

Tamaris Healthcare (England) Limited

# Southfield Court Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Southfield Court Care Home is a residential care home providing personal and nursing care for up to 50 people including people living with dementia. There are communal areas and accommodation on both the ground and first floor. At the time of inspection there were 38 people living at the service.

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

We have made recommendations about the safe administration of medicines and the effective recording of people's needs within care plans. We have made a recommendation about reviewing care plans to remove historical information. We have made a recommendation about end of life care records.

There were enough staff to meet people's needs and keep them safe. Staff had a good understanding of safeguarding processes. Infection control practice was robust, and staff wore appropriate personal protective equipment (PPE).

People and relatives knew how to raise concerns and felt these would be dealt with appropriately. The provider was well organised and had a clear vision for the service. Staff worked well with other services and appropriate referrals were made in a timely manner. Quality assurance systems were in place to enable governance of responsibilities and regulatory requirements.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was good (published 9 July 2021).

### Why we inspected

We received concerns in relation to staffing levels, record keeping and personal care. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has not changed and remains good.

### Recommendations

We have made recommendations about the safe management of some medicines and about improvements in care plan records and end of life care planning.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Southfield Court Care Home

## 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector and two Experts 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

Southfield Court Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Southfield Court Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced. Inspection activity started on 13 September 2002 and ended on 15 September 2002. We visited the location on 13 September and 14 September 2022.

### What we did before the inspection

We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with the registered manager, regional manager, activities co-ordinator and five care staff including those providing nursing care. We spoke with four people receiving care and ten relatives. We reviewed five people's care records.

We reviewed records and audits relating to the management of the service. We asked the registered manager to send us documents before and after the on-site inspection. These were provided in a timely manner and this evidence was included as part of our inspection.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- People's medicines were managed safely. However, there were no records of people's preferences to indicate how they wanted their medicines to be administered.
- When people were prescribed medicines with variable dosages, the dosages given were not always recorded upon administration.
- The registered manager responded immediately to rectify the concerns we identified and the provider acted appropriately. We noted there was no impact of harm on people.

We have recommended the provider reviews all people's medication records to ensure all relevant information is captured and considers current guidance on variable dosage medicines and take action to update their practice accordingly.

- Staff received appropriate training in the management of medicines and competency assessments were completed by the registered manager

### Staffing and recruitment

- Staff were recruited safely by the provider, and all relevant checks had been carried out prior to them commencing their employment. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to meet people's needs but the service was currently reliant on the use of agency staff. The registered manager kept staffing levels under review and adjusted them according to people's needs. Staffing levels in communal areas were observed to be appropriate to people's needs.
- The provider had identified the use of agency staffing was high and had implemented a new recruitment programme including recent recruitment to nursing vacancies.
- The registered manager had identified a number of people at risk of choking; additional staffing was made available at mealtimes through 'down tools' protected time to assist with meals.
- Relatives said they felt more staff would be helpful but did not unduly impact on the care being given. Regular and experienced staff were very highly spoken of. One relative told us, "Staff are very caring and loving to [my relative]; they are supportive of her. They hold her hand and have conversations with her."

### Assessing risk, safety monitoring and management

- Risks associated with the provision of people's care had been assessed by the registered manager and appropriate support such as equipment for moving and handling was in place.

- Where people were supported in their rooms, the provider ensured access to foods, fluids & appropriate ways to call for staff were available.
- The provider ensured regular maintenance and servicing of fire safety systems, gas, electrical systems and equipment. Appropriate fire testing took place, and the fire exits were clearly marked and accessible.
- Relatives told us they felt the service was safe. One relative we spoke to said, "It's very safe. [My Relative] has had no recent falls and staff keep an eye on him; they are very good."

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Systems and processes to safeguard people from the risk of abuse

- The provider ensured systems were in place to protect people from the risk of harm.
- Staff received safeguarding training and knew how to recognise signs of abuse and how to report concerns.
- People we spoke to said staff knew how to keep them safe from harm. One person said, "I like it here it is a lovely place and I always feel safe."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- No restrictions were in place regarding visiting. We observed safe visiting arrangements were in place which helped to minimise the risk of the spread of infection.

