

Southview Care Home Limited

# Southview Care Home Limited

## Inspection report

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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 ●

# Summary of findings

## Overall summary

Southview Care Home Limited is a residential care home for up to three people. It specialises in the care of people who have a learning disability and associated conditions such as autism.

Some people who lived in the home had limited communication or focus and used other methods of communication, for example gestures. We therefore used these, observations, care plans and discussed the best way to interact with people with staff who knew them well, to help us understand people and their experience at the home.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated good:

People remained safe at the service. There were sufficient staff available to meet people's needs and support them with activities and trips out. Risk assessments had been completed to enable people to retain their independence and receive care with minimum risk to themselves or others. This was particularly important for people who may challenge others. People received their medicines safely.

Each individual had a 'Positive Behaviour Support Plan' which was compiled on an individual basis, looking at behaviours specific to that individual, what their triggers were, signs for staff to look out for in advance and what staff could do at each level to either prevent further escalation or how to keep the individual and those around them safe.

People continued to receive care from staff who had the skills and knowledge required to effectively support them. Staff were competent and well trained. People had the support needed to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible; the policies and systems in the service supported this practice. People's healthcare needs were monitored by the staff and people had access to a variety of healthcare professionals according to their individual needs.

Staff were very caring and people had built strong relationships with the staff. We observed staff being patient and kind, understanding how people liked to live as well as providing on-going opportunities to try new activities and maintain wellbeing. People's privacy was respected. People where possible, or their representatives, were very involved in decisions about the care and support people received.

The service remained responsive to people's individual needs and provided personalised care and support. People were able to make choices as much as possible in their day to day lives. There had been no complaints since the last inspection and the complaint process ensured any complaints would be fully investigated and responded to. People were supported to take part in a wide range of activities and trips out

according to their individual interests.

The service continued to be well led. The provider was currently the registered manager but they were in the process of supporting the deputy manager to register as registered manager. People and staff told us the registered manager and current deputy manager were approachable and there was always a manager available for support. The registered manager/provider sought people's views to make sure people were at the heart of any changes within the home and regularly enabled them to have time to discuss any issues. The registered manager/provider had monitoring systems which enabled them to identify good practices and areas of improvement.

Further information is in the detailed findings below.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good

# Southview Care Home Limited

## **Detailed findings**

### Background to this inspection

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

This was a comprehensive inspection, it took place on the 24 July 2017. The provider was given 48 hours' notice because the location was a small care home for adults who are often out during the day; we needed to be sure that someone would be in.

Prior to the inspection we looked at information we held about the service such as notifications and previous inspection reports. At our last inspection of the service, in August 2015 we did not identify any concerns with the care provided to people.

During the inspection we met with two people who lived at the service, there was one recent vacancy. These people had lived together at Southview for many years. Some people were unable to fully express themselves verbally about their experiences so we observed how staff interacted with people. The deputy manager was also available throughout the inspection. We looked around the premises and spoke with one person and one member of staff. People living at the home at the time of the inspection did not have regular family relationships.

We looked at a number of records relating to individuals' care and the running of the home. These included two care and support plans and records relating to medication administration and the quality monitoring of the service.

# Is the service safe?

## Our findings

The service continues to provide safe care. Some people who lived in Southview Care Home Limited were unable to fully express themselves about their experiences living there but appeared to be very relaxed and comfortable with the staff who supported them.

To help minimise the risk of abuse to people, staff all undertook training in how to recognise and report abuse. Staff confirmed they would have no hesitation in reporting any concerns to the registered manager/provider and deputy manager and were confident that action would be taken to protect people.

People's risk of abuse was further reduced because there was a suitable recruitment process in place for all new staff. This included carrying out checks to make sure new staff were safe to work with vulnerable adults. Staff were not allowed to start work until satisfactory checks and employment references had been obtained.

People had either one to one, or one to two staffing to support them based on the activity they were undertaking. There were sufficient numbers of staff to keep people safe and make sure their needs were met. Throughout the inspection we saw staff meet people's needs, support them and spend time socialising with them. Staff confirmed additional staff were available when needed to help people with specific activities or appointments.

Risk assessments were comprehensive and completed to ensure people were able to receive care and support with minimum risk to themselves and others. People identified at being of risk when going out in the community had up to date risk assessments in place. For example, where people may place themselves and others at risk, there were clear guidelines in place for staff managing these risks. People also had risk assessments in place regarding their behaviour. Some people had risk assessments which stated they needed staff to accompany them when they went out. During the inspection one person went out with a staff member spontaneously. There were detailed instructions for staff to ensure they could recognise and minimise any triggers which could lead to behaviour which could be challenging for others. This showed staff followed risk assessments to provide consistency for people and to keep them safe.

