Mrs Milagros Exon & Mr David Exon

Southfields House Residential Care Home

Inspection report

Southfields Road
Eastbourne
East Sussex
BN21 1BZ
Tel: 01323 732077
Website: southfieldshouse.com

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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?	Good

Overall summary

Southfields House is a care home that provides accommodation for up to 16 older people who require a range of personal and care support. Some people were living with a dementia type illness and others lived independent lives but required support for example with mobilising safely. People can stay for short periods on respite care or can choose to live at the home. Staff can provide end of life care with support from the community health care professionals but usually care for people who need prompting and minimal personal care support. At the time of the inspection 14 people lived there.

There are two registered managers at the home who are also the home owners. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'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.

This was an unannounced inspection and took place on 18 January 2015.

People were looked after by staff who knew and understood them well. Staff treated people with kindness and compassion and supported them to maintain their independence. They showed respect and maintained people's dignity. Care plans were personalised and reflected people's individual needs and preferences. These were regularly reviewed.

Staff had a good understanding of what is abuse and knew what to do if they suspected anyone was at risk. Risk assessments were in place to keep people safe. However, these did not prevent people who chose to take well thought out risks as part of maintaining their lifestyle. The home was clean and well maintained. There was guidance in place for staff to follow to keep people safe in case of emergencies at the home.

Medicines were managed safely and staff made sure people received the medicines they required in the correct dosage at the right time.

People were supported to take part in a range of activities of their choice and maintain their own friendships and relationships. Staff worked with people to identify activities they wanted and to introduce new ideas.

There was enough staff to look after people. They had been safely recruited and were safe to work at the home. Staff were well supported by the managers and colleagues. They received appropriate training to enable them to meet people's individual needs.

People had access to healthcare professionals. This included GP's, district nurses, dieticians and chiropodists. Healthcare professionals told us staff referred people in a timely way when their health needs changed.

The registered managers and staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Mealtimes were a social occasion and people were offered a choice of meals. They were provided with a range of food and drink throughout the day. Staff monitored people's nutritional needs and responded to them appropriately.

There were systems in place to gather people's feedback about the service. This included satisfaction surveys from residents, relatives and visitors and staff. Feedback received from people, their representatives and visiting healthcare professionals through the inspection process was positive about the care, the approach of the staff and atmosphere in the home.

There was a complaints policy at the home, people told us they were listened to and concerns were taken seriously and addressed.

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.

Risk assessments were in place for people to remain independent in a safe way.

Staff had a clear understanding of the procedures in place to safeguard people from abuse.

There were appropriate staffing levels to meet the needs of people.

Recruitment records evidenced there were systems in place that helped ensure staff were suitable to work at the home.

Medicines were stored, administered and disposed of safely by staff who had received appropriate training.

Good

Is the service effective?
The service was effective.

Staff were suitably trained and supported to deliver care effectively.

People had access to external healthcare professionals such as the GP and district nurse when they needed it.

The managers and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported to eat and drink a balanced diet that met their needs and choices.

Good

Is the service caring?
The service was caring.

Staff knew people well and treated them with kindness and respect.

People were involved in developing their own support plans and making decisions about what they did during the day.

Good

Is the service responsive?
The service was responsive.

Care plans were personalised and reflected people's individual needs.

People received care and support that was responsive to their needs because staff knew them well.

People were supported to take part in activities that met individual interests.

People were made aware of how to make a complaint and these were responded to and information was used to improve the service.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

The registered managers had a clear philosophy about the service they provided and this was shared by staff.

There were systems in place to assess the quality of the service provided.

The registered managers sought the views of people, families and staff about the standard of care provided.

Southfields House Residential 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 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 an unannounced inspection by two inspectors and took place on 18 January 2015.

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.

We reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law.

During the inspection seven people told us about the care they received. We spoke with seven members of staff which included the registered managers and one visitor. Following the inspection we spoke with a further visitor and four visiting health care professionals.

We looked around the home and observed how people interacted with staff and each other. We looked at individual care records and associated risk assessments for four people. We viewed four staff files to look at recruitment practices and other records including audits, maintenance records and policies related to the running of the home.

