

Southside Specialist Dementia Care Ltd

Southside

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Southside is a residential care home providing personal care to up to 12 people. The service specialises in working age dementia providing care to younger adults living with dementia and mental health conditions. At the time of our inspection there were 13 people using the service. Following our inspection, the provider submitted a notification to CQC to amend their registration conditions to increase the maximum number of people living at Southside to 13. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

The provider's quality assurance processes required some additional improvements as they had not always been effective in identifying areas for development. The management team sought feedback to continually improve the service. People, relatives and staff told us Southside was managed well and they felt supported by the management team.

People, relatives and staff all told us the home environment felt safe and people were protected from the risk of avoidable harm and abuse. The provider had processes in place to safeguard people and staff were aware of how and who to report any concerns to. Risks posed to people due to their health conditions were managed safely. Staff knew what measures to take to monitor for pain and/or anxiety.

There were enough staff members on duty at the time of our visit. The provider had safe recruitment processes in place. Medication was stored, monitored and safely administered by trained, competent staff.

The home was clean with effective infection prevention control measures in place to mitigate the risk of cross contamination. There were processes in place to monitor incidents and accidents to identify potential trends and put in place action plans to reduce risk of reoccurrence.

People's needs were assessed before joining the service. Staff completed a 12 week training induction when they first started with ongoing training to maintain their skills.

People's nutritional needs were being met. The service worked effectively with health and social care professionals and services to maintain the health and wellbeing of people. The home environment was bright and spacious with a number of different areas around the home for people to relax in.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and relatives told us they found the staff to be kind and caring. People had been involved in

discussions about their care and support through regular reviews. People's independence was encouraged and they were treated with dignity and respect by the staff.

People's needs were regularly reviewed and relatives told us they had been involved in care plan discussions. There had been few complaints made about the service. However, there was a complaints process in place that monitored for themes to reduce risk of reoccurrences. The provider had processes in place to support people who were approaching their end of life.

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

Rating at last inspection

The last rating for this service was good (published 21 February 2018).

Why we inspected

The inspection was prompted due to concerns about the number of people living at the home. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We found the service had exceeded the registered number of people living at the home. There was no immediate or serious risk of harm from this concern. Please see the well-led section of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Southside on our website at www.cqc.org.uk.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was well-led.

Details are in our well-led findings below.

Southside

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 1 inspector

Service and service type

Southside 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. Southside is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

This inspection was unannounced on the first day with a further 2 announced visits.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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.

We reviewed public information available on the Healthwatch website. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection

We spoke with 1 person who used the service and 4 relatives. We spoke with the registered manager, who is also the provider, the deputy manager and 5 staff that included catering, training and care staff. We also spoke with the nominated individual, who is responsible for supervising the management of the service on behalf of the provider.

We reviewed the care records for 4 people who used the service and a selection of medicines administration records for people. We observed the care and support provided by staff and the home environment was assessed for safety and suitability. We also looked at 3 staff recruitment records, the provider's policies, quality assurance audits and action plans.

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 has for 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

- The provider had policies and processes in place to manage safeguarding incidents. There had been 4 recent incidents, where although appropriate actions had been promptly taken to minimise the risk and families informed, the provider's policies for reporting incidents to the local authority safeguarding team and CQC had not always been followed. This was rectified promptly at the time of the inspection. There were detailed records of the actions taken to mitigate the risk of reoccurrence.
- People and their relatives told us the care and support received from staff meant there was confidence that Southside was a safe place to live. One person told us, "I do feel safe (living here) and I do not feel threatened in any way."
- Staff had completed safeguarding training and understood their role in recognising and reporting concerns of abuse. One staff member said, "I'd report it to the management but if nothing was done I have a duty of care and would report to the CQC but hopefully it would not get to that stage but you have to do what is right (to protect people)."

Assessing risk, safety monitoring and management

- Risks to people were regularly assessed and there were plans in place to help mitigate risks. This included risks associated with people's mobility, nutrition, skin integrity and weight management.
- Regular checks were made on the premises and equipment to ensure people's safety. This included checks by external contractors on gas, electrical and fire safety.
- Staff knowledge of risks posed to people was good, particularly for those people with verbal communication difficulties. Staff explained how they knew from people's body language when they were experiencing pain or discomfort and what action was required to support people with their health conditions.

Staffing and recruitment

- Staff we spoke with told us they felt there was enough staff on duty to support people. We found people were not left waiting for support for long periods of time. One staff member said, "Staffing is more than enough."
- Safe recruitment processes were in place to ensure suitable staff were employed to support people. This included 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.

Using medicines safely

- Staff had been trained in the safe administration of medicines and had their competency assessed to

ensure they continued to follow best practice. Accurate medicines records were maintained, and medicines were stored and administered safely.

- Information was available to staff, so they understood how and when to give medicines which had specific administration instructions. For example, when people were prescribed medication which needed to be administered at times when they became more anxious and distraction techniques had not been effective.

