Mr & Mrs T Lamont

Southwater Residential Home

Inspection report

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Ratings

Overall rating for this service	Inadequate

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

Summary of findings

Overall summary

This inspection was unannounced and took place on 6, 13 and 28 March 2018. We carried out this inspection to check the safety and quality of the service, following concerns which were shared with us about the care and support people received at the home. These concerns had triggered a local authority 'Provider of Concern' process, and a joint action plan had been developed with the local authority which was due to be formally reviewed three weeks after the inspection.

Southwater is a family run 'care home' which offers accommodation with care and support to up to 18 older people. Nursing care is not provided by the service. This service is provided by community nurses. At the beginning of the inspection there were 12 people living at the home. However, during the inspection more appropriate accommodation was being sought for two people with complex needs. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home was managed by a person who was registered with the Care Quality Commission as the provider and registered manager for the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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 registered manager had needed to take leave of absence for personal reasons. However no contingency plans were in place for this eventuality, and there was nobody with the knowledge and training to manage, monitor and carry out the day to day running of the service. In their absence wider concerns were raised about the leadership and management of the service. A family member stepped in to support the service in the role of 'business manager', although they had no previous experience of working in the care sector. An interim deputy manager was working at the service for three mornings a week. On the final day of the inspection the registered manager commenced a phased return to work.

During this inspection we identified a number of issues which impacted on the quality and safety of the support provided. This included issues around medicines administration, the assessment of risk, care planning, staffing levels and deployment, training, management and leadership and protecting people's rights under the Mental Capacity Act 2005.

People were not always being protected from the risks associated with medicines. The registered manager had previously taken sole responsibility for this task. In their absence there were no other staff able to administer medicines because they did not have the skills or training. By the time of the inspection three members of staff had been trained and further training was planned. Despite this there were not always trained staff available to administer people's medicines. On one occasion three people did not receive their medicines as prescribed and pain relief was not offered.

Risk assessments were not always completed or accurate, or had not been reviewed when people's needs

changed. This impacted on the monitoring and management of risks related to people's food and fluid intake, tissue viability and moving and handling needs. Care plans did not consistently provide the guidance staff needed to understand and meet people's needs in line with their preferences. They did not consistently document people's end of life wishes. Formal reviews had not been completed or documented which meant some of the information on the care planning system was out of date, for example related to moving and handling needs.

Staff did not have the training required to enable them to meet people's needs and keep them safe. There was no evidence that mandatory training had been updated. Staff had not been trained to administer medicines, which meant there had been no staff available to do this task in the absence of the registered manager. People were at risk because staff had not completed training in pressure area care. People were at risk of dehydration and malnutrition, because staff had not completed the training required to enable them to accurately identify and monitor risk.

There were not always enough staff on duty to meet people's physical care needs. Rotas did not accurately reflect the number of staff on duty. Staff were themselves unclear about who was working and when, whether there would be a trained member of staff on duty to administer medicines or who was providing management cover. On one occasion there was just one member of care staff on duty for an afternoon shift.

People were not always referred promptly to external healthcare services, and health professionals told us that their advice was not always followed. This meant people were at risk of deterioration in their physical health.

The service did not routinely ensure prospective staff were suitable to work with vulnerable people before employing them. During the inspection a new member of staff completed shifts at the service before evidence of their suitability to work with vulnerable people had been obtained.

People's rights under the Mental Capacity Act 2005 were not always being respected. Capacity assessments and best interest decisions had not been completed; however staff had a good understanding of consent issues in day to day practice.

The environment was not always safe for people. Regular health and safety checks were undertaken, and some maintenance checks carried out but there was no evidence that electrical equipment had been tested for safety, or legionella and temperature checks undertaken on the water outlets.

There was a lack of consistency in how well the service was managed and led. People and their relatives spoke highly of the registered manager and told us the service was well run. Staff told us they were well supported. However, during the inspection we found that management had not been effective at identifying quality and safety concerns or addressing them.

The service responded promptly to concerns raised during the inspection process and took immediate action to address them. They were open and transparent with the staff team about the concerns raised and the expectations of the CQC and local authority in improving the quality and safety at the home. They had also been open and transparent with the people living at Southwater who were aware of the difficulties facing the service.

