all positive about the staff and the quality of support they received. The registered manager told us that individual comments documented in the survey had been addressed, such as meal and laundry. That showed surveys were used effectively to drive improvements to the quality of care provided.

Healthcare professionals told us that staff worked well as a team and communicated well with each other. This supported the feedback we received from people and their relatives and our observations of staff during this inspection visit.

The registered manager, who was also the registered provider, was available throughout the inspection. They understood their role and responsibilities and were clear about providing a quality care service to people. The current CQC rating was clearly displayed and a copy of the latest inspection report was available. All conditions of registration with the CQC were being met and statutory notifications had been sent to us when required.

Staff told us that the deputy manager was approachable, listened and was supportive in the first instance. Records showed staff had regular supervision and team meetings which gave them the opportunity to comment on the service. The management team used these meetings to set out their expectations and update staff on any changes proposed at the service.

Care records showed people were involved in the review of all aspect of their care and support. This also helped ensure information was accurate and kept up to date.

A sample of the provider's policies and procedures we looked at had been updated to reflect changes in guidance and best practice. Staff told us that the registered manager used the staff meet to update staff with regards to changes in procedures.

A system to regularly assess and monitor the quality of service that people received was in place. Regular

audits and checks had been carried out in a range of areas. Records showed that when any issues were identified action had been taken. However, some issues listed in the action plan for the environmental improvements were overdue. The registered manager told us they continued to monitor those and worked with the external contractors. They assured us that they would notify us once all the environmental issues and improvement had been addressed.

We received positive feedback from health care professionals. Derby City Council responsible for the care of people who used the service sent us a report from their recent quality monitoring visit. They found the service has made improvement to people's care records, staff training and had there was ongoing improvements being made to the premises. They also received positive feedback from people who used the service about the staff and the quality of care provided.

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 15 HSCA RA Regulations 2014 Premises and equipment Premises were not always safe, kept clean, adequately ventilated and infection control practices were followed. Measure to manage environmental risks to protect people's safety, health, dignity and wellbeing were not in place. Regulation 15 (1) (c)(d)