

Southwinds Limited

Southwinds

Inspection report

17 Chase Road
Burntwood
Staffordshire
WS7 0DS

Tel: 01543672552

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection was unannounced and took place on 21 March 2016. Southwinds is registered to provide accommodation for up to 25 people. At the time of our inspection, 13 people with learning disabilities were using the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection on 31 December 2015, a warning notice was issued in relation to the need for consent. The provider sent us a report on 6 March 2016 explaining the actions they would take to improve. At this inspection, we found the issues resulting in the warning notice were no longer applicable. However, further improvements were required.

Even though people had capacity assessments in place, they were not decision specific and did not show how decisions made were in people's best interests. We saw some people might have had restrictions placed upon them as they were not able to go out on their own and may not have had the capacity to make decisions about their safety. Applications to ensure these restrictions were lawful had not been made.

People received a varied and nutritious diet, however the changes we had previously been told about which would increase people's choices had not yet happened. People did not have easy access to drinks. This meant that people were potentially at risk of not having enough to drink during the day.

We found that improvements were required to ensure the audits that were in place were effective in identifying any shortfalls and driving continuous improvement. Improvements were also needed to ensure all the records relating to people's care reflected each individual and were reviewed regularly. The provider needed to improve the recruitment process so this was safe. We found the overall culture at Southwinds did not empower the people who used the service.

People were able to maintain relationships that were important to them. They had the opportunity to take part in various activities that interested them and knew how to make complaints or raise concerns. Work was in progress to enable people to contribute to the planning of their and staff treated people kindly and their privacy was respected.

People told us they felt safe and staff knew how to protect people from harm. Risks were assessed and staff knew how to manage these safely. Medicines were managed accordance with good practice and people's health was maintained.

We found there were enough staff to meet people's needs and staff told us they had received training to

develop their knowledge and skills.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

Improvements were needed to ensure that staff were recruited safely. People felt safe and staff knew how to protect people from harm. Risks were managed and there were enough staff to keep people safe. People received their medicines safely.

Is the service effective?

Requires Improvement 

The service was not consistently effective.

Consent to care and treatment was not always sought in line with legal requirements. People enjoyed the food but were not enabled to make choices. People did not have easy access to drinks. We found that people's health care needs were met and staff were being trained to increase their knowledge and skills.

Is the service caring?

Good 

The service was caring.

Staff were kind towards people and ensured people's privacy was respected. People were encouraged to take part in day to day activities within the home and maintain relationships that were important to them.

Is the service responsive?

Good 

The service was responsive.

People were supported to follow their interests at home and in the local community. People knew how to make complaints or raise concerns, and there was ongoing work to ensure that people were enabled to be more involved with the planning of their care and support.

Is the service well-led?

Requires Improvement 

The service was not consistently well led.

Improvements were still required to ensure the audits that were in place were more effective in identifying any shortfalls and

driving continuous improvement. Improvements were still required to ensure care records reflected people's needs. People needed more support to enable them to contribute to the development of the service. There were opportunities for people who used the service and staff to discuss issues about the service.

Southwinds

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on 21 March 2016 and was unannounced. The inspection team consisted of two inspectors.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information we had received from the public. We also spoke with the local authority who provided us with current monitoring information. We used this information to formulate our inspection plan.

On this occasion, we had not asked the provider to send us a provider Information return (PIR). A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt was relevant.

We spoke with five people who used the service, one member of care staff, the deputy manager and the registered manager. Some people were not able to speak with us so we observed the care in the communal areas so we could understand people's experience of living at Southwinds.

We looked at the care plans of four people to see if they were accurate and up to date. We reviewed three staff files to see how staff were recruited and checked the training records to see how staff were trained and supported to deliver care appropriate to meet each person's needs. We also looked at records that related to the management of the service including the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

We found the provider needed to make improvements to ensure that the process for recruiting staff was safe. For example, we saw there were gaps in people's work history. This meant the provider was unable to verify what staff had been doing over a period of time. We also saw the provider had accepted references addressed to 'whom it may concern' that were undated. This meant the provider did not have a suitable way of checking that references were from the most recent employer and when they had been written.

People told us they felt safe living at Southwinds. One person said, "I like living here, I'm not frightened." Another person told us, "The staff look after me." Staff understood how to protect people from harm and knew about the different types of abuse that could happen. Staff knew what actions they should take to share their concerns. They told us they would report any issues to the registered manager, local authority or us. One staff member told us, "We have had more discussions as a team about protecting people and raising any concerns." We saw there was a poster on display that told staff how to report any concerns anonymously if they wanted to.

We saw that risks to individuals were managed so that people were protected from harm. We observed staff supported people in a safe way and offered reassurance to them when they were transferred. We observed staff taking time with people who used walking aids to move safely and as independently as possible. One person told us, "I use my frame to walk safely. The staff have helped me do this." We saw that one person's risk assessment had been updated to reflect changes in their support needs. We saw that relevant professionals had been involved with this to ensure that people were transferred safely.