We observed the administration of the lunchtime medicines and inspected the medicine administration records (MAR) for seven people. We observed how people were supported during their lunch.

We last carried out an inspection at Southfields House in August 2013 when we had no concerns.

Is the service safe?

Our findings

People told us they were well looked after at the home. One person said, "I feel comfortable living here." A visitor to the home told us they felt their relative was happy at the home. They said, "She is safe and secure here, there is a good continuity of staff and she knows them well."

People were protected from the risks of abuse and harm. Staff received safeguarding training and updates annually. There was information about safeguarding displayed throughout the home. This included the local authorities safeguarding procedure and local contact telephone numbers. Staff were able to tell us about abuse and knew how to report it in and outside the home. One staff member said, "I'd report it to the manager, or if they were involved I would contact social services."

Staff said they felt comfortable raising any concerns with the registered managers. They told us they were both approachable and they would be listened to if they talked to them.

Risk assessments were in place to help keep people safe. Care plans included risk assessments in relation to people's mobility, nutrition and skin integrity and contained guidance for staff. For example one person was at risk of malnutrition due to their poor appetite. Staff were informed to record what this person ate throughout the day. There was further guidance about what else may be required and this included referrals to appropriate healthcare professionals for example the GP or dietician. Although risk assessments were in place to keep people safe they did not prevent people who chose to from taking risks. Risk assessments were in place for one person to support them to take reasonable and fully thought-out risks in relation to their dietary choices.

The home was clean and well maintained throughout. Regular health and safety risk assessments and checks had been completed for example a fire safety inspection. There were regular servicing contracts in place for example the boiler and stair lift. There were systems in place to deal with an emergency which meant people would be protected. There was guidance for staff on what action to take and each person had their own personal evacuation and emergency plan. The home was staffed 24 hours a day and there were local arrangements in the event the home had to be evacuated.

People were cared for by a sufficient number of staff to keep them safe and meet their individual needs. We had received information of concern relating to staffing numbers at the weekend, therefore we visited at the weekend and found no concerns related to staffing. The registered managers told us staffing levels were based on the needs of the people living in the home. If people's needs increased then more staff would work on each shift. Staff said there were always enough staff, and people told us there was always someone available to help when they needed it. From the rota, and staff confirmed, there was a flexible arrangement to staffing. Staff would often work more hours to cover absences. All staff told us they chose to work extra hours but were able to refuse if they wished. One member of staff said, "I'm always happy to work extra, I like the money." Another told us if they were unable to work extra hours they were able to refuse, they said, "If I can't cover the shift someone else will be able to, we all want to work extra hours." Staff files contained appropriate information for safe recruitment. This included an application form, references, the completion of a disclosure and barring service (DBS) check to help ensure staff were suitable to work at the home.

There was a safe system to store, administer and dispose of people's medicines. Medicines Administration Records (MAR) charts had been completed fully and signed by staff and medicines had been administered as prescribed. Some people had been were prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them, for example if they were experiencing pain. There were clear protocols for their use. MAR's showed these were not used excessively and the dosage given and time they were administered were clearly recorded. There was information for staff about people's medicines. This included what the medicine was for and any potential side effects. Where the person received a number of medicines that had similar side effects a risk assessment was in place. For example, one person took three medicines that could cause dehydration; there was guidance for staff to monitor how much this person drunk during the day to make sure they were receiving enough fluids. Staff received medicine training prior to administering medicines. Some staff had received further training in relation to medicines for people with dementia. This gave staff an understanding of people's individual needs in relation to the medicines they had been prescribed.

Is the service safe?

Accidents and incidents were recorded to make sure action was taken when necessary. For example, if people were assessed as being at risk of falling guidance was in place to inform staff how to support the person. 'Near misses' were also recorded and action taken to help prevent the person sustaining any injury.

Is the service effective?

Our findings

People received care from well trained and supported staff. People said staff were, "A nice set" and "They really look after you." People told us staff knew them well and looked after them the way they wanted to be looked after. Visitors said staff were very approachable and knew people well. Staff told us they received regular training and supervision. They said they felt supported by the managers and other staff. One member of staff said, "They are very strict with training but you can always talk to them, they're very good, if there's something you don't know they will always help you."