People received their medicines safely from staff who had completed training. There were systems in place to audit medicines practices and clear records were kept to show when medicines had been administered. Some people were prescribed medicines on an 'as required' basis. There were instructions to show when these medicines should be offered to people. Records showed that these medicines were not routinely given to people but were only administered in accordance with the instructions in place.

People were protected from the spread of infections. Staff understood what action to take in order to minimise the risk of cross infection, such as the use of gloves and aprons and good hand hygiene to protect people. Care plans also encouraged people to take responsibility for domestic tasks and maintaining their bedrooms in a way they were happy with, whilst ensuring areas were kept clean in a sensitive way.

# Is the service effective?

## Our findings

The service continued to provide people with effective care and support. Staff were competent in their roles and had a very good knowledge of the individuals they supported which meant they could effectively meet their needs. Most staff and the provider had worked with people living at Southview Care Home Limited for many years and knew them very well.

People were supported by well trained staff. Staff said they were provided with regular updated training and in subjects relevant to the people who lived at the home, for example epilepsy awareness training, learning disability services training and dysphagia (problems related to swallowing). There was a comprehensive induction for new staff and opportunity to complete the Care Certificate, a nationally recognised qualification for care workers.

People's health was monitored to help ensure they were seen by appropriate healthcare professionals to meet their specific needs. For example, care plans included a section about how to manage people's appointments. These were detailed including, 'I find it helpful if I am sent letters to confirm what my appointment is for' and 'I agree a plan with my support worker including when is a good time to get up and get ready and when to leave the house to allow plenty of travelling time'. The feedback from each appointment was recorded within a 'Hospital Passport'. This was a document so that health professionals could easily see up to date health information. Health professionals had recorded positively how well the service was caring for people. Where actions were needed, these were documented as next steps and put in the communication diary. For example, a physiotherapist referral had been made. An annual appointment calendar was kept to ensure that annual health screenings took place. Care plans stated whether people liked to make their own appointments with support or preferred a support worker to stay with them to ensure they understood what happened at each appointment. Further important information was recorded on an 'Important!' section- this ensured health professionals also knew person-centred information such as if people did not like to be rushed, that being listened to was important and if they needed regular breaks during exertion.

People were encouraged to make choices about the food they ate. Each person was able to take their meals in way which promoted sufficient nutrition and hydration and a positive experience. For example, both people preferred to eat alone. There was a very flexible core menu but people managed their own shopping with support and chose what they wanted to eat each meal at the time from the shopping they had chosen. Staff knew in detail what people liked and what kind of appetite they had. For example, one person had identified risks associated with swallowing. This was managed well with staff gently encouraging the person to eat safely. One person said they were happy with everything and the food was good, they could be involved in cooking if they wanted to. There were no set times or locations for meals and people could access food and drink when they wanted to, with staff promoting a healthy diet whilst enabling choice. Where there were concerns about a person's weight staff sought advice from relevant professionals and followed any recommendations made.

Staff had completed training about the Mental Capacity Act 2005 (MCA) and knew how to support people

who lacked the capacity to make decisions for themselves. People were encouraged to make day to day decisions. Where decisions had been made in a person's best interests these were fully recorded in care plans. People had notice boards including 'easy read' information about the MCA, wellbeing, self care and how to stay hydrated and eat well so they could access the information at all times. Records showed independent advocates and healthcare professionals had also been involved in making decisions, one advocate was visiting that week. This showed the provider was following the legislation to make sure people's legal rights were protected.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had a policy and procedure to support staff in this area. The deputy manager had liaised with appropriate professionals and made applications for people who required this level of support to keep them safe. This was regularly reviewed and people were involved in any changes.

The environment was very homely and personalised with clean, fresh décor. There were no visible signs that the building was a care home and care was taken to ensure people saw Southview as their home. People had been able to decorate their rooms and have input into communal areas as they wished and staff had supported them to choose paint and bedding, for example. The premises were well maintained and there were plans to extend and further increase communal space within a conservatory. There was a pretty garden at the rear with a patio and seating, lawn and flowers and one person told us they liked to eat outside, which they did.



# Is the service caring?

## Our findings

The home continued to provide a caring service to people. Due to the level of knowledge and understanding and the person centred way staff supported people living at the home to lead a full life in a caring and understanding way. People had lived at the service for over 20 years and had built strong relationships with the provider and staff who worked with them. In the past, for some people, there had been a move to a more independent life in the community and one person had moved on to supported living. Therefore, the focus was on what support was right for people including further promoting their independence outside the service. People appeared very comfortable with the staff working with them and there was a friendly, relaxed atmosphere in the service.

