

Mr D Kerrison & Mrs S Kerrison

# Southlands

## Inspection report

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December 2014

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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

We carried out this unannounced inspection on the 27th November and the 1st December 2014.

We last inspected Southlands on the 6th January 2014 and found the service was not in breach of any regulations at that time.

Southlands is a large three storey converted terraced house. It is situated in a busy thoroughfare in Middlesbrough and provides accommodation for up to 10 adults with enduring mental illness from the age of 18 – 65

There is a registered manager in post who has been registered with the Care Quality Commission since 5th

November 2014. '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.

People living at the service were receiving good care and support that was tailored to meet their individual needs. Staff ensured they were kept safe from abuse and avoidable harm. People we spoke with were positive about the service they received. People told us they felt safe and included in decisions about their care.

# Summary of findings

We observed interactions between staff and people living in the home and staff were kind and respectful to people when they were supporting them. Staff were aware of the values of the service and knew how to respect people's privacy and dignity.

Medicines were properly managed. We found the audit process to be quite complicated and we discussed this with the owner and registered manager

The registered manager and staff had been trained and had a good knowledge of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager understood when an application should be made, and how to submit one. This meant people were safeguarded and their human rights respected.

People had access to the local community and were supported to go out and pursue individual interests such as going out to local town, the library, going out to lunch or day centres.

The culture within the service was person centred and open. From listening to people's views we established the leadership within the service was consistent and the registered manager was readily accessible for staff, people using the service and their families and friends. We found the registered manager took steps to ensure the service learnt from mistakes, incidents and complaints.

Suitable arrangements were in place and people were provided with a choice of healthy food and drinks ensuring their nutritional needs were met.

People's physical health was monitored as required. This included the monitoring of people's health conditions and symptoms so appropriate referrals to health professionals could be made.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. The support plans contained a good level of information setting out exactly how each person should be supported to ensure their needs were met. The support plans included risk assessments. Staff had good relationships with the people living at the home and the atmosphere was happy, homely and relaxed.

A range of activities were provided both in-house and in the community. We saw people were involved and consulted about all aspects of the service including what improvements they would like to see and suggestions for activities. We saw evidence that people were encouraged to maintain contact with friends and family.

The manager investigated and responded to people's complaints, according to the provider's complaints procedure. People we spoke with did not raise any complaints or concerns about living at the home.

There were effective systems in place to monitor and improve the quality of the service provided. Staff were supported to challenge when they felt there could be improvements and there was an open and honest culture in the home.

The registered manager explained they were trying to recruit new staff. We looked at the rotas for the last two weeks and the upcoming week and saw that at times, mainly Fridays, staff were working alone for up to two hours. The owner explained this was due to swapping shifts and assured us that they would get staff to cover so no one was working alone.

Staff received training to enable them to perform their roles and the service looked at ways to increase knowledge to ensure people's individual needs were met. Staff had regular supervisions and appraisals to monitor their performance and told us they felt supported by the management team.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People living at the service told us they felt safe. Staff were clear on what constituted as abuse and had a clear understanding of the procedures in place to safeguard vulnerable people.

Individual risks had been assessed and identified as part of the support and care planning process.

The manager and the owner had recognised the need to recruit at least two new staff members.

There were procedures in place to ensure the safe handling of medications, although the audits were complicated

Good



### Is the service effective?

The service was effective.

Staff received training appropriate to their job role, which was continually updated. This meant that they had the skills and knowledge to meet people's needs.

People were provided with choice at meal times and rated the food as five stars.

People had regular access to healthcare professionals as need dictated, such as GP's, district nurses, Speech and Language Therapist (SALT) and Community Psychiatric Nurses (CPN's).

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and Deprivations of Liberties (DoLS) and they understood their responsibilities.

Good



### Is the service caring?

The service was caring.

People told us they were happy with the care and support they received and their needs had been met. We saw the services advocacy policy and information on advocates was available if and when needed.

It was clear from our observations and from speaking with staff they had a good understanding of people's care and support needs and knew the people they cared for well.

Wherever possible, people were involved in making decisions about their care and independence was promoted. We saw people's privacy and dignity was respected by staff.

Good



### Is the service responsive?

The service was responsive.

People's mental health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service and/or a relative.

We saw people's plans had been updated regularly and when there were any changes in their care and support needs.

Good



# Summary of findings

The service had a complaints policy. The registered manager told us there had been no recorded formal complaints since our last inspection.

People were supported to access the community, such as going to their friends, going out for lunch, to the shops or going on day trips to places of interest.

## Is the service well-led?

The service was well-led.