People told us they were able to make decisions about how they wanted to be cared for, including where they spent their time. We observed that staff showed concern for people's well-being in a meaningful way, and supported them with patience and kindness. People told us staff were caring and compassionate. Many

staff had been working at Southwater for several years and had a good understanding of people and their needs and preferences.

People chose to eat in the dining room or in their room if they wished. They spoke very positively about the quality of the food and choices available and enjoyed the evening buffet supper which gave them an opportunity to socialise with other people living in the home.

There was an activities programme in place which was highly valued by people at Southwater. People were supported to participate and contribute to the development of the programme , including people with significant sensory loss. There were 'one to one' sessions for people who were cared for in their rooms.

Staff understood how to report concerns about people's well-being and welfare. Systems were in place for the management of complaints.

We identified a number of breaches of regulation on this inspection. You can see what action we told the provider to take at the back of the full version of the 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?

Inadequate

The service was not always safe.

People were not always being protected from the risks associated with medicines.

Risk assessments were not always completed or accurate, or had not been reviewed when people's needs changed.

Staff did not always have the skills and experience required to keep people safe.

There were not always sufficient staff on duty to meet people's physical care needs.

The service did not routinely ensure prospective staff were suitable to work with vulnerable people before employing them.

There were effective systems in place for the prevention and control of infection.

Staff understood how to report any concerns about people's welfare. People had confidence in the staff and felt safe when receiving support.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff did not have the training required to enable them to meet people's needs and keep them safe.

People's rights under the Mental Capacity Act 2005 were not always being respected. Capacity assessments and best interest decisions had not been completed; however staff had a good understanding of consent issues in day to day practice.

People were not always referred promptly to external healthcare services, and health professionals told us that their advice was not always followed.

People were supported by staff who knew them well and had a

detailed understanding of their support needs.

Is the service caring?

Good

The service was caring.

Staff, were kind, caring and compassionate and worked hard to understand and meet people's needs.

Staff were committed to promoting people's independence and supporting them to make choices.

People with sensory loss were supported to lead a full life within the home and support given to them as and when they request it.

The service provided people with the opportunity to express their views and make decisions about their care.

People were supported to maintain on-going relationships with their families.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans did not consistently provide the guidance staff needed to understand and meet people's needs in line with their preferences.

People's end of life wishes were not consistently documented.

People were able to take part in a range of social activities.

Systems were in place for the management of complaints.

Is the service well-led?

Inadequate

The service was not always well led.

There was no contingency plan in place for the absence of the registered manager.

People were not protected by the systems and processes to monitor the safety and quality of their service.

The service promoted a culture of openness and transparency.

Managers and staff were committed to improving the service for

the benefit of the people living there.

Southwater Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.The inspection was prompted by concerns raised about the leadership and management of the service.

This inspection took place on 6, 13 and 28 March 2018 and was unannounced on the first and third days. The inspection team consisted of two adult social care inspectors and a pharmacy inspector.

Prior to the inspection we reviewed information we held about the service, including notifications, previous inspection reports, safeguarding reports and feedback from Torbay and South Devon NHS Foundation Trust, commissioners and community health professionals. A notification is information about specific events, which the service is required to send us by law.

We looked at a range of records related to the running of the service. These included staff rotas, four supervision and training records, three medicine records, meeting records and quality monitoring audits. We also looked at 12 care records.

We spoke with six people and two relatives to ask their views of the service. We spoke with eight members of staff including the registered manager, business manager and interim deputy manager, and attended a staff meeting where all staff were present. We also spoke with commissioners and three health and social care professionals who supported people at Southwater to obtain their views about the service.

Inadequate

Is the service safe?

Our findings

Risks to people at Southwater were not always recognised or managed well.

At the last inspection in April 2016 we found that Southwater was a safe service and rated it Good in this key question. At this inspection we identified risks related to medicines administration, risk assessments, the environment, staffing levels and deployment, and recruitment.

Prior to the inspection concerns had been raised about the administration of medicines at the service. The registered manager had previously taken sole responsibility for this task. However they had needed to take an unplanned leave of absence and other staff could not administer medicines because they did not have the skills or training. The interim deputy manager told us, "The registered manager did all the medicines. Nobody had access to medicines before." By the time of the inspection three members of staff had been trained to administer medicines and had been signed off as competent by an NHS pharmacist, with training planned for additional members of staff. Systems were being developed, with the support of the community pharmacist, to ensure people were safely supported with their medicines if required. However, despite these improvements, people remained at risk of not receiving their medicines safely because there were not always trained staff available to administer people's medicines. On one occasion three people did not receive their medicines as prescribed and pain relief was not offered as prescribed. Staff had not sought advice from healthcare professionals to ensure their safety.

