

Paydens (Nursing Homes) Limited

Southdowns Nursing Home

Inspection report

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Date of inspection visit:

03 December 2019

05 December 2019

Date of publication:

31 December 2019

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:

Southdowns Nursing Home provides accommodation, personal and nursing care for up to fifty people living with dementia and mental health problems. There were 46 people living at the home at the time of our inspection. Accommodation is arranged over two floors and each person had their own bedroom. Access to the each floor is gained by a lift, making all areas of the home accessible to people. Southdowns Nursing Home is a large detached house in a residential area of St Leonards on Sea, close to local amenities.

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

People received safe care and support by staff who had been appropriately recruited, trained to recognise signs of abuse or risk and understood what to do to safely support people. One person said, "I feel safe, I trust the staff," and "I am happy here." People were supported to take positive risks, to ensure they had as much choice and control of their lives as possible. We observed medicines being given safely to people by trained and knowledgeable staff, who had been assessed as competent. There were enough staff to meet people's needs. The provider used a dependency tool to determine staffing levels. Staffing levels were regularly reviewed following falls or changes in a person's health condition. Safe recruitment practices had been followed before staff started working at the service.

Staff knew people and their needs well and received the training they needed to meet people's needs safely and effectively. The training matrix tracked staff training and this had ensured all staff received the training and updates needed to provide safe consistent care. The staff rotas confirmed that staff deployment was consistent and that staff skills were considered when planning the rotas. A first aider and fire officer were deployed on each shift. The organisation was committed to developing staff and staff were attaining further qualifications whilst working at Southdowns Nursing Home. For example, assistant practitioners were being supported to do their training to become qualified nurses. A plan of supervision to support staff was available and this also included competency sessions on training received. One staff member said, "We have regular supervision and staff meetings we can go to the manager anytime we need to." People's nutritional and health needs were consistently met with involvement from a variety of health and social care professionals. Peoples' weight was monitored and fortified food provided. People enjoyed the food and comments included, "very good food, plenty of homemade cakes and fresh food and snacks." Visitors felt the chef was "Fantastic" and the food always 'good' and attractively presented.'

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.

Everyone we spoke to was consistent in their views that staff were kind, caring and supportive. People were relaxed, comfortable and happy in the company of staff and we saw lots of positive interactions during the inspection. Visitors told us, "The staff here are very committed and the atmosphere is really nice." People's

independence was considered important by all staff and their privacy and dignity was also promoted.

Activities reflected people's preferences and interests. People were encouraged to go out and meet family and friends and families were welcomed in to the home. Activities and the introduction of the Namaste sensory pathway was an important part of the positive culture of the service. Staff knew people's communication needs well and we observed staff communicating with people in an effective way.

Staff were committed to delivering care in a person-centred way based on people's preferences and wishes. People were involved in their care planning as much as they could be and families told us that they were involved in the well-being of their loved ones. One visitor said, "I can't thank the staff enough, they look after me as well." People were encouraged and supported to be involved in the running of the home and some people were ambassadors and champions. For example, one person was the champion for safeguarding and attended training and was involved in the recruitment of staff. End of life care planning and documentation guided staff in providing care at this important stage of people's lives.

People, their relatives and health care professionals had the opportunity to share their views about the service. Complaints made by people or their relatives were taken seriously and thoroughly investigated. The provider and registered manager were committed to continuously improve, and had developed structures and plans to develop and consistently drive improvement within the service and maintain their care delivery to a good standard.

Regular quality audits were completed to manage oversight of the service, The management team had recognised that improvements were needed to the management of medicines and recently introduced on-line electronic medicine administration records, with the aim to reduce errors.

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

Rating at last inspection and update:

The last rating for this service was Good (published 25 April 2017)

The overall rating for the service has remained Good.

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 ●

Southdowns Nursing 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses care services. In this instance services for older people and those who live with a dementia type illness.

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.

The service type

Southdowns Nursing Home 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.

Notice of inspection

This inspection was unannounced on the first day of inspection and the second day was announced.

What we did before the inspection

We reviewed the information we held about the service and the service provider, including the previous inspection report. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We looked at notifications and any safeguarding alerts we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection

We looked around the service and met with the people who lived there. We used the Short Observational Framework for Inspection (SOFI) during lunch on both days of our inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 16 people in more detail to understand their views and experiences of the service and we observed how staff supported people. We spoke with the registered manager, area manager and 15 members of staff, including assistant practitioners, senior care staff, care staff, house keepers, and members of the kitchen team.