Staff were clear that the focus of Southview Care Home Limited was on their ethos of ensuring people had the best life possible and were encouraged and supported to fulfil their potential, trying new opportunities and making choices. For example, they were involved in the assessment process for any new people who may fill the service vacancy to ensure the situation was positive for them and that the person who may move in was suitable. The deputy manager said, "We are a good team, all of us, people included. It's a team effort. We are waiting for the right person to find Southview."

Staff understood people's individual needs and how to meet those needs. They knew about people's lifestyle choices and how to help promote their independence. People truly chose what they wanted to do on a day to day basis. Staff were very flexible enabling people to get up and go out when they wanted. The deputy manager said, "We can respond to anything, sometimes it needs organising but we try to involve people all the time." For example, a recent trip to the cinema had resulted in a cancelled showing. Staff quickly organised another activity to avoid anxiety for people, explaining the reasons. Each person had a weekly planner which enabled people to feel confident they knew what was happening. This was in a format specific to each person, such as pictorial or easy read.

People were fully involved in discussions and changes relating to their health. Staff had been very caring when one person had, for example, been diagnosed with a new health condition. They had sourced health information and shared leaflets and had discussions about what the condition meant for them, adjusting the care plan with the person and referring them to health professional to obtain equipment which could promote the person's independence. People's notice boards included relevant information about wellbeing, MCA and health as well as community opportunities and hobbies and events they enjoyed. One person showed us a leaflet they had picked up and staff were organising a trip to the place shown. This showed people felt able to make suggestions and communicate things they liked to do.

Staff enjoyed telling us how well a recent holiday had gone. One person told us all about the lovely things they had done, each person being able to tailor their holiday in their own way, sight-seeing where they chose. Staff told us about people's interests and went out of their way to find ways of supporting people to access these. For example, one person loved particular vehicles. Staff had found out places the person could visit and further their plane and vehicle collections. Because people had a need to know what was happening in detail, this had been well planned to minimise anxiety. Each person was involved in day trip

planning for the next few months. These included visits to a steam train, cider making and Dartmoor. They resourced leaflets about places so people could see where they were going.

To make communication easily accessible people had communication books so that discussions about future events and any issues could be discussed and actions taken and recorded. One person also wrote in the book independently and then discussed topics with staff. The deputy manager showed us how staff went through each point such as aspirational goals, and recorded when they had been actioned. This had included preparing people and explaining to people about our inspection visit, explaining what would happen and arranging a time for us to speak to the person that suited them. They had written what they would like to have for tea when their friend came, what pubs they would like to go to, making ice lollies and buying new items for their room. Staff said it was fantastic to see how the person was thinking and be able to respond. The person could look back if they forgot something. When we spoke to the person they knew all about the running of the home, their particular risk assessments and what was happening with their health, for example.

Support included supporting people through any important life events such as bereavement, for example. Care plans included clear records about how people were, what had happened and how the person felt about it referring to their background and personality. The deputy manager had completed a year long course on end of life care with the local hospice. Staff had supported people to complete a very comprehensive document 'My Future and End of Life Care Plan' in easy read format. This information had been gathered sensitively over time at people's own pace. Information had been used to inform all areas of the care plans such as enabling reminiscence to discuss bereavements to maintain wellbeing. The document was person centred and talked about things and people that were important to people and how they would like to be cared for. There was a glossary so people could understand the words used and information about people's safe place, use of a message in a bottle idea for storing information and sharing the plan with who they chose. People could detail what made them anxious or upset, how staff would know if the person was in pain and what they would like with them or would help them relax. There was a focus on celebrating life with information about music, flowers and readings. People knew they could change their plans at any time.

Emotional wellbeing was focussed on in people's care plans. This gave good detail about what people liked to happen that made them feel good. For example, receiving little kind gestures from others, having a friend remember them and having something to look forward to. Staff told us about how they ensured these all happened and were clearly very caring towards people. People who liked certain routines were helped to keep 'on track'. Staff thought about people when they were off duty, for example, if they saw something a person might like. There were very detailed 'Positive Behavioural Records'. These detailed any type of event that could indicate distress or anxiety, however brief. This enabled staff to minimise behaviour that could be challenging. For example, one person's plan was very detailed including what happened before, small changes in body language and what happened afterwards. Staff knew to include any physical triggers that could indicate a health need or a physical need such as the toilet or hunger. They took a special chair to the beach, for example, as they knew one person needed regular rests.