Learning lessons when things go wrong

- The registered manager recorded and investigated concerns in a timely manner to keep people safe. Lessons learned were shared with staff to reduce the risk of issues reoccurring and to improve the quality of care provided.

- The provider analysed incidents and concerns to ensure management had oversight of risks and could mitigate the impact of these in the future by improving procedures, training and communication.



# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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

- The registered manager ensured care plans explained how people wished to be cared for. Where appropriate, people and relatives had been involved in the initial assessment and care planning process.
- The provider regularly reviewed care plans to ensure all information was accurate and up to date; however, some care plans had outdated guidelines and historical details which made it more difficult to easily identify the latest, relevant information. One person's historical eating and drinking guidelines were still in place alongside more current assessments.
- Care plans were individualised, however the level of detail about people's needs and preferences varied and in some cases was hard to find. One person's care plan identified repositioning needs but did not state the frequency; despite this, staff knew the needs of the person and daily records showed appropriate levels of care.
- We determined no harm had occurred regarding these issues and the registered manager responded immediately to rectify the concerns we identified.

We recommended the provider seek advice from a reputable source and take action to update their records accordingly.

End of life care and support

- At the time of the inspection no-one was at the end stages of life.
- People's care records identified if they had a 'do not resuscitate' order in place.
- Where people had been willing to discuss their wishes for this stage of life, their care record reflected this; however, information about people's wishes and preferences was limited.

We recommend the provider consider current guidance on giving end of life care and take action to update their records accordingly.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager ensured people had their communication needs assessed and recorded in their

care plans. Care plans were regularly reviewed.

- The provider told us information was available in alternative formats such as other languages, large print, or spoken format, via the provider's website.

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 were supported to follow their interests and take part in social activities.
- Where people were supported in their rooms, the provider had identified meaningful activities to reduce the risk of social isolation.
- The provider offered a range of culturally appropriate activities including virtual city tours, local community interactions, themed events, and groups based on people's interests and hobbies.

Improving care quality in response to complaints or concerns

- The provider had processes in place to seek feedback and respond to concerns when raised.
- Complaints were analysed to try to identify learning and improve the service.
- Relatives said they felt confident the provider would act on their concerns. One relative told us, "The [registered] manager finds answers to our questions; they deal with things straight away"

# 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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection we recommended the provider continues to monitor practice regarding privacy and dignity to ensure sustained practice improvement. The provider had made improvements.

- The provider had processes to ensure person-centred care was provided which focused on people's needs, wishes and outcomes.
- Meetings with people who used the service took place regularly and feedback was received from relatives where appropriate. However, these meetings and feedback sessions had been less frequent than expected recently. The provider was aware of this and was addressing communication scheduling.
- People told us they thought the service was well-led. One person said, "I'm happy with the service. Staff are always friendly, and they look after us. It's well managed."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager used a wide range of audits, checks and monitoring systems to assess the quality of care provided; however, audits did not always identify concerns in a timely manner. Observations of issues with variable medicines administration, outdated guidelines, incomplete handover documents, and incomplete water temperature checks/cleaning schedules had not been recognised by the registered manager. These issues were discussed with the provider and action required to address the audit process were taken.
- The provider had made improvements in record keeping and provided staff with clear lines of accountability; a new 'team leader' role had been created to support this.
- Relatives felt staff were person-centred. One relative told us, "I see a lot of strengths there [in the service]. I can be very critical but I find it very welcoming when I visit."

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; Continuous learning and improving care

- The provider had transparent processes for investigating concerns.
- People felt comfortable raising concerns with managers and were confident they would be listened to.
- The provider encouraged staff to continue their learning to meet the changing needs of people using the service. For example, staff received training in 'end of life' care and falls prevention.

- Throughout the inspection we found the management team keen to act on any feedback they were given.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were able to contribute and make suggestions to help the running of the service, including activities, meals, and the environment.
- The provider had acted on feedback on the environment from people receiving care, and their relatives where appropriate. An ongoing redecoration programme was taking place including improvements to dementia-friendly environments to meet people's needs.
- There were strong links with the local community to support the provision of meaningful activities within the service.
- Staff told us people's equality needs were reflected in activities. One staff member said, "We have a local vicar, and other religious leaders coming into the service. We also have strong links with local schools, clubs and choirs."