People were at risk because staff did not always have the competence, skills and experience to support them safely. For example staff were unaware of the need to ensure that a pressure relieving mattress was at the correct setting for the person's weight, to minimise the risk of skin breakdown. People were at risk of dehydration and malnutrition, because staff had not completed the training required to enable them to accurately identify and monitor risk. The service had not taken the prompt action required when one person could no longer be safely supported in this setting due to deterioration in their health.

Risk assessments, did not always provide the information and guidance staff needed to understand and minimise risks. A new computer based care planning system had been in place since November 2017 but this was not being used effectively. Some staff did not feel competent or confident using the new technology and on the first day of the inspection we saw that information was not being documented accurately or consistently. There were some comprehensive risk assessments with clear guidance for staff about how to manage the risks. This was not consistent however, because the information about people's risks and needs was not always accurate and had not been reviewed when people's needs changed. One person was recorded as being at low risk of skin breakdown, not needing any pressure relieving aids and needing the support of one to transfer. In reality the person was vulnerable to skin breakdown, had a pressure relieving cushion and needed the support of two care staff for transfers. Charts on the system to monitor risks related to food and fluid intake, and tissue viability, were not being completed by care staff. The information was instead documented in people's daily notes, which meant it would be difficult to obtain a clear oversight of people's changing needs. Staff told us that although the computerised care planning system was not being used effectively, they had a good understanding of people's risks because

they knew them well. However, this would not be the case for staff new to the service.

People were not always being protected from risks posed by the environment. Regular health and safety checks were undertaken, and some maintenance checks were carried out, for example related to gas and equipment. However there was no evidence that electrical equipment had been tested for safety, or legionella and temperature checks undertaken on the water outlets.

These issues constitute a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

We fed back our concerns about the assessment of risk to managers and staff and by the second day of the inspection some action had been taken. There were visual prompts on the whiteboard in the office to remind staff to complete the risk monitoring documentation. There had been some improvement to the completion of charts to monitor risks, although more detail was needed in relation to the recording of fluid intake. Overnight monitoring checks and times had been documented, and showed they had been carried out in line with the person's care plan. Staff meeting minutes showed that staff had been reminded of the importance of recording, and were told, "If it's not recorded 'it didn't happen'." Staff responsible for completing the risk assessments undertook to review them to ensure their accuracy.

People were at risk, particularly those with more complex needs, because staff were not always available to meet their needs and keep them safe. On one occasion there was just one member of care staff on duty for an afternoon shift which included supporting one person who required two members of staff for transfers. Rotas did not accurately reflect the number of staff on duty. Staff were themselves unclear about who was working and when, management cover, or whether there would be a trained member of staff on duty to administer medicines.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We fed back our concerns about staffing levels and deployment throughout the inspection. The managers responded by developing a new rota system which would ensure there were adequate numbers of staff at the service to keep people safe and meet their needs. This was introduced the week following the inspection. In addition new staff were being recruited and agency staff used to cover any gaps in the meantime.

The service did not routinely ensure prospective staff were suitable to work with vulnerable people before employing them. Staff recruitment records showed appropriate checks had been made for the majority of staff before they began work. Disclosure and Barring Service checks (DBS) had been requested and were present in these records. The DBS checks people's criminal history and their suitability to work with vulnerable people. However, during the inspection a new member of staff completed shifts at the service before evidence of their suitability to work with vulnerable people had been obtained.

This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and proper persons employed.

People told us they felt safe at the service. Comments included, "Yes I'm happy here. I have good support. Oh god I do feel safe. Nothing bothers me", "I like having people around so I feel safe. If I needed help I would ring my bell. People would come" and, "Staff will watch me going downstairs. They are always concerned. We have a nice bond. I like that they've kept the same staff." These views were shared by

relatives we spoke to.

People were kept safe by staff who understood how to identify the signs of abuse and what action they would need to take if they witnessed or suspected that someone was being mistreated. Staff had previously completed safeguarding training on line and further safeguarding training was planned. There was a safeguarding policy in place which had recently been reviewed and updated.

