

Jasmine Healthcare Limited

Southmoor Lodge Care Home

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Requires improvement



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

This inspection took place on 20 January 2016 and was unannounced. Southmoor Lodge Care Home is a purpose built establishment situated in the village of Walkeringham. It is registered to provide accommodation for people who require nursing or personal care to a maximum of 40 people, many of whom are experiencing conditions associated with old age. At the time of inspection 34 people were using the service.

The service has a registered manager. 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

People's medicines were not always managed so that they could receive them correctly. People felt safe and were supported by staff who could recognise the signs of abuse and knew how to report any concerns. Risks were identified and assessed. Any accidents and incidents

Summary of findings

were investigated to prevent future reoccurrence. Recent staff recruitment and changes to the way in which staff were deployed ensured that there were enough staff with the right skills and experience to meet people's needs.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The DoLS are part of the MCA. They aim to make sure that people are looked after in a way that does not restrict their freedom. The safeguards should ensure that a person is only deprived of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to look after them. The registered manager had applied the principles of the MCA and DoLS appropriately.

While people or their relatives had not always been involved in the writing of people's support plans, people had signed their care plans and, staff always asked people before they provided support. The catering arrangements in the service had recently changed and people spoke positively about the new meal arrangements. People's food and fluid intake was monitored and guidance to manage this effectively was requested from external healthcare professionals when required. People had regular access to their GP and other health care professionals.

People were usually treated with dignity and respect; however, we saw instances where people's dignity was

compromised. We saw some people's personal information left unattended in a public area and on some occasions staff did not use respectful terms when referring to the support needs of those they were working with. Where people showed signs of distress or discomfort, staff responded to them quickly. Friends and relatives could visit those living at Southmoor Lodge at any time. People could have privacy when needed.

People were supported by staff who had received the appropriate training to support people effectively. Staff received regular supervision of their work.

A range of activities was available which were based around people's hobbies and interests. We saw people being encouraged to maintain their independence by staff providing support. A complaints procedure was in place and people felt comfortable in making a complaint if needed.

There was a positive atmosphere within the home and people were encouraged to contribute to decisions to improve and develop the service. Staff were aware of how they could contribute to reduce the risk to people's health and safety and took action when they needed to. A new manager was coming into post to replace the registered manager, and the regional manager had made plans to enable the transition between managers. There were processes in place to check on the quality of the service and address deficiencies that were found.

Summary of findings

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 not always safe.

People's medicines were not always managed so that they could receive them correctly.

People were supported by staff who could identify the different types of abuse and knew who to report concerns to.

Risks to people's safety were assessed and any accidents and incidents were thoroughly investigated.

Recent recruitment and changes to the way in which staff were deployed ensured that there were enough staff to meet people's needs.

Requires improvement



Is the service effective?

The service was effective.

Staff applied the principles of the Mental Capacity Act 2005 appropriately when providing care for people.

People received support from staff who had the appropriate skills, training and experience.

People were positive about the new catering arrangements and were supported to eat and drink enough to maintain a balanced diet.

People were supported to access advice from external healthcare professionals when needed.

Good



Is the service caring?

The service was not always caring.

During our inspection we saw instances where people's dignity was compromised

People were supported by staff in a respectful, kind and caring way. Staff responded to people quickly when they showed signs of distress or discomfort.

There were no restrictions on people's friends and family visiting them.

People could have privacy when needed.

Requires improvement



Is the service responsive?

The service was responsive.

People experienced support from staff which responded to their changing needs and were able to participate in a range of activities which they enjoyed

Good



Summary of findings

A complaints procedure was in place and people felt confident in making a complaint.

Is the service well-led?

The service was well-led.

There was a positive, friendly atmosphere at the home.

A new manager had been appointed. Staff felt well supported by the management at the service.

There were processes in place to check on the quality of the service.

Good



Southmoor Lodge Care Home

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 took place on 20th January 2016 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A

notification is information about important events which the provider is required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we made the judgements in this report.

During our inspection we spoke with thirteen people who were using the service, six visitors, seven members of the staff team, the cook, the deputy managers and regional manager. We also observed the way staff cared for people in the communal areas of the building.

We looked at the care records of six people who used the service, as well as a range of records relating to the running of the service including three staff files, medication records and quality audits carried out at the service.

Is the service safe?

Our findings

People's medicines were not always stored and handled safely. Records showed that the fridge used to keep medicines in was too warm, this may affect the effectiveness of the medicines. We spoke with the deputy manager about this and a new fridge was ordered. Other medicines were stored securely in a locked trolley and kept at an appropriate temperature. Any controlled medicines were stored and accounted for correctly.

Some people were prescribed medicines to be given 'as needed.' These 'as needed' medicines are not administered as part of a regular daily dose or at specific times but are given when they are needed. Staff told us how most people would be able to tell them if they were in pain and wanted some of these medicines. We spoke to the deputy manager about the importance of having clear protocols in place for staff to follow before they administered 'as needed' medicines to ensure that people took them as intended.

We also spoke to the deputy and regional manager about requesting advice from the GP and pharmacist to support them to ensure that people living at Southmoor lodge receive their medicines correctly. For example, where authorisation had been given for people to take their medicines in food, the home had not sought advice from the pharmacist regarding any foods to avoid putting the medicines in, which may prevent a medicine from working as intended

The people we spoke with told us they got their medicines as prescribed and in a timely fashion. "I get my medicines on time, and my inhalers are always given when needed" one person told us. We saw this to be the case on the day of our inspection. We spoke with a relative who was confident in the support that their family member was given with their medicines. They told us, "[the deputy manager] is really good at sorting [my family member's] medicines."