Staff received ongoing training and supervision. The manager showed us the training plan and staff confirmed they received regular training and updates. These included infection control, first aid, food hygiene and moving and handling. In addition staff received training to help them meet people's individual needs. For example dementia, mental health awareness, falls prevention and end of life care. Staff received appropriate support to enable them to meet people's needs effectively.

Staff were able to undertake further training to support them to meet the specific needs of people. One person had a complex health need and staff had undertaken training to enable them to support this person. Staff said the training provided was good and they confirmed they received appropriate training to carry out their work effectively. The registered managers had become a Dementia Friends Champions and a number of staff were dementia friends. The Dementia Friendly Communities programme is a national campaign which focuses on improving the quality of life for people with dementia. Dementia Friends is part of this and aims to give more people an understanding of dementia and things that could make a difference to people living in their community or for example a care home. Dementia Friends Champions are volunteers who complete further training and ongoing support to talk to people about being a Dementia Friend. The registered managers and staff demonstrated a good understanding of how to support people who were living with dementia.

Staff told us and records confirmed they received regular supervision. Supervision was an opportunity to discuss their work and identify areas where they may need further training. They also said they were able to talk to the registered managers at any time if they had concerns or questions. One staff member said, "They are very good, you can talk to them at any time and they are fair."

The registered managers and staff had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). At the time of our inspection there were no DoLS authorisations in place. People's mental capacity was assessed when they moved into the home and reviewed regularly. Staff had identified a change in one person's capacity and referrals had been made to appropriate health and social care professionals for a formal review of this person's capacity. Records showed all staff had received training to support their understanding. People had signed consent forms to demonstrate they agreed to the care provided, photographs and whether they wished for them or their relatives to be involved in care reviews. We saw staff asked people's consent before they provided any care or support.

People told us they had enough to eat and drink throughout the day. They said they were offered choices at mealtimes and alternatives were always provided. Nutritional assessments were in place and these included information about people's dietary likes, dislikes, allergies, where they liked to eat their meals and any support that was needed.

People told us they enjoyed the food. One person said, "We always know what we're having." People told us they had choices of what to eat. One told us, "If you don't like it you can have something else."

Lunch time was a sociable occasion we observed people and staff chatting with each other. One person said, "I'm hungry, I'm really looking forward to this." People who required it received appropriate support as recorded in their care plans. Lunch was well presented and looked appetising, condiments were available for people to use if they chose. Cold drinks were provided with lunch and hot and cold drinks were available throughout the day. We observed staff offering people a choice of hot drinks throughout the day; they asked people if they would prefer a mug or a cup. The cook maintained a record of what meals people had eaten each day and any feedback or comments they had about the meals. This helped to ensure people were provided with meals they chose and enjoyed.

Is the service effective?

Nutritional risk assessments identified where people were at risk of inadequate nutrition. People were weighed monthly and where people had lost weight referrals had been made to appropriate professionals for review. We observed staff supporting one person who had specific dietary needs. Care plans showed and staff told us how they had spent time with this person to provide them with food they would like to eat. Records showed this person's nutritional intake had improved since they moved to the home.

People were reminded at resident meetings that they could request alternative meals. One person had requested some of their food being cooked in a different way, this had been done and the person remarked that they appreciated this.

People were supported to access healthcare professionals and maintain good health. People had regular access to GP's, chiropodists, dentists and district nurses and records showed these professionals were involved in supporting people to maintain good health. Referrals to other healthcare professionals were made as required. One person had experienced a change in their mental health. The GP had referred this person to the community psychiatric nurse (CPN), records showed the registered managers and staff had liaised with the CPN about the person's health and further referrals had been made as a result. This helped ensure people received appropriate care in a timely way. Healthcare professionals we spoke with told us the staff were proactive in referring people to ensure they received appropriate healthcare in a timely way. They also said staff worked well with them to ensure people received the healthcare they required.

Is the service caring?

Our findings

People were looked after by staff that were kind and caring. People we spoke with told us staff were kind and looked after them well. Two relatives told us they were always made to feel welcome when they visited the home. One said, "We're always welcomed when we come here, it doesn't matter when we visit." Another visitor told us, "It's very peaceful here, staff are caring." Visiting healthcare professionals told us staff were very caring and knew people well. Staff knew people well and had a good understanding of their likes and dislikes and what they chose to do during the day.