Staff took the necessary precautions when undertaking personal care, for example wearing protective clothing such as gloves and aprons which meant people were protected from the risk of infection. The home was clean and smelled fresh during the inspection.

There were emergency plans in place so that people would be supported in the event of a fire or other serious event. Each person had a personal emergency evacuation plan (PEEP) to show what support they would need. This meant staff and the emergency services would easily be able to find information about the safest way to move people quickly and evacuate them safely. Staff had received training in fire safety, which was due to be updated, and fire checks and drills were carried out in accordance with fire regulations.

Requires Improvement

Is the service effective?

Our findings

At the last inspection in April 2016 we found that Southwater was an effective service and it was rated Good in this key question. At this inspection we found people were at risk of receiving a service from staff who were not appropriately trained and supported. New staff did not complete a formal induction to ensure they had the basic skills required to care for people safely. Managers did not have an oversight of staff training needs and it was not clear which staff had completed training and which staff were due. There was no evidence that the provider's essential training programme had been updated in areas such as moving and handling, infection control, safeguarding, food hygiene, fire safety and equality and diversity. Staff had not been trained to administer medicines, which meant there had been no staff available to do this task in the absence of the registered manager. People were at risk because staff had not completed training in pressure area care.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

We discussed the issue of staff training and support with the business manager and deputy manager. The business manager told us that a 'revamp of staff training' was in progress. A formal induction was being introduced and new staff handbooks developed. The deputy manager had introduced individual documented staff supervision. They had identified training needs with staff, and begun to plan how they would be met. Three members of staff had completed training in medicines administration with additional training planned. Training sessions had been arranged in falls prevention, nutrition and tissue viability. Staff were being supported in their continued professional development and working towards nationally recognised qualifications in care. They were positive about the support provided and looking forward to the training. One member of staff told us, "Its good training. Me and my colleague are going to Torbay hospital for tissue viability training. I am being supported to do NVQ level 3."

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. We checked whether the home was working within the principles of the MCA.

We found the home was not taking appropriate actions to protect people's rights. Staff were aware of people's right to refuse support. We saw people being offered choices and being asked for their consent throughout the inspection. However, records did not reflect a good understanding of the MCA in practice. We did not find that assessments had been made of people's capacity to make particular decisions. Best interest decisions had not been made or recorded. One person, who had a visual impairment and who had full capacity to make decisions, had been recorded as unable to consent to the sharing of information. Another person had poor short term memory and confusion, but there had been no assessment of their capacity to make decisions about their care, or documented decisions made in their best interest.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). 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 service had made no referrals for assessment under DoLS, but had documented that one person had been legally authorised under the MCA to be deprived of their liberty when they did not meet the criteria for assessment.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Need for consent.

The district nursing team visited daily to support people with their insulin, and records showed the service had referred promptly to healthcare services when required. This was not consistent however, which meant people were not always protected when changes to their health or well-being had been identified. For example staff did not take prompt action to access appropriate advice and treatment when one person became unwell over a weekend. In addition health professionals expressed concern that their recommendations had not always been followed, which had put people at risk.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

Staff knew people at the service well and had a detailed understanding of their support needs, even though this information was not always reflected in care plans. For example, staff were able to describe the support they gave to one person, to assist them to mobilise safely and prevent skin breakdown. Another person was worried about some medical treatment. A member of staff told us, "They are a bit anxious, but I managed to calm them down and make them laugh." People and their relatives spoke highly of the quality of support provided. One relative told us the service was 'absolutely brilliant' and how, since moving to Southwater, their family member was 'looking well, had gained weight and was back to being their old self'. Another relative, whose family member had complex needs, said, "Their needs are difficult, but they've been well looked after."

People's nutritional needs were met with meals, snacks and drinks offered and available throughout the day. Food and fluid charts were on the new computer based care planning system, and by the second day of the inspection staff had begun to complete them to monitor food and fluid intake. The service catered for people with special dietary needs, for example a diabetic, soft or pureed diet, following guidance from health professionals. Mealtimes were unhurried and people could choose to eat in the dining area, or in their room. Staff supported people with eating if required, offering encouragement and practical assistance. Feedback from people was positive regarding the food, "The food's excellent. At 8.30 we have a table buffet supper. I have breakfast in my room, lunch tea and supper." and, "They come round with the menus. Nice fresh vegetables. Chicken today and vegetables, and nice puddings."