We reviewed the care records of seven people who were using the service and a range of other documents. For example, medicine records, four staff recruitment files; staff training records and records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at resident and staff meeting minutes, accident and incident records over a period of four months, training and supervision data. We spoke with two professionals who regularly visit the service.

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 good. At this inspection this key question has remained Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff knew of their responsibilities to safeguard people from abuse and any discrimination. Staff were aware of the signs of abuse and how to report safeguarding concerns. They were confident the management team would address any concerns and make the required referrals to the local authority.
- People told us they felt safe. Comments included, "I feel safe here, they are really kind and attentive," and "I feel safe." One person was the safeguarding champion and an ambassador of the home and told us of how important it was to feel safe and said, "I'm proud of my role." Visitors said, "Staff are vigilant, I know that any kind of abuse would immediately be picked up and dealt with," and "I know that my relative is safe, I can access the system and check what is happening, I have every confidence in the staff."
- Staff told us, "Training is really in depth and we discuss safeguarding procedures at team meetings, the manager updates us of any local changes," and "If I felt someone was at risk, I wouldn't hesitate to raise a concern, our residents are really vulnerable."
- There was a safeguarding and whistleblowing policy which set out the types of abuse, how to raise concerns and when to refer to the local authority. Staff confirmed that they had read the policies as part of their induction and training.
- Staff received training in equalities and diversity awareness to ensure they understood the importance of protecting people from all types of discrimination. The Provider had an equalities statement, which recognised their commitment as an employer and provider of services to promote the human rights and inclusion of people and staff who may have experienced discrimination due to their ethnicity, religion, sexual orientation, gender identity or age.

Assessing risk, safety monitoring and management

- The provider used a computerised care system. The care plans had individual risk assessments which guided staff in providing safe care. Risk assessments for health-related needs, such as skin integrity, weight management and nutrition, falls and dependency levels had been undertaken.
- Care plans and risk assessments identified specific risks to each person and provided written guidance for staff on how to minimise or prevent the risk of harm. For example, people with fragile skin had guidance on how to prevent pressure damage using air flow mattresses, regular movement, continence promotion and monitoring. Daily record checks for air flow mattresses and continence care were up to date.
- Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. People's ability to evacuate the building in the event of a fire had been considered and each person had a personal emergency evacuation plan (PEEP).
- Health and safety checks had been undertaken to ensure safe management of utilities, food hygiene,

hazardous substances, moving and handling equipment, staff safety and welfare. There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property.

- To ensure the environment for people was kept safe, specialist contractors were commissioned to carry out fire, gas, water and electrical safety checks. Hot water was temperature controlled and radiators were guarded to reduce the risk of scalds and burns.

Learning lessons when things go wrong

- Accidents and incidents were documented and recorded. We saw incidents/accidents were responded to by updating people's risk assessments. Any serious incidents resulting in harm to people were escalated to other organisations such as the Local Authority and CQC.
- Staff took appropriate action following accidents and incidents to ensure people's safety and this was clearly recorded. For example, one person had had an unwitnessed fall in their bedroom. Staff looked at the circumstances and ensured that risks such as footwear and trip hazards were explored. A sensor mat had been placed in their room which meant staff could support the person safely. Another person had a 'ramblegard' alarm which alerted staff that the person had got up from their chair and was at risk from falls.
- Specific details and follow up actions by staff to prevent a re-occurrence were clearly documented. Any subsequent action was shared with all staff and analysed by the management team to look for any trends or patterns. This demonstrated that learning from incidents and accidents took place.

Staffing and recruitment

- People received care and support in an unrushed personalised way. Comments from people included, " I visit daily and never have any worries, always staff in the lounge," and "I have not had any concerns." Rota's confirmed staffing levels were stable and the skill mix appropriate. For example, there was always a registered nurse on duty supported by assistant practitioners, senior care staff and care staff. There was also a first aider on each shift.
- The registered manager monitored call bells and looked for trends or poor response to call bells. Action was taken when required, for example looking at staff deployment and skill mix. Calls bells were responded to promptly by staff during the inspection.
- New staff were safely recruited. All staff files included key documents such as a full employment history, at least two references and a Disclosure and Barring Service (DBS) check. These checks identify if prospective staff had a criminal record or were barred from working with children or adults. This ensured only suitable people worked at the service.
- Registered nurses have a unique registration code called a PIN. This tells the provider that they are fit to practice as nurses. Before employment, checks were made to ensure the PIN was current with no restrictions.