From our observations and speaking with people who used the service, staff and relatives of people using the service we found the culture within the service was person centred and open. From listening to people's views we established the leadership within the service was strong and consistent.

The registered manager had placed a focus on improving the service, and to continue the delivery of high level person centred care that incorporated the values expected by the provider.

A process was in place for managing accidents and incidents. The registered manager reviewed all accidents and incidents in order to look for any emerging themes or patterns. We found the manager took steps to ensure the service learnt from mistakes, incidents and complaints.

**Good**



# Southlands

## 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 inspection took place on the 27th November and 1st December 2014 and the first day was unannounced.

The inspection team consisted of one adult social care inspector.

Before our inspection, we reviewed the information we held about the home and contacted the commissioners of the service to obtain their views. We spoke with two

external professionals who had knowledge of the service. We asked the provider to complete a provider information return which gave detailed information about the service including what they do well and what they are going to improve. We looked at notifications that had been submitted by the home. This information was reviewed and used to assist with our inspection.

During the visit we spoke with seven people who used the service, the owner, the registered manager and seven members of staff. We spoke via telephone with two relatives of people who used the service. We undertook general observations and reviewed relevant records. These included three people's care records, staff files, audits and other relevant information such as policies and procedures. We looked round the home and saw some people's bedrooms, bathrooms, the kitchen and communal areas.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe in the home and did not have any concerns. One person said, “I feel safe, I get help, people look after you.” Another person said, “Sometimes I feel safe, I feel safe today.” We questioned why they only feel safe sometimes but no explanation was provided.

We were able to speak with close relatives of three people who used the service. One during our inspection and two by a telephone conversation afterwards. We found people’s relatives had been involved in discussions about any risks and the care and support in place relating to those risks. Relative’s comments were, “X is very safe there,” And “We are very confident with Southlands and X is happy.”

From our observations, staff were taking steps to ensure people living at the service were safe. We spoke with seven members of staff about safeguarding and the steps they would take if they felt they witnessed abuse. We asked staff to tell us about their understanding of the safeguarding process. Staff gave us appropriate responses and told us they would report any incident to the person in charge and they knew how to take it further if need be. Staff we spoke with were able to describe how they would ensure the welfare of vulnerable people was protected through the organisation’s whistle blowing and safeguarding procedures.

There were risk assessments in place, supported by plans which detailed what might trigger each person’s behaviour, what behaviour the person may display and how staff should respond to this. This meant people were protected against the risk of harm because the provider had suitable arrangements in place. Staff we spoke with said, “You can tell if someone is becoming unwell, their behaviours change.” And “We are always watching and looking out for danger.” One staff member said, “If someone goes out and they say they will be back by a certain time and there not, we will ring them on their mobile, mainly to see if they are okay.” The manager said, “We pick up on everything, the systems are working.”

We observed people who used the service coming and going all day. Some people went to a day centre and another would meet up with a friend to play chess.

We discussed staffing with the owner and registered manager; they explained they were trying to recruit two

new members of staff at the time of inspection. We looked at the staffing rotas for the last two weeks and the upcoming week. There were times that only one member of staff was on duty for example on Friday the 14th, 21st and 28th November a senior carer worked alone from 9am till 10am when a second senior carer came on shift. A domestic did start at 09:30 am on both these days. This was due to happen again on Friday 5th December. We discussed this with the owner and they were going to rearrange the rota so this did not happen again. They said the reasons are due to annual leave being put in. The owner and registered manager said they never used agency staff and can get support from their other service in Redcar.

Staff we spoke with said, “There are enough staff.” And “No we are not short staffed.”

We looked at the recruitment records for three staff members. We found recruitment practices were safe and relevant checks had been completed before staff had worked unsupervised at the home. We saw evidence to show they had attended an interview, had given reference information and confirmed a Disclosure and Barring Service (DBS) check had been completed before they started work in the home, (The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults). The registered manager also said she requests new DBS checks every three years and also checks at each supervision or appraisal if there have been any changes. This meant people who lived at the home were protected from individuals who had been identified as unsuitable to work with vulnerable people.

During our discussions with the registered manager we asked what would happen if the building needed to be evacuated in the event of an emergency such as a fire. The manager showed us the Personal Emergency Evacuation Plans (PEEP) for all of the people living at the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. The registered manager

## Is the service safe?

showed us evidence of how they update the PEEP regularly, following a recent fire drill staff recognised the need to document that one person can sometimes require a walking stick, their PEEP was immediately updated.

One person who used the service was deaf; they had an alarm under their pillow which would alert them in the event of an emergency.