People told us the environment was relaxed and homely. One person said, "It has the feel of a hotel or a proper house. It just doesn't feel clinical. " A member of staff had taken responsibility for decorating and improving people's bedrooms, and was proud of what they had achieved. They told us how they had supported a person who was registered blind to choose their colour scheme and duvet covers by describing the colours to them. They talked with them about the picture on their bedroom wall which had been painted by another person living at Southwater.

Good

Is the service caring?

Our findings

At the last inspection in April 2016 we found that Southwater was a caring service and rated it Good in this key question. At this inspection people told us the service was still caring. Comments included," [Manager's name] runs it beautifully. They are so caring and always listen. They help the relatives", "You feel like you are being treated like a human being" and, "The staff are very good. I can't fault them. Even on a bad day if you've snapped at someone, the staff are fine. Nothing's too much trouble." This view was shared by relatives, who told us, "They're absolutely brilliant. They care for the residents. Everything they do is for the residents. My family member is very happy there" and, "I think it's excellent. It's a home from home."

Staff talked about people in a caring, thoughtful way. Several members of staff had been there for many years, and good relationships with people had been built up over time. They knew people well which meant they could support them in line with their individual preferences. Staff told us how much they enjoyed their jobs and how committed they were to the service and the people they supported. One member of staff said, "It's like a home from home. I just want them to feel part of the home. We have a laugh and a joke. "

Staff were committed to promoting people's independence and supporting them to make choices. Care plans provided the guidance staff needed to facilitate this. For example, the care plan of a person living with dementia was clear about the support they needed with communication to enable them to make choices. "Where possible language should be kept simple. Keeping questions and commentary straightforward will help [person's name] take a fully active role in the conversation." Some people at Southwater required minimal support, administering their own medicines and going out independently. People told us, "There's plenty of freedom. If you want to go out you just let them know." They were reassured that additional support was available if they needed it. One person said, "You know your own limitations. The staff are happy to help if you need it. If I want to go out, staff will go out with me."

Staff treated people with dignity and respect. Care plans showed that people had been asked whether they preferred to be supported by a male or female carer. Staff asked people for their consent before supporting them. We observed a member of staff administering medicines. They knelt down so they were at the person's level, asking if they were ready for their medicines. They explained what they were doing saying, "Would you like them together in a pot or separately? "We observed staff knocking on people's bedroom doors before entering, and asking for their consent before assisting them with a task such as personal care.

People felt that they were part of a community at Southwater. Birthdays were celebrated. There was an 'evening social supper' laid out in the dining room every evening at 8.30, where people told us they had "talked about the future of the place." The registered manager and staff had been open and transparent about the difficulties facing the service which gave people an opportunity to ask questions and voice any concerns. One person told us, "It's too good here. We've got to make it work."

The Accessible Information Standard is a framework put in place making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Some people at the service had significant visual impairment. The service was proactive in ensuring

they received the support they needed to live independently and participate fully in life at Southwater. One person, who was registered blind, told us. "I never bother reading. I know what's going on from day to day by asking people." Staff were aware of the way this person preferred to be supported and knew that the person liked things to be explained to them. For example they asked the person if they wanted their post read to them, but made them aware of who else was sitting in the room before doing so.

People were supported to maintain on-going relationships with their families and, despite a 'visiting hours' sign near the entrance, people told us they were able to have visitors at any time. People's privacy when entertaining visitors was respected. One person told us, "I have my own private sitting room and TV where I see my visitors." Relatives told us the service kept them well informed about the well-being of their family member and staff always made them feel welcome.

Requires Improvement

Is the service responsive?

Our findings

At the last inspection in April 2016 we found that Southwater was an exceptionally responsive service and rated it Outstanding in this key question. At this inspection we found this was no longer the case because the service failed to maintain an accurate and complete record of the support provided to people.

Each person at the home had a care plan, developed on a computer based care planning system which had been in place since November 2017. The deputy manager told us, "The system is amazing. It has everything you need, but you've got to use it. There is a comprehensive risk assessment and care planning process and it prompts you when reviews are needed." However, they told us staff were used to paper files, and some had a fear of computers. They were not yet fully confident or competent in using the new system and this had resulted in a lack of consistency and a backlog in the completion of care plans and reviews. One member of staff told us, "I'm not very technical, but I'm getting used to it".