Using medicines safely

- Due to the management team identifying errors and issues with the management of medicines, the organisation had recently changed to an eMAR system. eMAR is a server-based electronic medication administration system designed for use in care homes to reduce errors and improve efficiency.
- Medicines were stored, administered and disposed of safely.
- We asked people if they had any concerns regarding their medicines. One person said, "No, I trust them, they know what they are doing," "My pills get checked and it makes my life so much easier not having to worry about them," and "I don't have any worries." A visitor said, "I am involved in my husband's medicine reviews and staff keep me informed of any changes."
- All staff who administered medicines had, had the relevant training and competency checks that ensured medicines were handled safely. This was usually the nurses, however assistant practitioners and senior care

staff had also been assessed as competent and were able to administer them.

- People had their medicines administered on an 'as required' basis and there was a protocol to support this, which described the circumstances and symptoms when the person needed this medicine.
- Medication audits were completed on a daily and monthly basis. The registered manager reviewed and analysed the findings of the audits to ensure they took action that may be required to safeguard people.

Preventing and controlling infection

- The home was clean and fresh with no odours.
- Visitors and people were complimentary about the cleanliness. Comments included, "They keep my room really clean," and "Always clean and fresh."
- Staff used personal protective equipment (PPE) when assisting people with personal care. PPE such as hand wash, gloves and aprons were available in all bathrooms (with visual reminders about washing hands) and at the entrance of the building, to help protect people from risks relating to cross infection.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People told us they enjoyed the food provided by the service. One person said, "Lovely food, there are always snacks and cakes, I never feel hungry here." Another person said, "Tasty, I love the food." Visitors told us, "I come most days and stay for lunch, it's really well presented," and "The food is always good, hot and nice to look at, the chef really takes pride, the cakes are beautiful."
- People were offered and shown choices of food and drink. One person said, "Yes, they offer me choice at all meal times and there's always something I like."
- Staff were attentive to people's individual needs and knew people's preferences, which were recorded in care plans. Discussion with the chef confirmed they were knowledgeable about people's personal preferences and dietetic requirements. They confirmed that they had received training in the preparation of textured foods and received regular updates when dietary guidance was changed. The food prepared was presented well and met people's individual needs. Pureed food was presented in a way that people could see the differing colours and textures. The chef piped pureed food into shapes to encourage people's appetite and to enable them to recognise the food they were eating.
- People's weights were monitored, and advice or referrals made when needed. Staff were knowledgeable when asked of who needed fortified food and close monitoring because of weight loss.
- If people required assistance to eat or had their meals provided a certain way, this had been provided. Staff assisted people by sitting next to them and assisting them in a professional way without rushing them. Where staff were not assisting in a correct way, senior staff took immediate action. We saw staff assist people with empathy and compassion.

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).

- Staff received training in the principles of the MCA and understood their role and responsibility in upholding those principles.
- People were asked for their consent and were involved in day to day choices and decisions. Staff interaction with people demonstrated that people's choice and involvement was paramount to how care was provided. We saw people making choices about where they sat, what they ate and what activities they wished to do. Each care plan was accompanied by a MCA assessment and contained details of how decisions for each task was made.
- There was a file kept by the registered manager of all the DoLS submitted and their status. The documentation supported that each Dols application was decision specific for that person. For example, regarding restricted practices such as locked doors, covert medicines, sensor mats and bed rails. We saw that the conditions of the DoLS had been met.
- The registered manager had made DoLS applications to the local authority when necessary and kept them under review until a response had been received.

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

- People's needs were assessed before they started to receive support from staff. Records showed consideration had been taken to establish what practical assistance each person needed before they had moved into the service. This had been done to make sure the service had the necessary facilities and resources to meet people's needs.
- Nationally recognised risk assessment tools were used to assess risks, for example, those associated with nutrition and skin integrity. Care plans and assessment tools were in line with guidance from the national institute for health and care excellence (NICE).
- Where required, healthcare professionals were involved in assessing people's needs and provided staff with guidance in line with best practices, which contributed to good outcomes for people. The staff team worked closely with the tissue viability nurses, dieticians and speech and language therapists (SaLT). One health professional said, "Staff are very knowledgeable about their residents, always polite and welcoming."
- People's protected characteristics under the Equalities Act 2010 were identified. For example, around people's heritage, cultural requirements and gender preferences of their staff. One person religious needs were met by a staff member taking them to meetings which had a positive effect on the person.

