

Wellbeing Residential Ltd

Southernwood House

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

About the service

Southernwood House is a residential care home providing personal and nursing care to 27 people aged some of whom may be living with dementia or a physical disability at the time of the inspection. The service can support up to 28 people in the care home.

The service also provided personal care to people living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. The service was provided for seven people when we inspected.

People's experience of using this service and what we found

There were enough staff both in the care home and providing support to people in their own homes to meet people's needs. They had received training and support to ensure that they had the skills to care for people safely. Staff had a good understanding of how to keep people safe from abuse and were confident to raise concerns.

Staff were kind and caring. They respected people's privacy and dignity and supported people to be as independent as possible. People living in their own home were visited by a small number of care staff so that they could build relationships and trust with them. People were able to access daily activities as well as planned events to help them mark different times of the year.

Medicines were well managed and the registered manager took immediate action to strengthen medicines audits when we identified issues. The home was clean and tidy, and staff worked to reduce the risk of infection. Accidents and incidents were recorded and people's care was reviewed to keep them safe from similar events.

People received an assessment before they moved into the home or started using the care at home service. Care plans accurately reflected people's needs. Risks to people were identified using best practice tools and guidance, and care was planned to keep people safe. Care plans were reviewed at set intervals or when a person's needs changed to ensure they reflected the latest care people needed. People's wishes at the end of their lives were respected and staff worked with healthcare professionals to ensure people were pain free and comfortable.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's ability to access information was assessed to ensure they had access to information relating to their care.

People and staff told us that the registered manager was supportive and would listen to their concerns and take action to improve the quality of care people received. Effective systems were in place to monitor the quality of care provided. The registered manager was proactive in taking action to support people's safety when we raised concerns with them.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Requires Improvement (published 10 October 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Southernwood House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Southernwood House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service is also a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with five people who lived at the home and four relatives about their experience of the care provided in the home. We also spoke with two relatives of people who received care in their own home. We spoke with seven members of staff including the registered manager, administrative assistant, the chef, the activities coordinator, two care workers who worked in the care home and one care worker who provided care to people in their own home. We observed the care people received in the care home.

We reviewed a range of records. This included five people's care records and multiple medication records for people who lived in the care home. We also looked at the care plans for two people who received care in their own home. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- At the last inspection the provider did not have a system for assessing how many staff were required in the home to meet people's needs. We found at times people had to wait for their care.
- At this inspection staff were able to meet people's needs because the provider had an effective system in place to monitor staffing levels. For example, they had recently added extra support for people during the evening meal. One person told us, "Normally you only wait a couple of minutes. If they're going to be longer they come and say."
- The care to people in their own home was staffed separately to the care home. The staffing levels were monitored through a computer system which ensured staff always had enough travel time. One person told us, "They are excellent at turning up on time."
- The provider had safe recruitment processes in place and had ensured that staff were safe to work with the vulnerable people the service supported.

Using medicines safely

- At the last inspection protocols were not always in place for people who were prescribed medicines to be taken as required. At this inspection we saw the provider had taken action and protocols were now in place.
- Medicine administration records were fully completed when medicines were administered. However, we saw the records for people who received care in their own home had been handwritten and were not double signed to show they had been checked for accuracy in line with the provider's policy. We brought this to the attention of the registered manager who told us they would ensure they were checked and monitored going forwards.
- People told us staff supported them to take their medicines. One person at the home said, "I have to take them [tablets] in front of the staff. A relative of a person who received care in their own home said, "The carer [staff] gives them their lunchtime tablet and records it on the sheet."
- Staff were aware of people's needs in relation to their medicines. For example, they had worked with the GP when people were unable to take some medicines and arranged for them in liquid form, so they were easier to take. Staff were aware some people had medicines which needed to be taken at a certain time, so they prioritised the medicines for these people.
- Records showed where there were concerns the registered manager ensured they were followed up with the GP practice. For example, following a discharge from hospital it was unclear if a person should be taking a food supplement. It was discussed with the GP and the GP requested the person's nutritional intake was monitored, before the supplement was prescribed for the person again.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home. One person said, "Yes, there's plenty of staff they all know

me. They're always available. I find it hard to sleep, I come down and chat with them, they make me a cup of tea." A relative said, "Yes it's quite secure. We have no concerns, we would speak with [registered manager]. They are approachable, you can talk to them."

- Staff who received care in their own home were also felt safe. They told us they always got introduced to staff, so knew who was coming into their home.
- Staff had received training in how to keep people safe. They knew what issues would raise concerns that people might be at risk. Staff were confident to report concerns to the registered manager or provider. In addition, they also had information on how to raise concerns with external agencies.
- The registered manager had worked with external agencies to investigate concerns raised and had implemented changes to keep people safe in the future.