Some care plans contained clear guidance and direction for staff about how to meet a person's needs, their likes, dislikes and routines. They were completed with the person and their representatives where appropriate, and consent had been obtained with regard to the sharing of information. However, other care plans had not been fully completed or had been completed inaccurately. For example, it was documented that one person, who had not been diagnosed with dementia, required carers to monitor their dementia and be reassessed every three months. There was a lack of information about some people's spiritual and cultural needs, personal histories or accessible communication needs.

Staff had been trained in end of life care, and the registered manager told us they had provided support to many people at the end of their lives over the years. However, care plans did not consistently document people's end of life wishes or provide the information staff needed to support them according to their wishes and preferences. This meant there was a risk that staff would not provide person centre care which respected the person's wishes and preferences at the end of their lives.

Although information about changes in people's needs was shared at the staff handovers, formal reviews had not been completed or documented. This meant some of the information on the care planning system was out of date, for example related to moving and handling needs.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

We fed back our concerns about the completion of care plans and reviews. On the second day of the inspection we were informed that staff who needed further training were now receiving additional support to use the computer based care planning system. We saw that some care plans had been reviewed and updated. We attended a staff meeting, where staff were reminded of the importance of taking responsibility for updating the care plans themselves rather than relying on the office administrator, because they (staff) had the best knowledge of the people they were supporting. By the end of the inspection the deputy manager was reviewing all of the care plans to ensure their accuracy.

Prior to moving into Southwater, the service undertook their own assessment of people's strengths and needs. The initial referral might come from the hospital or local authority. Staff told us the registered manager emphasised the importance of cross referencing the referral information with their own assessment to determine whether the service could safely meet the person's needs. Although the initial assessment did not identify whether people had protected characteristics under the Equality Act, staff assured us that people were treated equally and fairly and were able to give examples of this.

Staff shared examples of personalised care they provided. For example, they told us about the support they gave to help a person who was registered blind, when they first moved to Southwater. Initially the person had required two members of staff to orientate them and support them down the stairs. Now the person had the knowledge and confidence to move around the home independently and played an active role in the Southwater community. For example, they enjoyed participating in the 'Southwater bake off' and told us, "On Wednesdays we do cooking. There are three of us. I've helped to shape that. Pastry is my speciality!" The person had requested that dominoes be played, and the service had bought dominoes with raised dots to enable them to participate independently.

Southwater employed an activities coordinator. There was a range of activities on offer and people told us how much they valued them. One person previously attended groups in the community, but after moving to Southwater felt there was enough going on for them at the home. There were art works on display created by the people who lived there. One person told us, "I live for the art classes on a Tuesday. I'd never before put a paintbrush in my hand!" Other activities included Tai Chi, board games and reminiscence sessions on topics such as post war convenience foods. There were also evening social suppers where people could come together to socialise. Staff spent time with people who preferred to stay in their rooms. A member of staff told us they had observed that one person had improved dexterity in their hand when colouring in, so they brought art materials and spent time colouring with them, "It's their choice whether they want to do it".

There was a complaints policy in place which had recently been reviewed and updated by the deputy manager. Care plans recorded whether the person was aware of the complaints procedure and required support to use it. For example, "Not fully aware of complaints procedure. May require guidance and help to understand the process. Should be reminded as appropriate. Printed copy in their room." People told us they had no complaints but would raise them if they had. There had been no formal complaints since the last inspection.

Inadequate

Is the service well-led?

Our findings

The home was managed by a person who was registered with the Care Quality Commission as the provider and registered manager for the service. At the last inspection in April 2016 we found that Southwater was a well led service and rated it Good in this key question. Prior to this inspection in March 2018 the registered manager needed to take leave of absence for personal reasons. No contingency plans were in place for this eventuality, and there was nobody with the knowledge and training to manage, monitor and carry out the day to day running of the service. In their absence wider concerns were raised about the leadership and management of the service. A family member stepped in to support the service in the role of 'business manager', although they had no previous experience of working in the care sector. On the final day of the inspection the registered manager commenced a phased return to work.