Staff support: induction, training, skills and experience

- On-going training was completed by staff in a variety of subjects such as food safety, infection control and moving and handling. One staff member said, "The training is both face to face and on-line." The provider sourced face to face training from various external agencies, for example, the local authority.
- Clinical staff had access to professional development. A registered nurse said, "We have access to a wide range of training, we also have competency assessments to ensure our practice is of a good standard." People told us, "They know what they are doing." Visitors told us, "I have no doubts about staff skills, I see them do things safely." Another visitor said, "I have never seen any poor practice and believe me, I would notice, staff seem trained."
- The organisation was committed to support staff to develop and attain further qualifications. Two assistant practitioners had just commenced training to become qualified nurses funded by the provider. Senior care staff had been supported to attain their level 5 diploma in care and were now training to become assistant practitioners. Staff told us, "It's amazing to be offered the opportunity to do my training, exciting," and "The support we get to be able to get qualifications, from the manager and all the staff is great, I'm learning so much."
- New staff completed an induction aligned with the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Staff spoke positively about their induction experience. One staff member said, "The

induction was good, I had time to read care plans, get to know people before working on the floor."

- Staff received regular supervisions with their line manager. Staff said they were well supported in their roles. One staff member said they valued their supervision as it was a chance to discuss their professional development and an opportunity to discuss training.
- One staff member said, "I have received support from everyone." Another staff member said, "It's my first job in care but everyone has been really supportive."

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

- Southdowns Nursing Home is an older style building, which had been extended over the years. There were several communal areas which included, a large communal lounge with a dining area, a sensory room (Namaste) and a quiet television lounge. There was also a hairdressing/beauty room and satellite kitchen which doubled as a small dining area if needed.
- Appropriate signage was displayed to support people living with dementia to recognise and access toilets and other key areas. The registered manager is looking at developing the signage as they redecorate. The environment was homely with an accessible layout on both floors that met people's mobility needs.
- People's bedrooms were personalised and individually decorated to their preferences. People and relatives said they were encouraged to bring in their own possessions, such as pictures, photos and small bits of furniture. Some bedrooms reflected people's personal interests, for example, a piano was in one person's room,
- The first floor was accessible, by stairs or a lift which ensured that people who were unable to walk independently had full use of the communal areas and gardens.
- The garden area was well kept, safe and suitable for people who used talking aids or wheelchairs. There were areas to sit and enjoy the pleasant gardens.
- Notice boards contained information about the service, activities, staff names and roles, religious services and complaint procedures.

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 good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Feedback from people and visitors consistently described staff as kind and caring. Comments included, "Staff are lovely here, good fun and very kind," "The staff are wonderful, can't do enough for residents as well us," and "It's a very caring environment here, I can't fault it." Visitors said, "There are some wonderful staff here and "Can't fault staff kindness."
- The kindness of the staff team was commented on by a visiting health care professional who told us, "Polite and welcoming." Another health professional said, "Always helpful when I visit and I have no concerns on care."
- People were treated with kindness and care by staff. Staff spoke respectfully to people and showed a good awareness of people's individual needs and preferences. People were relaxed and cheerful in the presence of staff. Birthdays and special events were celebrated. During the inspection, one person was celebrating their birthday, a birthday cake was presented and staff ensured that the person had a special day. Their life partner who also lived at Southdowns had been supported to buy flowers and a card and staff set up the satellite kitchen so they could eat their lunch together in private.
- Equality and diversity were embedded in the principles of the service and the provider had an equality and diversity policy in place to protect people and staff against discrimination. Staff understood the importance of people's diversity, culture and sexuality to them as a person and to managing their care needs in a person-centred manner. The manager used team meetings to share information by national organisations to promote discussion and reflection around this area.