It was important to the service that as a small home they were not isolated and aimed to support people broaden their social circle. They re-enforced to people that Southview was their home and they could invite friends or organise parties. People were supported to invite friends for tea, planning the meal, doing invitations and planning the event. Staff recognised that for some people change took time and some things may not work but were worth trying. People had planned a coffee morning and BBQ saying who they would like to invite and buying the food. One person didn't like to plan their meals in advance, they were supported to choose at the time and staff made sure there was a selection of food the person enjoyed,

including items related to their families culture. Staff also linked with other care services to share ideas and arrange training or to help people attend events with others living with similar experiences and needs.

People's own living areas had been personalised to reflect individual tastes and personalities. People had unrestricted access to these rooms and were able to spend time alone if they chose to. They were also able to spend time with their families in them or in the two communal spaces or outside. Staff respected people's need for privacy.

Staff treated individuals with respect, communicating thoroughly while providing care and checking with the individuals that they were happy. Staff knew the individuals so well that they were able to identify any changes in the individual and take action early on, for instance, if the person became unwell. Staff knew people very well and were able to communicate effectively. Staff used appropriate communication tools to ask people questions and people had photos/symbols to help them communicate decisions. This ensured they were involved in any discussions and decisions. Staff supporting people were observed to be interacting well and appropriately.

People or their representatives were involved in decisions about their care overall. People had their needs reviewed formally on an annual basis as well as on-going and attended review meetings with health professionals and staff from the service who knew them well.

## Is the service responsive?

### Our findings

The service continued to be responsive. One person told us how staff listened to what they said and recorded and ensured actions were taken. They liked to know what was going on and felt well informed.

People were well known by the staff who provided care and support which was person centred and took account of individual needs and wishes. Staff and records told us how they encouraged people to make choices. Some people were shown images, while others were given choices verbally.

People had computerised care records, the deputy manager was completing the move from handwritten care plans. Each care plan was very personalised to each individual, contained information to assist staff to provide care and support but also gave information on people's likes and dislikes. The 'Important!' and Hospital Passport sections gave further bullet points to ensure easy access to important issues for each person, particularly about people's behavioural and wellbeing needs, which could be used by new staff and visiting health professionals to make sure they had information about what was important to people. Staff had a good knowledge of each person and were able to tell us how they responded to people and supported them in different situations. Where there were changes in need, these were quickly identified and care plans amended. For example, short term issues such as an infection, were recorded separately and it was clear how an issue was being managed and progressing.

People took part in a variety of activities inside and outside of the service. People were provided the appropriate amount of staff support whenever needed, to partake in activities. For example, on the day of the inspection, one person had gone into the local town to the bank. People, with staff support, also visited friends and family or went with staff support on holidays. One person told us how they went to have their hair cut where they liked, sorted out their financial affairs, went voting, out for afternoon tea and went shopping for clothes.

People had a complaints policy in picture format which gave them easy instructions about how to complain. There had been no complaints since the last inspection but the complaints process would ensure these would be investigated and responded to.

## Is the service well-led?

### Our findings

The service continues to be well led. The service was a long running family run home. There was a registered manager in post who was currently the provider. The deputy manager had now applied to register as the registered manager for the future and this was in progress. 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.

The service had recently been honoured with an award by Plymouth City County Council Quality Assurance team for its work in quality assurance. Staff promoted the values and visions for the service to make sure the service was person centred and provided a stimulating and enabling environment for people. The vision was supported by the provider and communicated to staff through day to day discussions, one to one supervisions and team meetings. Staff we spoke with were very positive and enthusiastic about the work they did. They said how they loved working in a small personalised service for the benefit of the people living there. They felt they were listened to and fully involved in the running of the service, and encouraged to bring new ideas. For example, staff meeting minutes showed how staff had discussed ideas to help one person manage their day more effectively so they had time to do what they wanted.

The registered manager/provider and deputy were well respected by staff. People, who were able, told us they saw the registered manager regularly and that they were open and approachable and keen to make improvements where necessary. The managers kept their practice up to date with regular training. They linked with other services to share ideas and attend training sessions. There was always a manager on call to support staff. This meant someone was always available to staff to offer advice or guidance if required. Staff told us they felt very well supported by the management team.

The provider had systems in place to make sure the building and equipment were maintained to a safe standard. These included regular testing of the fire detecting equipment, water temperatures and servicing of equipment.

There were effective quality assurance systems in place. There were regular audits of the property and care practices which enabled the provider to plan improvements and ensure people were receiving the care they needed in the way they preferred.