As part of our inspection process, prior to our inspection visit we contacted two health care professionals who visited the service frequently. These included a social work team leader and a commissioning officer. The professionals we contacted told us they were very satisfied with how the service managed individual risk and how people who used the service were treated. One professional commented “They are extremely good at communicating with me.” And “They have a nice way with people, they are not restrictive at all in how they work with people, I am very pleased with them.”

We looked through the medication administration records (MARs) and it was clear all medication had been administered and recorded correctly, with full explanations if they had refused. At the time of our inspection they were doing a daily count of all medicines. This was documented on a separate sheet. We found this became quite confusing, as what was documented on this sheet was not documented on the MAR chart. If a new medicine was opened mid-month, the new quantity was documented on the count sheet, not on the MAR; the time the medicine was opened was written on the medicine box but not documented anywhere else. One medication we looked at was administered twice a day, on looking at the MAR chart it seemed they had received 56 at the beginning of the months medication cycle, but the count of the remaining medicine did not tally, it turns out that they had 14 tablets from the previous month to carry over, this was not documented on the MAR. We discussed simplifying the records with the owner and registered manager.

The medication trolley was stored safely when not in use and the temperature was checked and recorded daily. At the time of our inspection no one living at the service was prescribed drugs liable to misuse called controlled drugs. The services ordering procedure allowed plenty of time to sort out any discrepancies before the prescriptions went to the pharmacy.

The service had no protocols for when required medicines (PRN), these need to be individual to each person, explaining why and how each PRN should be administered. The home also used homely remedies. A homely remedy is a product that can be obtained, without a prescription, for the immediate relief of a minor, self-limiting ailment. The maximum duration of treatment should not exceed 48 hours without obtaining medical advice. The GP had been fully involved with the services homely remedy protocol. Homely remedies were recorded on the daily count sheet; we discussed with the owner and registered manager, the need for documenting the receipt, administration and disposal of homely remedies in a separate book as well as on the MAR chart.

Medication training was up to date and the manager checked people’s competency to administer medicines every year.

We spent time looking around the service and found the service to be comfortable and furnished to meet the needs of people who used the service. Bedrooms were individualised to how each person wanted them and everyone had their own key.

The service was clean and tidy. We saw there was plenty of personal protection equipment (PPE) such as gloves and aprons. Staff we spoke to confirmed they always had enough PPE.

We saw safety checks and certificates that were all within the last twelve months for items that had been serviced such as boiler safety and water temperature checks.



# Is the service effective?

## Our findings

People were supported by staff that was trained to deliver care safely and to an appropriate standard. Staff had a programme of training, supervision and appraisal.

On the day of our inspection the registered manager ran a training session on infection prevention and control. This was an online training session that they had enhanced and developed further with a short questionnaire. It was delivered to the staff as a group and full discussion was encouraged with different scenarios.

All training was up to date; we saw evidence of this on the training matrix and backed up with certificates. Training staff had received included mental health, equality and diversity and behaviour that challenges. Staff we spoke with confirmed that they had access to further training as required.

We found staff received good support through supervision. Topics discussed during supervision were time keeping, key worker role, policies and procedures, resident/staff relationship, motivation and attitude to work, their greatest achievement, anything that hindered their job, anything they were less confident about, training wants/needs and an evaluation of their performance. An action plan was drawn up to meet all needs. All staff had received their yearly appraisal.

We spoke with people living in the home and relatives about the staff. People who used the service said, "Staff are very nice, can't fault them." And "Staff are great." And "Staff understand me." Relatives we spoke with said, "Staff are very nice and pleasant." And "I have every confidence in all the staff."

During our observations, we saw meal times were flexible and individual to each person's preferences. The registered manager told us there was a set menu which included two choices for tea and it was up on the notice board each morning to show what they were having. If a person did not like what was on offer they could tell a member of staff and would be offered an alternative or the meal would be adapted to how they liked it.

The majority of people who used the service were in and out all day. When they arrived home, they would make drinks for themselves or each other and snacks were freely available. One person who used the service brought cakes

into the lounge for everyone sitting there. We asked people who used the service what their thoughts were on the food and they said, "Food is excellent, loads of choice." "My favourites are curry and mince and dumplings." And "We get more than enough." Another person said, "Meals are five stars."

One person who used the service had a weight problem and had been fully supported to lose weight. The commissioning officer we spoke with prior to the inspection praised the service on supporting this person.

Staff we spoke with told us how one person who used the service only liked small meals and for their food to be cut up into small pieces.