When people moved into the home staff spent time getting to know the person to assess their needs and choices and this was recorded in their individual care plans. These were reviewed monthly and people were seen to be involved in the reviews and supported to develop their own care plans. People's end of life wishes were recorded in their care plans and regularly reviewed. Staff asked people if they wanted to have a friend or relative to represent them or be present at their care reviews. Information on advocacy was available to people in the hallway of the home. For people with an independent lifestyle there was a system in place to ensure they were involved in decisions about how they lived their lives and spent their time. Staff told us and records demonstrated how people had been supported to regain their independence, for example improved mobility and increased social interaction with other people at the home.

People had an allocated key worker. A key worker is a person who co-ordinates all aspects of a person's care and has responsibilities for working with them to develop a relationship to help and support them in their day to day lives. Key workers had monthly one to one meetings with people to discuss any individual issues and express their views and concerns. This gave people the opportunity to regularly discuss and concerns or issues they had and know these would be addressed.

All staff had a good knowledge and understanding of the people they looked after. They were able to tell us about people's choices, personal histories and interests. For example one person liked to spend a lot of time in their room and take regular walks along the corridor, staff supported this person to do this. Staff told us another person may not choose to speak with us because they liked their own company. We observed staff speaking to people in a caring and pleasant way. They took time to talk to people, listen to what they said and respond appropriately and support them to remain independent. Care plans contained information which informed staff how to support people to remain independent but reminded staff to discreetly monitor people and intervene if necessary or appropriate to do so. Care plans also reminded staff to be mindful of people who were less able to remain independent, to support them sensitively and promote independence where possible.

People told us they were able to choose how they spent their day and this was recorded. One person told us they liked to get up early. They said, "I'm an early riser, once I have put my light on staff bring me in a cup of tea." Another person told us, "There's plenty to do if you want to join in, I do sometimes but prefer my own company." Care plans showed staff had spent time with people to find out what their interests were and support them to continue with these. Some people liked to stay in their rooms and we saw evidence staff spent time with these people for example chatting or reminiscing. People who remained in their rooms chose whether to keep their doors open during the day and at night. People also chose whether they wanted to be checked on during the night for example one person's care plan informed staff to check occasionally during the night without disturbing them and leave their door slightly open.

People were treated with respect and dignity, offered privacy and staff responded to people's requests for help appropriately and in a timely way. People were supported to maintain their religious and spiritual needs and these were documented in their care plans. Staff called people by their preferred name and this had been recorded in their care plans. Staff knocked on bedroom doors before they entered and waited for an answer before going in. Staff understood the importance of providing person centred care and treating people with dignity and respect. They had undertaken training to support this.

Bedrooms were clean and individually furnished with people's own memorabilia, ornaments and photographs. People were well dressed in clothes of their own choice which had been well cared for. This recognised people's individuality.

Is the service responsive?

Our findings

People were encouraged to be involved in making their own decisions about care. One person told us although they were able to maintain their own personal hygiene they could ask for help when they needed it. They said, "I do what I can but if I want a bath or a shower I ask and they will help me, they know that's how I like it." People were supported to maintain their own religious beliefs with visits arranged from their own denomination.

Care plans contained information about people's interests and hobbies and they were supported to maintain these. One person told us they enjoyed reading and spent a lot of time doing this. Other people told us they enjoyed going out with their family and taking part in the activities provided. There was an activities programme at the home. Staff knew what people liked to do and made sure everybody knew what activities were available each day; this was also displayed on the noticeboard. People were regularly asked about their interests and what activities they may like to take part in at residents meetings and an activity questionnaire in October 2014. On the day of the inspection people told us they were having a quiz in the afternoon. Staff told us they liked to provide activities people wanted and the quiz had been arranged because people had asked for it the previous day. Staff told us they liked to provide activities that people wanted and to introduce new ideas. People enjoyed quizzes so staff had started doing crosswords with people either as a group or as individuals.