Some people were not able to eat whole foods because of a risk of choking. We saw and records confirmed that they had been assessed as needing a pureed diet and thickened drinks. We observed the recommendations made by the speech and language therapist were carried out. This meant that people's risk of choking were minimised.

People had personal evacuation plans in place to enable staff to know how to support people in case of an emergency. One member of staff said, "We all know what to do if there is a problem." The plans provided information about the level of support a person would need in the event of fire or any other incident that required the home to be evacuated. We saw the information was specific to each person's needs.

People told us there were enough staff to meet their needs. One person said, "I always have help when I need it." We saw that the provider had evaluated the staff numbers to keep people safe and told us they were in the process of recruiting more staff to increase the levels at certain times in the day.

People told us they received their medicines regularly. One person said, "The staff help me take my tablets every day." We observed people having their medicines; staff explained what was happening and made sure the person had a drink. Staff did this safely and ensured people had taken their medicines. We saw the medicines administration records were up to date and the medicines were kept safely so only authorised people could have access to them. We saw the doctor reviewed people's medicines regularly to ensure the

prescriptions met people's needs.

Is the service effective?

Our findings

At our previous inspection, the provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that mental capacity assessments and best interests decisions had not been completed when required to protect people's rights. At this inspection, we saw people had general capacity assessments completed, but these did not relate to a specific decision. There was also no evidence as to how any decisions made on behalf of people who lacked capacity were being made in their best interests. Therefore, further improvements were still needed.

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to make particular decisions, any made on their behalf must be in their best interests and 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. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions are authorisations to deprive a person of their liberty were being met.

Staff told us that some people were not able to make certain decisions. One staff member said, "Some people can understand more than others. One person may recognise a five pound note, but then they don't understand about the change they should get." Even though staff had been given workbooks to increase their knowledge and understanding of the MCA, we found that some staff were not able to reflect this in their work and appreciate what their responsibilities were. For example, the provider thought that by asking other professionals to complete capacity assessments, this was enough. They had not considered completing their own assessments regarding decisions that they would be making on a day to day basis for people who lacked capacity.

There were people who used the service that staff believed lacked capacity to make certain decisions and were also being restricted of their liberty. At the time of our inspection, DoLS applications had not been made to authorise these possible restrictions. This demonstrated that the provider had not always considered if people were being restricted unlawfully.

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

At our previous inspection the provider told us they were implementing menu changes to ensure people had a choice of meals in the future. However, we did not see that these changes had happened. One person told us, "We've all had the mince to eat; I wasn't asked if I wanted anything different." People we asked were not able to tell us what they would do if they did not like the lunch that was available. At lunchtime, we saw that people had rice pudding with jam for dessert. One person said, "I'd prefer prunes with it rather than jam."

They had not been offered this choice. Another person told us, "I like fish and chips. We don't get chips here." One staff member told us how they were looking to improve this, "We are doing new menus so that people know what they're having for lunch. We are also looking at how we can make it easier for people to make choices for their meals." People did say they enjoyed the food. One person said, "I like all the food. We have a roast dinner on a Sunday. I like a roast dinner."

We saw people did not have easy access to drinks throughout the day. One person told us, "We have coffee at 11 o'clock." When we asked what would happen if they wanted a drink at other times, they were not able to tell us. We observed that people were not offered drinks during their meal. One person's care plan stated that they should drink water after each meal and this did not happen. We saw that drinks were only offered three times during our inspection. This meant that people were potentially at risk of not having enough to drink during the day.

We found that people had enough to eat. One person told us, "The staff weigh us regularly to make sure we're okay." One staff member told us "I'm learning more about nutrition and have been going through the work book with the cook. We monitor their weight and would refer onto the doctor if needed."

People were supported to maintain their health. One person said, "I haven't seen the doctor for a while but I had a flu vaccine. I wanted to have it." Another told us, "I go to the doctor and they check to see if I'm healthy. The doctor changed my tablets and it's better; I'm not tired now." We saw that people were supported to have tests carried out by the doctor when needed. One person's health had improved; previously they had medicines prescribed to keep them well, but no longer needed to take these.

Staff told us they had received training to develop their knowledge and skills. One staff member said, "The work books we have been doing have been good. We've then had some discussions in team meetings about what we are learning. There's been an improvement from where we were before."

Is the service caring?

Our findings

People told us the staff were kind. One person said, "I like everyone here; the staff are nice and they help me." We saw that people looked relaxed and comfortable with the staff. We observed positive interactions between the staff and the people who used the service. Staff spent time with people and listened to them. They also spent time with people who were not able to communicate verbally, and would engage with them throughout the day.

We heard staff speaking in a kind way with people and offering reassurance when needed. One person could become anxious when they were transferred and the staff member supporting them said, "I know you hate it; keep looking at me. There, I knew we'd get a smile in the end." Staff knew how to communicate with people individually according to their needs. We observed staff encourage one person to eat by getting them to smell their food first. The staff member said to the person, "I knew you'd like it once you'd smelled it." The person then happily ate their food.