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

- People and their families confirmed they were involved in day to day decisions and care records showed they participated in reviews of their care. Comments included, "The staff talk to me about my care and I get my say about things," and "I see the GP regularly and staff explain any changes to me." A visitor said, "Communication is very good, we live a way away and so cant visit every week, but the computerised system they use means we can log in to see what our relative has been doing and this is very reassuring." "We are fully involved in decisions about care and have Power of Attorney."
- People's views were reflected in their care records. Where people needed support with decision making, family members, or other representatives were involved in their reviews. Care records included instructions for staff about how to help people make as many decisions for themselves as possible. Staff explained that it was really important to one person's family that the person chose their own clothes and "We always take time to talk to the family and reassure them that their loved one was still being involved in making their own

choices.

- Staff supported people to keep in touch with their family. Visitors were always made welcome and offered a drink, and some privacy to talk. One visitor said, "The manager here is wonderful, the atmosphere here is busy, lively and I enjoy visiting, the staff keep me informed and will ring if my relative is unwell." Another visitor said, "I am involved in decisions about my mother, they contact me and keep me updated."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff explained how it important it was to listen to people, respecting their choices and upholding people's dignity when providing personal care. They were able to give examples of how they ensured peoples clothing was clean and their dignity was maintained during meal times. People were offered clothes protectors and clothes were changed if stained.
- We observed staff knocking on people's doors to seek consent before entering. Discussions about people's needs were discreet, personal care was delivered in private and staff understood people's right to privacy.
- People were supported by staff to take pride in their appearance. People were supported to maintain their personal hygiene through baths and showers when they wanted them. People were assisted with make-up, jewellery and nail care. One visitor said, "The hairdresser has been poorly but staff are managing well I think." Another visitor said, "I'm very happy with the care, my mother is always well dressed and clean, I've never noticed any odours."
- Staff told us they always promoted people's independence when they were supporting them. We saw staff prompt and encourage people to walk independently, with the appropriate aid. Staff also said they encouraged people to go out on outings, visit friends or just for a walk. For example, one person told us they had been out shopping and out for fish and chip evenings.
- People's care plans recorded details about which personal care tasks people were able to do and noted that staff should be encouraging them to do these themselves.
- Confidential information was held securely in locked cupboards. People had received an updated privacy policy and policy statements following changes to data protection legislation in May 2018.

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 remained the same.

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 preference

- Before coming to live at Southdowns Nursing Home, senior staff visited the person, either at home, in hospital/care home and completed a pre-admission assessment. This ensured that the person's needs' and expectations could be met by the service. For example, ensuring specialised equipment, such as pressure relieving mattresses were in place before they arrived.
- Care plans were personalised and contained up to date information to guide staff on how best to support them with their assessed needs. However, there were some health needs that were missing guidance for staff to monitor their health. For example, there were people who lived with type 2 diabetes controlled by diet and tablets. There was a lack of guidance in the care plan about the management of the diabetes, eye and foot care, signs of high and low blood sugars and how to manage symptoms without monitoring blood sugars. This was immediately rectified and discussed with the GP and practice nurse and therefore risk was mitigated.
- Other examples where specific health problems had not been considered and had the potential to impact on peoples' well-being were identified to the registered manager during the inspection. These were also amended by the second day of the inspection. The registered manager was aware that that some care plans were not as personalised as others and was already auditing and addressing the shortfalls.
- People who lived with behaviours that challenge had detailed care plans and risk assessments that identified triggers and how staff should manage these to provide a consistent approach.
- People's records reflected their beliefs, values and preferences and included specific details like favourite clothes, whether they liked to wear makeup and how they liked to wear their hair.
- Staff completed daily records for people, which showed what care they had received, whether they had attended any appointments or received visitors, their mood and any activities they had participated in.

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.

- Staff were knowledgeable about people's communication needs and there were detailed assessments highlighting support needs within their care plans. This included specific information on how the person communicated, and any aids they might use, such as glasses and hearing aids.
- Technology was available in the home for people to communicate internally with staff using the call bell

system and externally using landlines or mobiles to talk to and receive calls from relatives and friends. There was a broadband system in place and people used this to contact relatives using skype and emails. Staff used a virtual assistant to assist with activities and were exploring its use with individual people to aid communication and give people a voice.

- Notice boards and walls were covered with information about up and coming events or something interesting and attractive to look at. There was some pictorial signage around the home to help orientate people.

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 maintain relationships that were important to them. Visitors were made welcome at the service at any time. Visitors told us, "Always a lovely welcome, we can help ourselves to drinks, tea and coffees." One visitor told us they visited regularly and "Staff never fail to welcome us with a smile, the activity team are wonderful, they uplift people and are tireless."