Before people moved into the home one of the registered managers undertook an assessment to make sure they would be able to provide the person with the care and support they required. On admission a further assessment was completed with the person and if appropriate the person's representative. Long term care plans were developed and included information about their likes, dislikes and choices as well as their needs. The assessment took into account people's beliefs and cultural choices. For example, what religion or beliefs were important to people. Life histories were completed and gave an insight into people's background and history. Reviews of care plans took place monthly and people were asked if they wished for themselves or any other person to be involved. Care plans were signed by people to show they agreed with and were involved in their development.

Person centred care summaries were in the front of the care pans and a copy in the daily notes. These gave an overview of the person and the care they needed. Staff told us these were useful when delivering care as they gave 'at a glance' information. One staff member said, "They're a really useful guide but we can read the main care plans to get more detailed information." Direct observation confirmed people received the care as described in their care plans.

People were supported to follow their interests, take part in social activities and maintain relationships with family and friends. One person told us they often went out with their family and this was something they enjoyed. Visitors to the home told us they were always welcome and were able to visit when they chose. There was internet access throughout the home and people were able to use this to communicate with family for example through skype.

People were encouraged to take part in activities but if people chose not to staff spent time with them to find things they would like to do. One person did not take part in the group activities but liked to listen for example to singing and quizzes and was able to do this from their bedroom. Staff told us, and records confirmed, after the activity they chatted with the person to make sure they had enjoyed themselves. There was guidance for staff to encourage another person who was reluctant to participate in activities to help develop a programme of activities this person would enjoy. This included one to one time which was provided by staff and a volunteer visitor to the home. Staff told us they spent time talking to people, one said, "I spend time with people so they don't become socially isolated."

There was a complaints policy at the home. People said they did not have any complaints at the time but they were able to speak to the registered managers or staff if they did. They told us they were listened to and any worries were taken seriously and addressed. When complaints had been received the registered managers had investigated and responded to them in a timely way. Changes in laundry processes had been introduced as a result of a complaint received.

Is the service well-led?

Our findings

People knew the management arrangements. The registered managers were at the home most days, people knew who they were and were able to talk to them when they wanted to. People and visitors told us staff were approachable, they were happy to discuss anything with them and they would be listened to.

The home was an independently owned and family run home. The registered managers had a clear philosophy about the way people were supported and cared for. This philosophy was shared by staff and focussed on providing personalised care. Staff told us the registered managers reminded them of this and we saw evidence in minutes from staff meetings.

The registered managers told us they were at the home most days and spent time with people and staff. They said this enabled them to be aware of the culture and atmosphere at the home. The registered managers had a clear oversight of the running of the service. People said they were always available to talk to. Staff told us they could contact them at any time with any concerns. Staff said they felt supported by the managers and could go to them at any time with work or personal issues. One staff member told us, "I like the managers, they're kind and fair, they listen." Another staff member said. "They're strict but fair, they're very kind, they will help you with anything." Staff told us the managers were strict in relation to training, one said, "It's good, that way we learn more." Another said, "If you don't know something you can always ask, they will help you or arrange more training." During the inspection we observed staff working and talking with the registered managers.

There were systems in place to gather people's feedback about the service. This included satisfaction surveys from residents, relatives and visitors and staff. There had been a survey to identify what activities people may like to take part in. Feedback was also gained through resident meetings, at key worker monthly reviews and informally throughout the day. The information was analysed to identify any themes or trends and areas for improvement and development. People had identified they would like to take part in more quizzes and this had been arranged.

Staff meetings were held regularly. These were used to introduce new staff to the team, discuss areas for improvement around the home and update staff about new training and changes for example to the care act. Other issues in relation to the day to day running of the home were also discussed. This included the daily work allocation to ensure all staff were away of their day to day responsibilities.

The registered managers and staff were able to provide us with all the documents we requested. This showed us they were aware of how to access policies and procedures. The registered manager was meeting the Care Quality Commissions legal requirements by submitting notifications when appropriate. This showed the managers understood their roles and responsibilities in relation to the running of the home.

The registered managers reviewed the delivery and safety of the home. Regular audits were carried out these included auditing of the fire alarm, water temperatures, lighting and cleaning. Where issues were identified these were addressed promptly. A maintenance plan identified areas around the home that required work, what actions taken and when the issue had been resolved.