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

There were no restrictions at the service and visiting was actively encouraged by the provider. We saw people spending quality time with the visitors in communal lounges and in their own private rooms.

Learning lessons when things go wrong

- Accidents and incidents were recorded and used to review the person's care and support.
- The provider and deputy manager had oversight of accidents and incidents to identify any emerging patterns or trends, which required further investigation.
- Staff told us any learning from accidents, safeguarding incidents and complaints was shared via handovers and supervision meetings.

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

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

- The provider had processes in place to make sure people's needs had been assessed prior to their joining the service. The assessments considered the protected characteristics under the Equalities Act 2010 for example, people's needs in relation to their gender, age, culture, religion, ethnicity and disability. Care records had been reviewed and updated to reflect people's changing needs.
- People were actively involved in their care and the approach to risk was balanced with independence to maximise their control over their lives.
- Staff we spoke with were knowledgeable about people's day-to-day support needs. One relative told us, "I'm very happy with [person's] support. They [staff] talk to [person] all the time about what they are doing."

Staff support: induction, training, skills and experience

- There was a slight difference of opinion between staff on the quality of the training being provided. Some staff felt the training was effective at providing them with the skills to do their job; while others preferred a more 'hands on' and 'face to face' approach. One staff member said, "Training is alright it could improve. We do a lot on-line training and sometimes it feels we are left to our own devices and I struggle sometimes." Another staff member said, "We have all the training which is online and we have to update each year." We discussed the difference of opinion with the training manager who told us they would discuss with the staff in their team meetings about how this can be improved.
- Staff completed a 12 week induction and had their competencies assessed through supervision and spot checks. People we spoke with, and their relatives, all told us they had confidence in the staff's abilities to provide effective, safe, and compassionate care. A relative told us, "The staff are very good and I'm glad [person] is here. The home is good and they [staff] look after [person] very well."
- The staff we spoke with all told us they felt supported, valued, and appreciated by the management team. They told us they had received supervisions and attended team meetings. One staff member said, "To be fair, managers to me personally, have been good and I can't fault them. They're understanding, they are as good as gold, speaking for myself."

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

- We saw people were provided with a choice of food and drink and received the quantities they wished for and could request food and drink at any time.
- People on specialised diets received their nutritional intake in accordance with the instructions in their care plan. For example, a pureed or soft diet. Where required, appropriate referrals had been made to Speech and Language Therapists (SaLT) for guidance where people had difficulties swallowing.

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

- Staff understood the importance of working with others to maintain the health and wellbeing of the people who lived at Southside.
- We saw that people had access to a variety of health and social care professionals and appropriate referrals were made promptly as required. For example, the mental health team, the GP and community nursing teams. This ensured people received the appropriate support to maintain their mental and physical wellbeing.

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

- The environment met people's needs. The home was clean and well-maintained throughout and provided people with choice in how they spent their day. We saw 1 person spent time in the garden. The provider had specifically arranged an area in the house for another person which was quiet and gave that person the space they needed.
- There were multiple areas for people to use both inside and outside of the home. This meant people could spend time alone, with other people who used the service or to take part in activities.

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 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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was meeting the MCA and records we reviewed demonstrated this.
- Where people's capacity was in doubt, a mental capacity assessment had been completed, where appropriate, for specific decisions. This process involved the person and where appropriate, family members. This included people who held legal authority to make decisions on people's behalf.
- Appropriate DoLS applications had been made and a robust process was in place to monitor when DoLS expired and needed new applications to be submitted.
- Staff had received training in the MCA and knew the importance of gaining consent from people.

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 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 supported and treated with dignity and respect; and involved as partners in their care.

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

- We found people were well cared for and the service put people's and staff wellbeing high on their priorities.
- People and their relatives told us staff treated them with kindness and respect. One relative told us, "They [staff] are all kind and caring."
- All staff received equality and diversity training and had read the appropriate policies. The management team confirmed staff demonstrated their knowledge through observations and people's feedback. For example, regular spot checks were completed by the deputy manager to make sure staff treated people in a kind and caring manner.
- Staff spoke with kindness and compassion about the people they supported and told us they enjoyed their jobs. One staff member said, "I love working here, I enjoy my time with the residents, and we try to give them every opportunity to have a fulfilling and good life."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- The service provided good quality, person centred care. People were actively involved in establishing what was included in their care plans. This meant care plans were person centred. They documented people's wishes and choices on how they wanted to be supported and included information about specific cultural, religious or personal needs where appropriate.
- We saw that staff communicated effectively with people. People's individual communication needs were assessed and documented in their care plans. This helped staff to support people appropriately and in the person's preferred way.
- People were involved in making decisions about their care. One relative told us, "The staff always come and talk to [person]. [Person] can't respond back to them but it doesn't stop the staff from talking with them. [Person] has a good relationship with staff."
- People were supported by staff who respected their privacy and dignity. One relative told us, "Staff treat everyone with respect and dignity, I've never seen any staff member speak rudely or mistreat anyone here (Southside) I'd soon speak up if I did."
- People were supported to be as independent as they wanted to be. Staff understood people's preferences and supported them in the way they chose.