- The planned activity programme was varied and included quizzes, music exercise classes, art and crafts, pet therapy and one to ones for people in their rooms. People who had skills such as piano playing were encouraged to maintain their skills and we saw the person playing to their wife and later entertaining other people in the lounge.

- The introduction of Namaste Care has impacted positively on people who live with advanced dementia. Namaste Care is a structured programme of sensory activities that aims to improve peoples' lives by giving them pleasure and helping them connect with others. This included hand, foot and head massage, light and music therapy.

- A decision made by the residents at a meeting was to have their own house cat and as a result two kittens came to live at Southdowns and were much loved by people.

- The support people required from staff to engage and interact with them to reduce the risk of social isolation was set out in their care records. Work was currently being undertaken to ensure the computer system was updated with One person said, "I enjoy the trips out and quizzes." Another person said, "I love the exercises and music." People and visitors told us staff had time to chat with them. One visitor said, "The staff make time for chatting, nothing is too much for the staff." We saw staff sitting with people, there was plenty of good-natured banter and laughter.

Improving care quality in response to complaints or concerns

- There was a copy of the complaints policy readily available for people and visitors to the service. People and their relatives knew how to make a complaint and felt comfortable to do so. They described how the management and staff team were receptive to feedback and shared examples of their views being acted on.

- We reviewed complaints that had been received by the service since the last inspection. All complaints were investigated, an outcome and lessons learned were recorded. For example, missing items from a person's room had been replaced and an interactive shelving unit introduced to deter people from entering other people's rooms and picking up items.

End of life care and support

- Staff attended palliative/end of life care training and there was a provider policy and procedure containing relevant information about end of life care. There were two end of life champions who took a lead in ensuring the care people received at this time of their life was of a good standard.

- Staff told us that they felt prepared and understood how to support people at the end of their life. One staff member said, "We ensure that they are comfortable and pain free and that the families get the support to be treated with dignity and be pain free is a priority."

- Care plans identified people's preferences at the end of their life and the service co-ordinated palliative

care in the care home where this was the person's wish. Care plans also contained information and guidance in respect of peoples' religious wishes and their resuscitation status. Do Not Attempt Resuscitation forms (DNAR) had been discussed with the person if possible, family, GP and had been reviewed regularly.

- Staff demonstrated compassion towards people at the end of their life. They told of how they supported them with their health and comfort. This included regular mouth care and position moving. We were also told that families were supported and that they could stay and be with their loved ones at this time.

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 Good. At this inspection 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.

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

- The registered manager was working to ensure there was oversight and effective governance at the service. There were systems and processes to assess, monitor and improve the quality and safety of the service provided. This included health and safety, accidents, incidents, complaints, medication records and staff documentation.

Thank you for forwarding me your investigation and learning points taken forward from the medicine issues found at the recent inspection.

Thank you also for taking time to discuss and clarify a few points. During our discussion 23/12/2019 it was acknowledged that communication re the out of stock medicines had not been as robust as normal. You also explained the problems your service has had with the GP surgery and pharmacy provider in the provision of medicines. You have informed us that there is to be a meeting in the New Year with both the pharmacy and GP with regard to improvements with communication .

You have sent us action plans that tell us of improvements already made to ensure that medicines are given safely and of the systems now in place with EMAR to ensure these do not re-occur.

As discussed, we acknowledge that the omissions were due to medicines not being sent from the pharmacy and delays of the GP prescribing. You have now produced evidence of notes in the diary that showed staff were chasing medicines.

The concerns raised during the inspection were that staff had not recorded actions taken or reflected what may happen to the person as they were not receiving their prescribed medicines. We were also not sure family members had been informed

You have provided timelines and evidence that that there was no impact on people.

CQC have made a decision that we accept your 'completeness' evidence and have reviewed your rating and changed the rating to Good.

We have changed the report to reflect this.