Assessing risk, safety monitoring and management

- Risks to people were identified in their care plans and care was put in place to keep them safe. For example, people at risk of pressure areas had specialist equipment such as mattresses in place. Care plans recorded how staff should check the mattresses to ensure they were working correctly. Records showed people were repositioned at regular intervals in line with their care plans.
- Risks for mobilising around the home were recorded and guidance was in place to support staff to use equipment safely. Staff had received training in the safe use of the equipment in the home.
- Records showed that professional advice had been sought if staff were worried about their ability to meet people's needs.
- Risk assessments were in place to support the emergencies services in the event of an incident, these included information on the safest way to evacuate people quickly.

Preventing and controlling infection

- The home was clean and tidy, the cleaning routine in place ensured that the risk of infection was minimised.
- Staff had received training in how to keep people safe from the risk of infection. They were able to tell us how they worked to reduce the risk of infection including the use of protective equipment such as gloves and aprons.
- The kitchens in the service had been inspected by the local authority environmental control inspectors. They had identified some concerns. Records showed and kitchen staff told us that corrective action had been taken immediately after the inspection.

Learning lessons when things go wrong

- Staff told us that they would record any incidents and accidents and the immediate action taken to keep people safe on the computer system.
- The registered manager reviewed all the accidents and incidents and ensured that learning was shared with staff at handover and recorded in the communication book.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence. • People's ability to eat safely was assessed. Where there were any concerns people were referred to a healthcare specialist for support and advice. Records showed this advice was followed. For example, some people needed their food to be cut small or mashable with a fork, while others needed a pureed diet.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- At the previous inspection we recommended that the provider takes notice of the best practice in providing a dementia friendly environment for people. At this inspection we saw the provider had put some signage in place and had highlighted light switches which people living with dementia often struggle to identify.
- In two people's bedrooms the flooring needed attention. We brought this to the registered manager's attention and action was taken before the inspection was completed.
- In addition, they had started to replace some of the old worn furniture in people's bedrooms. They had plans in place to continue to replace furniture as rooms became free for development.
- There was a choice of communal areas for people to spend time in and people were also able to access the garden independently.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had received an assessment before they moved into the home. This allowed the registered manager to assess if their needs could be met at the home or if staff needed any additional training before they were able to support the person safely.
- The provider had up to date policies in place which reflected legislation and best practice. All staff knew how to access the policies.
- Systems to assess people's risks were based on best practice guidance. For example, Waterlow assessments were used to see if people were at risk of developing pressure areas.

Staff support: induction, training, skills and experience

- Staff received an induction to the home or the home care service. This included time to review all the policies and procedures in the home as well as time spent shadowing an experienced member of staff. Staff who had not worked in care before or who had no related qualifications had to complete the Care Certificate. This is a set of standards which ensure staff had the basic skills needed to provide safe care.
- Staff also had ongoing training to ensure that their skills remained up to date. This was done through online learning and some face to face training. The provider's head office monitored the training and would highlight to the registered manager when staff were due to complete refresh their training.
- Staff were required to have six supervisions a year, these could be group or individual meetings with the

registered manager. We saw there were some gaps in people's supervision records. We discussed the gaps with the registered manager. They were aware that this area needed action and had booked supervisions for each member of staff.

Supporting people to eat and drink enough to maintain a balanced diet

- People living at the home told us they were happy with the food offered to them. They were offered a choice of dishes each mealtime. A relative told us, "You can ask for another choice. You have only got to ask and there's food for you." People had access to hot and cold drinks through the day. One person at the home told us, "I'm always offered drinks."
- People receiving care in their own homes were also happy with the meals offered to them. One relative told us how the staff would cook simple meals that their relatives chose to eat. For example, they would often have scampi and chips.

• Where people were unable to maintain a healthy weight, staff recorded their food and fluid intake.