The registered manager had a programme of audits in place to monitor the quality and safety of the service. Recent audits had been completed looking at a range of areas including infection control, medicine administration, care plans and the use of the computerised care planning system. However, these processes had not identified some of the issues we found during our inspection, or ensured action was taken to address them. For example, records were not all well maintained. Some records relating to people's care needs had not been completed in sufficient detail or were inconsistent. Effective systems were not in place to check the safety or safe functioning of equipment in use or monitor risks within the environment. Systems for identifying staff training needs were not adequate to the task of ensuring staff had the training they needed to meet people's needs. The recruitment system had allowed a member of staff to be recruited who had not undergone proper checks. The system for ensuring there were always sufficient staff on duty to meet people's needs was not robust. Accidents and incidents were being recorded individually in people's files, but there was no system in place to analyse them or identify patterns to enable staff to reduce risks. Quality assurance surveys were in place but had not been completed since 2015. This meant people's views of the service were not being heard to enable further improvement. The system for upholding people's rights was not effective.

The governance systems in place relied on one person, the registered manager. This system lacked scrutiny or oversight by others. The registered manager's absence had resulted in people being put at risk because the systems for managing risk were only operational when the registered manager was present.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We shared our concerns with the business manager who had stepped in to provide cover in the absence of the registered manager. They were open and honest about the difficulties facing the service. They acknowledged the areas where people were at risk and that improvements were needed. The business manager told us of their commitment to this.

An interim deputy manager had been in post since January 2018, and was providing cover on three mornings a week. They had several years' experience of running a residential home Since coming into post

in January 2018 the interim deputy manager had begun to reinstate systems to support and monitor staff practice, carrying out individual staff supervision and identify training needs. Observations of staff practice were planned. The interim deputy manager had also reviewed and updated the service's policies and procedures, although these had not yet been read by staff.

The business manager and interim deputy manager took action in response to the concerns raised during the inspection. A staff meeting was called where feedback from the inspection was shared with the staff team and the regulatory requirements of the CQC explained. A new rota system and shift pattern were introduced to ensure that staffing levels and deployment would meet people's needs. Staff roles and responsibilities were to be clearly defined. New staff were being recruited for day and night positions to expand the staff team and interviews for a new manager were in progress. In addition the supervision process was explained to staff.

A further staff meeting took place on the third day of the inspection. This was called by the registered manager who was having a phased return to work. The registered manager shared feedback given by the local authority as part of their 'provider of concern' process, and reinforced the actions being taken to address the concerns raised. This openness and transparency meant that staff had the opportunity to ask questions and gave them a clear understanding of the risks to people at the service and expectations. They told us, "We are pulling together as a staff team. We really want it to work."

People and relatives spoke very highly of the registered manager. Comments included, "There's nothing to criticise. I've been here for eight years. It's well run "and, "I can't tell you anything negative about the place. It's so well organised. It just runs itself most of the time". Staff said they felt well supported telling us, "I couldn't ask for a better boss", "[Manager's name] has been very supportive personally, that has made a big difference, and "[Manager's name] is the kindest lady in the world." The business manager explained that the registered manager had "taken on staff that were destitute and emotionally vulnerable, they had trained them up, having to start with their basic maths and writing skills". They told us that as a result "staff have been extremely loyal and hard working. Some have been here for decades and love the home and the people in it."

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 11 HSCA RA Regulations 2014 Need for consent The service did not consistently act in accordance with the Mental Capacity Act 2005. 11(1)(3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The service did not always ensure people were of good character before employing them.19(1)(a)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to the health and safety of people were not always assessed accurately. 12(2)(a) Risk assessments did not always provide the information and guidance required to mitigate the risks. 12(2)(b) People's medicines were not always managed properly and safely. 12(2)(g) People were not always protected from risks posed by the environment. 12 (2)(d)(e)

The enforcement action we took:

Impose a positive condition

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not effective in assessing, monitoring and improving the quality and safety of the service. 17(2)(a) Systems and processes were not effective in assessing, monitoring and mitigating the risks to people at the service. 17(2)(b)

The enforcement action we took:

Impose a positive condition

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The service did not always employ sufficient numbers of suitably qualified, competent, skilled and experienced persons. 18(1) Staff did not receive appropriate training, supervision and appraisal to carry out the duties they are employed to perform. 18(2)(a)

The enforcement action we took:

Impose a positive condition.