- It had been identified by the medicine audits that Improvements were needed to the management of medicines. Due to medication errors the provider had in the past week changed to an eMAR system. However, when we looked at November 2019 written MAR, there were multiple gaps, medications out of stock for up to seven days, medication refusals and poor recording for as required medication. There were minimal records available as to what action staff had taken.
- The registered manager fully investigated these errors and provided CQC with supporting evidence that staff had acted on them written in the daily diary. It was acknowledged by the registered manager that staff could and should have acted more pro-actively but the impact on people was minimal. She was assured that lessons had been learnt.
- The meal time experience was under discussion as the amount of dining tables available did not reflect the amount of people in the communal areas and therefore people were not always offered the choice of sitting at a table. The second day of the inspection more areas for dining had been made available. Due to the prompt action of the registered manager and staff team, risk was immediately explored and action taken.
- The provider and registered manager demonstrated their understanding of the regulatory requirements. Notifications which they were required to send to us by law had been completed.
- The provider supported staff to have ownership of their job role. Staff were clear about their roles and responsibilities and undertook them with enthusiasm and professionalism. One visitor said, "Incredible home, I thank you."
- Quality assurance processes had been developed to consistently drive improvement. These included audits of care plans, staff files, complaints, safeguarding concerns, incidents and accidents, and quality satisfaction surveys.
- Staff felt supported and told us they received for any support or guidance they asked for. One staff told us the support they had received from the management team and other staff had increased their confidence in their own skills and knowledge. One staff member said, "I am studying health and social care level 5 and the manager gives support and encouragement, we are all happy here and like what we do, our priority is the resident."

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

- The leadership team worked well together and were open and transparent with people, their loved ones and staff about any challenges they faced. Everyone was encouraged to work together to find solutions. The team worked very well together and this showed in the atmosphere in the home, caring attitude of staff to people, visitors and each other.
- Accidents and incidents were documented and recorded. We saw incidents/accidents were responded to by updating people's risk assessments. Any serious incidents were escalated to other organisations such as the Local Authority and CQC. Families were also informed immediately and fully involved.
- The rating awarded at the last inspection was on display at the service entrance and on the provider's website.

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

- The provider and manager were aware of the importance of obtaining feedback from people, staff, relatives and professionals to improve the service. Surveys had been sent out to relatives and professionals yearly. These were collated and actions taken in response to comments. The actions were then shared with people, visitors and staff.

- Staff told us they were involved with regular staff meetings where they could discuss training or any ideas to improve care. This included thanking staff for hard work and celebrating successes.
- Resident and relative meetings were held regularly, the feedback from people and relatives was recorded and showed the action taken. This was then fed back to all who attended.
- For those unable to share their views families and friends were consulted. One visitor said, "I can't go to meetings but I see the minutes and can respond. the communication here is very good." Another visitor said, "I go to all the meetings, I feel I am listened to."

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

- The provider's ethos was to ensure people could continue to enjoy their life with personalised care plans and a range of activities to keep them mentally and socially active. This ethos ran through everything that happened at the service and was fully supported by staff. People and visitors were consistently positive about the manager and staff. Comments from people, included, "Excellent, very positive and knowledgeable," and "Approachable and kind."
- Information provided in the provider information report (PIR) told us they promoted a positive culture that was person centred, open, inclusive and empowering. They underpinned this with a solid induction programme. This had ensured staff were following organisational policies and procedures. Staff discussed organisation policies and were aware of where to access good practice guidance, such as National Institute for Health and Care Excellence (NICE).
- The management structure allowed an open-door policy, the manager's office was amongst people's bedrooms and the communal areas, so the manager was visible to visitors, people and staff. Staff confirmed they felt supported to bring in ideas, discuss what worked and what didn't work. The registered manager worked alongside the staff and this was appreciated by staff.
- There was an inclusive culture at the service and everyone was offered the same opportunities in ways that reflected their needs and preferences.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The manager had informed the CQC of significant events including significant incidents and safeguarding concerns.

Continuous learning and improving care

- The management and staff team made sure they continually updated their skills and knowledge by attending training, meetings and forums.
- The provider consistently questioned what they could do to improve the service and made any changes they felt necessary. When a safeguarding had been raised, the registered manager worked with the local authority and confirmed that lessons had been learnt and learning taken forward.
- The management team checked that the service was being delivered to the standards they required everyday by talking to people, their relatives and staff, as well as checking records and observing what happened at the service. Any shortfalls were addressed immediately.
- Accidents and incidents were documented and recorded. We saw incidents/accidents were responded to by updating people's risk assessments.

Working in partnership with others

- The management team actively looked for and took up opportunities to work in partnership with local health care and community services to improve people's health and wellbeing.
- Staff had a good relationship with the community nurses and other health care professionals and contacted them for advice when needed. Feedback from a health care professional was that, "Knowledgeable staff."