However, we saw at times they had used the computer to record that everyone in the home had eaten their lunch or had a drink. This did not accurately record people's actual intake as no amounts were recorded. We discussed this with the registered manager who told us they would review with staff how to record people's individual food and fluid intake.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Records showed that staff supported people to access healthcare when needed. For example, where there were concerns about people's continence they were referred to a specialist nurse for assessment.
- Staff were vigilant about people's health and noticed when people were not well. For example, staff had noticed that one person who was unable to tell them they felt ill, was not their usual self. Following tests and a conversation with the GP an infection was diagnosed and appropriate treatment put in place.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Both care at home staff and staff who worked in the home had received training in the Mental Capacity Act (2005) and supporting people to make decisions. Consent to care and people's ability to make individual decisions was threaded throughout the care plans.
- Some people at the home were unable to consent to living there. We saw that the registered manager had submitted applications for people to be assessed for a DoLS.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People who received care in their own homes told us they were happy with the care they received and they saw the same staff members. One relative said, "We see the same girls [staff] all the time." Another relative told us, "We always have the same carer. [Name] is not keen on strangers but since the same person [member of staff] comes they have formed a relationship and will say [staff member] is a nice girl."
- People living at the home were happy there. One person said, "I like living here, we've got our independence. I can stay in my room and watch TV or come down here and watch TV. The staff are the best they can be." A relative said, "The staff are superb and attentive, anything she want's she's only got to ask. They've always got a smile on their faces. They asked if she would like to help clear up plates to keep her occupied."
- Staff in the home were kind to people. For example, two members of staff provided advice and guidance to a person while supporting them to move using a hoist. At lunch time staff offered help and support to people always waiting for consent before stepping in to help.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in making decisions about their everyday lives. For example, people were able to get up and go to bed when they wanted. One person told us, "I ring for [staff] about 7:30am to get up."
- People were able to make decisions about where they spend their time. Some people wanted to stay in their bedrooms while others spent time in communal areas. People were able to eat their meals where they wanted.
- Another person told us they had requested certain people not be allowed to visit them while in the home. The registered manager had respected this request and ensured that the person's decision about who they chose to see was respected.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy. For example, by knocking on doors before they entered a person's bedroom. One person said, "They always knock."
- People's independence was encouraged. For example, when staff provided personal care. One person told us, "I shower, I'm independent, they're always asking [if I need help], I say I'm okay."
- Some of the people living at the home raised concerns about people living with dementia entering their bedrooms. One person had a gate across their doorway at their request to stop people entering their bedroom and to improve their privacy.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- At the previous inspection we found although staff knew people's needs, the care plans had been transferred to a computer system and did not always reflect people's needs. At this inspection we found further training had improved the use of the computer systems and care plans were now able to support staff to provide safe care.
- Care plans accurately reflected people's care needs and records showed they had been reviewed on a monthly basis. Any changes in care were discussed at handover in the care home. For people who received care in their own home any changes were recorded in their daily notes and raised with the staff via telephone before they visited the person.
- People told us they had been involved in planning their care and that their needs were reviewed on a regular basis. One relative of a person who received care in their own home told us, "There is a care plan in place and the carer[staff] fills in the daily notes. A review took place after about six months."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with other health and social care professionals.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People in the home told us they were supported with a variety of activities. Some were small everyday activities such as reading the paper or watching a movie. Others were occasions for people to enjoy. For example, a number of people had recently visited a garden centre.
- Activities were also provided to help people celebrate events in the year as they would do in their own homes. For example, a bonfire party was planned. People were encouraged to invite their families and friends.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place and people told us that they knew how to raise a complaint.

One person told us, "The manager listens to me." However, another person told us that they had raised a complaint but had not had a response from the registered manager. Records showed that the registered manager had dealt with the issue but had not fed back full details of the outcome due to the personal nature of some of the concerns.

- The registered manager had dealt with four further complaints. They had all been responded to in line with the provider's policy.

End of life care and support

- Staff had liaised with other agencies to ensure that all medical care was available. This included anticipatory medicines which might be needed to keep the person pain free and comfortable at the end of their life.

- When people felt comfortable talking about them their end of life wishes were recorded in their care plan. Care plans also contained information on any funeral arrangements the person had already made to ensure their wishes at the end of their lives were followed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement . At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- At the last inspection the provider did not have a registered manager. At this inspection there was a new manager in place and they had been registered with us.
- The provider and registered manager had taken action to comply with the regulatory requirements. They had ensured that their rating was displayed in the home and had notified us about events which happened in the home.
- The registered manager had been open and honest with people and relatives about incidents which happened. They had ensured relatives were kept up to date with any concerns about people's care needs.
- The provider had set up an audit schedule for the registered manager. Records showed the registered manager followed the audit process for the home and took action when concerns were identified. However, they had delegated the responsibility for the care at home audits to a care co-ordinator who had failed to identify some minor concerns. The registered manager told us they would strengthen this audit process.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us that they were happy with the care provided. One relative told us, "We are really really happy with the service, they are wonderful."
- People told us that the manager was approachable and aware of people's needs. One person told us, "[Registered manager] is very good." A relative said, "We can tease the registered manager. They are very approachable."
- The registered manager was clear about the quality of care they wanted to give to people. They provided leadership for staff and spent time around the home ensuring that the care provided was in line with best practice and meeting people's needs.
- For the care at home service they were dedicated to ensuring staff had enough time to provide safe care and would not take on people unless they could meet people's needs without overloading staff.
- Despite being busy in their office, they were never too busy to spend time with people or relatives if they knocked on the door. One person who was living with dementia was unsettled and needed lots of support. The registered manager was kind and reassuring, and welcomed them into the office each time they came.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's views of the service were gathered through residents' meetings and surveys.
- The last survey had been completed in March 2019. The registered manager had reviewed the responses and had taken action to rectify any concerns people had raised,
- Staff were also able to share their views about the care they provide through monthly staff meetings. Staff told us that the registered manager was approachable and that they were happy to raise concerns or ideas on how to improve the care provided with them. One member of staff told us, "They are open to ideas. They are trying their hardest and they have a lot to do."

Continuous learning and improving care

- The provider visited the home every month and walked around to see the quality of care provided and if any improvements were needed.
- The registered manager met monthly with head office staff and the registered managers of the provider's other homes. This allowed them to discuss changes in legislation and to share best practice.
- The registered manager had investigated accidents and incidents and had identified areas where improvements could be made. They ensured this learning was shared with staff and used to improve the quality of care provided.

Working in partnership with others

- The registered manager worked collaboratively with health and social care professionals to ensure people received care which met their needs.