People's assessed needs were clearly reflected within their care records. We found people's care records were personalised and provided clear guidance on how their care needs should be met. People's plans included information about their personal preferences. Within the care records we reviewed we found the information to be well laid out, consistent and easily accessible to staff. We did discuss with the registered manager that information documented on the bi-annual review had some really useful information which would may be more beneficial at the front of the file.

The registered manager demonstrated a good understanding of the Mental Capacity Act (2005). In discussion with staff, we found they were clear about the principles and their responsibilities in accordance with the Mental Capacity Act (2005). The Mental Capacity Act (2005) protects people who lack capacity to make a decision for themselves because of permanent or temporary problems such as mental illness, brain impairment or a learning disability. If a person lacks the capacity to make a decision for themselves, the decision must be made in their best interests. We reviewed records relating to a Deprivation of Liberty Safeguards authorisation [DoLS] which was in place for one person who used the service for a short period of time. Although this was now removed we found that the registered manager had made the Deprivation of Liberty application in line with Middlesbrough Council guidelines. The registered manager gave us a detailed overview of the DoLS application in relation to the person concerned and how they supported this person and their family through it and how the restrictions were gradually reduced. The registered manager had also informed the Care Quality Commission of the DoLS authorisation.



## Is the service effective?

The staff we spoke with were aware of the Mental Capacity Act (2005) and had recently received training on this and DoLS.

# Is the service caring?

## Our findings

We sat and chatted to people sitting in the lounge and at the same time observed how staff interacted with the people who used the service. It was very apparent this was their home and it felt very much like a family. Staff knew people well and involved them in the day to day running of the home. For example everyone had different chores, such as washing up they were responsible for. Whilst sitting in the lounge the cook came in to ask one of the people who used the service if they wanted to make the Yorkshire puddings for that night's tea. They said, "X makes the best Yorkshire puddings, everyone loves them."

There was a relaxed atmosphere in the home and staff we spoke with told us they enjoyed supporting the people, one staff member said, "We are like one big happy family." Relatives we spoke with said, "I am always welcome and they always offer refreshments." And "It is a very homely place, X gets everything they want and I am always invited to stay for meals."

At the time of our inspection everyone was getting excited for Christmas. One person who used the service was explaining where they were going to put the Christmas tree this year. The owner explained they always invite people's friends and/or relatives to Christmas dinner if they are also on their own.

We looked at what activities were taking place. People we spoke with told us they enjoyed the chair aerobics, one person said, "I don't do much except laugh when we do it." Another person we spoke with liked to watch National Geographic programmes and had recently been provided with a new video they were looking forward to watching. People were very much supported in maintaining their

independence and community involvement. People we spoke with said, "Its great living here, we are near the town and shops." And "I go to Lothian Road Day Centre, it's smashing, I am making cards at the moment."

People we spoke to who used the service told us they felt the care was very good.

When people who used the service described their support they used words such as 'lovely' and 'great. One person said, "Staff listen to me."

We saw the services advocacy policy and information on advocates was there if and when needed.

We received very positive comments from relatives about staff and the care that people received. One person commented; "I am so happy X is at Southlands." And "I never ever have any doubts about Southlands."

The service had policies and procedures in place to ensure that staff understand how to respect people's privacy, dignity and human rights.

During our inspection we spoke with members of staff who were able to explain and give examples of how they would maintain people's dignity, privacy and independence. One member of staff said, "We always knock on people's doors and ask permission to enter." Another member of staff said, "We should always respect people who live here."

The service provided care for adults with enduring mental illness from the age of 18 – 65. If a person is over 65 the service is able to continue providing care as long as they can meet their needs. Many people who used the service have lived there for a number of years and it is their home. Care plans provided information on expressed preferences and choices for their end of life. The registered manager explained that relatives were really pleased this information was now documented as it could be a difficult discussion.

# Is the service responsive?

## Our findings

The majority of people who used the service had lived at the service for a number of years. We saw records confirmed people's preferences, interests, likes and dislikes and these had been recorded in their support plan.

Individual choices and decisions were documented in the support plans and reviewed on a regular basis. People's needs were regularly assessed and reviews of their care and support were held annually or more frequently if necessary.

Everyone at the service enjoyed doing a variety of different activities, one liked to go to chess club, another attended 'fish Fridays' where they have a meal such as fish and chips and a dance or games. Another person who used the service was a volunteer at the Trinity Church.

The service had a complaints policy. The registered manager told us there had been no recorded formal complaints since our last inspection. Therefore we could not review any current complaints to ensure they had been investigated and responded to appropriately. However we did review documentation relating to an older complaint, this showed that the registered manager had responded in a timely way and to the satisfaction of the complainant.