We saw that people were encouraged to take part in some of the day to day activities within the home. For example, taking their laundry to their rooms and clearing the plates from the table at lunchtime. One person told us, "We do the re-cycling." Another said, "I help when I can; I make my own bed, dust the surfaces and keep the basin clean in my room." One staff member told us, "We've just introduced 'can do' lists for people. It is work in progress but it should help to make sure people are doing things for themselves when they are able to. It's important that staff don't just do everything for the people who live here."

Information was available for people to have support from an advocate if needed. An advocate represents the interests of people who may find it difficult to be heard or speak out for themselves. We saw that one person had been supported by an advocate to ensure they were listened to.

We saw that people received support with their personal care in private to ensure their privacy was respected. We saw that bathroom and bedroom doors were closed when needed. People were offered clothes protectors when they ate their meal. Staff offered a flannel for people to wash their hands and face after they had eaten. If people spilled any food on themselves it was wiped up promptly. This meant that people were supported in a dignified manner.

People were encouraged to maintain relationships that were important to them. One person told us, "My relative comes to visit me." Another person said, "I'm seeing my family at the weekend." Even though there were no visitors during our inspection we were told that people could visit whenever they chose.

Is the service responsive?

Our findings

People had the opportunity to take part in various activities that interested them. One person told us, "I've been listening to my music in my room." They also said they had been to the local shops as they wanted to place a bet on the horses. Another said, "I like to look out into the garden and see the plants and animals." We saw their chair was near to the patio doors so they had a good view into the garden area. Another person said, "I've got my hobbies to do in the day. I enjoy crafts." Another person told us, "I like going to the dancing group and I get there on my own by bus."

Some people told us they enjoyed working in the garden. One person said, "We'll have to decide what to plant in the garden soon. I like raking the grass." Another told us, "I like the vegetables we grow. We take them to the Institute and we've won prizes." We saw people were offered the choice of going to church on the Sunday morning. One person said, "I don't go, but some of the others like to." Staff were aware of the routines that were important to people and encouraged them to participate in these. One person who used the service was helping a neighbour out for the day. A staff member told us, "They usually go over each day to do different jobs which they really enjoy." We observed people taking part in activities during the day. For example, jigsaw puzzles, games, and looking at books.

People told us they knew how to raise any concerns or complains. One person said, "We did a questionnaire a few months ago, and we talked about how to make a complaint. It's better now." Another person told us they would speak to the manager or staff if they were unhappy. One staff member told us, "After the survey we did we changed the way we explained to people how they could make a complaint and it helped them understand." We saw that information was displayed that told people and visitors how to make a complaint if they needed to.

Some people told us they were aware of their care plans and had been involved with the information they contained. We saw that care plans contained some information that was personal to people and reflected their individual needs and preferences. One staff member told us how they were working through the care plans with people so they were more involved with planning their care and support.

Is the service well-led?

Our findings

At our previous inspection, we saw a system to monitor quality had been set up, but at that time no audits or analysis of trends had been undertaken. At this inspection we saw the registered manager had started to compile some information, however we found that further improvements were still required to ensure the audits that were in place were more effective in identifying any shortfalls and driving continuous improvement.

At our previous inspections, we had asked the registered manager to make improvements in the way records relating to people's care were written. At this inspection we saw that some people's care plans had been re-written to reflect the care they were receiving, however improvements were still required. For example, some people's records had not been updated since January 2015 and there was no indication if they had been reviewed to show they were still relevant.

We found the overall culture at Southwinds was not always empowering for the people who used the service. We were told about practices that were quite institutional. One person said, "We have to stand by the office door and queue for our tablets." People had been living at the service for a long time and were happy living there. They were not asking for things to change. However, given the nature of their disability, they would need people to support them actively to enable them to contribute to the development of the service.

We spoke with a member of staff who told us about the changes they were implementing. They said, "It's all a bit of a 'work in progress' at the moment. One of my roles is to update everyone's care plans with them, so they are more individual. I am also looking into what we need to do regarding the Mental Capacity Act so that we all understand this. I have been setting up supervisions for the care staff. There have been improvements from when I first got here, but there's still further to go." They also told us that supervision sessions for the care staff were now their responsibility. We saw that these had been planned and booked with staff.

People who used the service knew who the registered manager was and spoke fondly of her. One person said, "She looks after me and makes sure I'm okay." We saw the registered manager had a visible presence in the home and staff told us that she was readily available if they needed her. The registered manager told us that staff were being encouraged to share their ideas for improvement with the senior member of care staff and felt that this would help to improve the lives of the people who lived there.

We saw that meetings had taken place for people who used the service. They used these to discuss what was happening in the home and what they would like to do in the future. For example, they had discussed the work that was starting in the garden and their independence skills. We saw that staff meetings had taken place where they had shared information and ideas about the home. For example, how staff could promote people's independent living skills. We saw the registered manager kept up to date information regarding the home environment and had a system in place to track any work that was due.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider was not acting in accordance with the Mental Capacity Act 2005. Where people were unable to consent, decision specific capacity assessments had not been completed and best interest decisions were not evidenced. Where people may have been restricted this was not done with lawful authority. Regulation 11(1).</p>