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

- Care plans were personalised and contained information relating to people's physical, emotional and mental health needs, their life histories and preferences. People and their relatives confirmed they had input into developing care plans.
- Staff demonstrated their understanding of delivering person centred care and respected people's choices. One relative told us, "Staff have been good [person] talks about them quite a lot. I'm quite happy [person] is well looked after, they [staff] do make sure [person] is safe, clean and looked after and clothes are always clean."
- People were involved in the review of their care. Care plan reviews took place regularly with people and their relatives to ensure people's preferences and support needs were up to date and accurately recorded.

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.

- People's individual communication needs were assessed, and their preferences and support needs detailed in their care plan.
- The provider was able to source information in a variety of different formats and languages where required.

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

- Relatives said their family members had access to activities and staff worked hard to prevent social isolation. All relatives said they were welcome at the home and could visit whenever they wanted.
- People were offered the opportunity to join in with a variety of planned activities both in and outside of the home. For example, social events at local pubs and restaurants, day trips and holidays, cycling and gardening. There were also numerous board games within the home. One relative told us, "There is always something going on when I visit and [person] may not always be able to join in but they do enjoy watching everyone else having a good time."
- People were supported to attend places of worship in accordance with their religious beliefs.

Improving care quality in response to complaints or concerns

- The provider implemented systems to process any concerns and complaints and learn from these.
- People, their relatives, and staff knew how to raise a concern or complaint. One relative told us, "I've never had cause to make a complaint, but I would go straight to [registered manager name] or [deputy manager name] and I know they would deal with whatever the issue was promptly."

End of life care and support

- Details for people's wishes related to end of life care and preferences were included in their care plans. Where the provider had supported people at the end of their life, they worked closely with the person's GP and specialist care teams to make sure people were kept comfortable, dignified and pain-free.
- From our review of people's care plans we saw they, together with relatives, were supported to make decisions about their preferences for end-of-life care.

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 requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The inspection was prompted due to concerns the provider was over the registered number of people living at the home. We found this was the case with 1 extra person living on site at the time of the inspection. Post inspection this situation is currently in the process of being resolved.
- The management team understood their regulatory requirements. However, their knowledge on legislation and regulations required some improvement. For example, understanding the conditions of their registration.
- The management team understood their duty to notify CQC of events in the service, records confirmed this had been done appropriately. However, we found there had been 4 recent incidents that had not been notified to the relevant organisations. This was due to a changeover in management and oversight had not been robust. None of the incidents had resulted in any harm to people and were resolved promptly.
- Processes to monitor and check the storage of medication had not identified loose tablets being stored in the medication cabinet that should otherwise have been destroyed. These were removed on the first day of inspection.
- There was a registered manager, who was also the provider, responsible for the home. However, the deputy manager was accountable for the day to day activities of the service, whilst also being the registered manager for one of the provider's other homes. This meant Southside did not always have a manager on site and staff told us this could be problematic when issues arose and it was not always possible to contact a manager immediately. The lack of daily manager attendance was also echoed by relatives we spoke with. One staff member told us, ". There are occasions where no managers are here. We do go straight to [deputy manager] and she helps us out with an awful lot of things."
- Audits had been regularly completed. The audits we looked at showed actions were reviewed, completed, and demonstrated a clear line of accountability.
- The management team demonstrated an awareness of the duty of candour. Openness and honesty formed part of the service's values. They described the duty of candour as being transparent and admitting mistakes when things went wrong.
- Staff confirmed incidents were discussed with them and were used as example for continuous learning.

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

- There was a positive culture within the service with a clear drive to provide high quality care. Comments we received from staff and relatives included, "[Deputy manager] is lovely, kind hearted and do anything for anyone. [Registered manager] is the same - you can ring her about anything and she will solve the situation." "I would recommend working here, everybody works well together. The residents are looked after, the family members are very good with the staff, it is nice here." "From what I've seen they [management team] are very friendly. I've never had an issue with the staff at this place [Southside], everyone is always very welcoming."
- Staff shared the vision of the service to provide person-centred care and to put people first. People and professionals commented positively about the support provided.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider had systems in place to gain feedback from people, their relatives, staff and professionals. Responses were reviewed by the management team and acted on to make improvements to the service.
- Staff had the opportunity to share their opinions on the service in team meetings, in supervisions and with the management team in line with their 'open door' policy. One staff member said, "If I had any concerns at all I wouldn't hesitate in going to either [registered manager] or [deputy manager]."
- The provider had effective procedures in place regarding reporting and learning from when things went wrong and sharing good practice with the staff.

Working in partnership with others

- The registered manager and deputy manager and staff understood the importance and benefits of working alongside other health and social care professionals to promote the health and wellbeing of people.
- There was good support and input from health and social care professionals, where appropriate, to ensure people received person centred care to meet their individual needs.