There was easy read information around the home and behind people's bedroom doors on how to make a complaint. People we spoke with who used the service said they had no complaints or concerns and would speak to staff if they did. Relatives we spoke with said, "I have never had to raise a concern, If I did have a concern I would certainly raise it." And "I have no concerns or problems."

Each person living at the service had a key worker. We asked people living in the home about their ability to come

and go from the home, one person we spoke with said, "I am independent, if I want to do something I do it." Another person said, "I can go out if I wanted to but I don't really want to." One person who used the service said, "I go on holiday, I usually go to Scarborough but I am thinking of going somewhere else, not sure where yet."

We saw evidence that care plans were regularly reviewed to ensure people's changing needs were identified and met. There were separate areas within the care plan, which showed specialists had been consulted over people's care and welfare which included health professionals, GP communication records and hospital appointments.

The care plans we looked at were person centred, by this we mean the individual needs of the person, their wishes and preferences, were identified and staff only intervened when agreed or the need arose to protect their safety and welfare. We found the care plans we reviewed to be comprehensive, covering areas of risk, health, people's personal preferences and personal history. Within each of the files we looked at we noted a pre admission assessment had been undertaken by the registered manager to ensure that the service was able to meet the needs of each individual before they moved into the service.

People who lived at the service were supported to maintain relationships with their family and friends.

Resident meetings took place on a regular basis, and topics discussed were the menu, activities and trips, the kitchen rota and personal hygiene. The registered manager explained the hand washing posters were updated regularly using different colours each time so they stand out and people are more likely to take notice of them.

# Is the service well-led?

## Our findings

At the time of our inspection the service had a registered manager who had been registered with the Care Quality Commission since November 2014. They also managed the sister service belonging to the company and had worked for the company for 17 years. The registered manager split their time evenly between each service.

We saw the service was an organisation that was keen to develop and improve. The registered manager made sure kept up to date with current practice and research. For example, they were fully aware of the recent supreme court ruling regarding Deprivation of Liberty safeguards.

We spoke with the registered manager about any improvements that were planned for the service. At the time of our inspection new flooring was being laid in the hallway.

There was a system of audits that were completed daily, weekly and monthly which included infection control, medications, mealtimes, health and safety, care planning and safeguarding. Where an issue had been identified an action plan had been implemented and the person responsible for completing the task had been identified plus when the task needed to be completed by. This assured us the quality assurance system was effective because it continuously identified and promoted any areas for improvement.

The registered manager told us they had an 'open door' policy to ensure that people could come to them at any time if they had any concerns. This was confirmed by the people who used the service and the visiting relatives we spoke with.

Staff, people who used the service and relatives were encouraged and supported to make their views known about the care provided by the service. The home had invited people living in the home to complete a customer satisfaction questionnaire in 2014. One person answered that they were treated with respect, valued and their privacy was respected most of the time, whilst everyone else said they were treated with respect, valued and their privacy was respected all the time. Due to this an action plan was developed and a section on privacy, respect and valuing people was added to the next staff meeting. This showed that the service listened and responded to the view of people using its service.

One person whose relative used the service commented, "Things run very smoothly." And "Anything at all they ring me, I am kept informed of all hospital and doctor visits, as well as any meetings and the outcome."

The registered manager worked about 20 hours on the floor and people who used the service clearly knew them and were comfortable with them.

Staff told us they felt very much supported by the manager, one staff member said, "They are a good manager; you can talk to them openly." And "They are very understanding and sympathetic; you can go to them about anything."

Healthcare professionals we spoke with said, "Any advice is absolutely always taken on board." And "They are extremely good at communicating."

The registered manager said, "The culture of Southlands is nurturing." "I am proud of the staff and how well they know the people who live here." And "The only improvement I would make is more staff, we are actively trying but we won't just take anybody."

Staff received supervision and an annual appraisal of their work which ensured they could express any views about the service in a private and formal manner. Staff were aware of the whistle blowing procedures should they wish to raise any concerns about the registered manager or organisation. Whistle blowing was very much promoted. There was a culture of openness in the home, to enable staff to question practice and suggest new ideas.

Staff meetings were held on a monthly basis which gave opportunities for staff to contribute to the running of the home. We saw the meeting agendas and topics discussed were health and safety, medication, infection control, any recent events and concerns, dress code and any other business. The registered manager also told us they picked a policy every week, staff need to read the policy, think about how they put it into practice and these were also discussed at the staff meetings. This meant staff were kept updated on issues relating to the service.

Any accidents and incidents were monitored by the registered manager and the organisation to ensure any trends were identified. The registered manager confirmed the majority of the incidents were around one of the people who lived there who had complex needs.