Staff described to us the training and support that they received to ensure that people received their medicines correctly. They told us, "I enjoy doing the meds and can always ask the deputy manager if I am unsure about anything." We observed staff administer medicines in a safe way, allowing people as much time as they needed so that they could take their medicines comfortably. Staff correctly recorded the medicines they had administered to each person on their medication administration records (MARs).

These records were used to record when people took or declined their medicines and showed that the arrangements for administering medicines were working reliably. The MARs included useful information about each person, including whether they had any allergies and the name of their GP. In the event that someone did not have their medicine, this was clearly recorded on the MAR sheet.

We saw that some errors in administering medicines had been recorded and spoke to the deputy manager about these. They told us about the changes they had made to reduce the risk of errors reoccurring. For example, all staff now received training around medicines and greater support and observation was being given to ensure that staff administering medicines were confident to do so.

The people we spoke with told us they felt safe living at Southmoor Lodge. We spoke with one person who told us, "Oh yes I am safe living here." We spoke with relatives who said they felt their family members were safe at Southmoor Lodge. Visitors also agreed; we spoke with one visitor who said that they had been visiting their friend for three or four years. They told us, "It seems to be a good home, my friend has dementia but I know they are safe and content here."

Staff could describe the different types of abuse which may occur and told us how they would act to protect people if they suspected any abuse had occurred. Staff we spoke with also told us that they felt that people were safe. One staff member said, "Yes, I think people are safe here," while another told us, "Everyone is safe – that's our main aim." The atmosphere in the home was calm and relaxed and people were interacting confidently with one another and with staff.

There was information in people's care plans about how staff needed to support them to reduce the risk of harm to themselves and others. Information about safeguarding and what was meant by the term 'safeguarding' was displayed prominently in the home. The PIR stated that safeguarding contact details within Southmoor Lodge and at the local authority were on display and a safeguarding adults' policy was in place. We found this to be the case when we inspected the home.

People were protected and their freedom was supported and respected because risks were assessed and managed. One person told us, "I am sure we are safe here." Another person told us how equipment was tested saying, "They certainly have plenty of fire alarm testing going on." We

Is the service safe?

spoke with one relative who described the physical support their family member received and told us, “I trust the staff and they handle [my family member] safely.” Another relative told us how their family member could become distressed and disorientated due to their condition, telling us, “The staff managed them safely.”

Equipment that people used was kept in good order. Staff told us, “If there is anything wrong with the equipment, you only have to report it and the managers get someone in to fix it”. Another staff member told us how they keep people safe by acting early, “We have to keep on top of the little things. If we don’t standards will slide and serious stuff will be happening.” One staff member described how they had acted to protect someone when they had seen a person’s family supporting them to eat in a way which may have put them at risk. “I had to tell them (the family) and then tell the office; it felt horrible but it had to be done.”

The care records that we looked at showed that risks to people’s safety had been appropriately assessed, however, these were not always routinely reviewed. Plans had been put in place for staff to follow to assist them in maintaining people’s safety, and we saw staff following these during our inspection. For example, people requiring assistance to move around the home with walking frames were encouraged to do so safely by staff. Where an incident had occurred, practice was reviewed and any actions needed to reduce the likelihood of reoccurrence were put in place.

People’s safety was protected because checks were carried out to ensure that the premises and equipment were well maintained. Our observations of the equipment used within the home supported this. Records showed that external contractors were used when checks on equipment such as fire detectors or gas appliances were needed.

People told us there were not always enough staff to keep them safe and meet their needs. We spoke with one person who told us, “They do have shortages of staff sometimes and there’s a few changes going on at the moment.” Another person concurred saying, “They are short staffed sometimes, but then that’s life when people go sick.” We spoke with a relative who told us that their family members may not rise until mid-morning as sometimes they were

short of staff. Several relatives were concerned that there had not always been enough staff available at mealtimes to ensure that their family member had the encouragement and support they needed to eat enough.

Staff we spoke with shared this view; one staff member told us, “There hasn’t always been enough staff. People have had to wait if they need help and that makes me feel guilty.” Another agreed, saying, “Most of the time we are okay, but if someone has gone off sick it might take time to get their replacement in. Some people may not be up until almost lunchtime.” They told us, “One extra staff would really help.” Other staff were more positive and told us about some of the recent changes to the rota and new staff saying, “There has been a big change to the rotas recently – it is much better now,” and “Seeing new staff starting has cancelled out a lot of the negativity about staffing.”

The deputy manager showed us how the staffing level was set based on the dependency of those living in the home. They explained that they had recently changed the way that the staff hours were deployed to ensure that sufficient staff were available when they were needed. The duty rota we saw confirmed that this was the case. On the day of our inspection people were receiving the support that they needed in a timely way and call bells were being answered quickly when people needed assistance. New staff had recently started which would ensure people received support from a consistent staffing team and reduced the risk to people’s safety.

We looked at the recruitment files for three members of staff. These files had the appropriate records in place including, references, details of previous employment and proof of identity documents. The provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions. Where the registered manager had used information to inform their decision making we saw that they had not always documented this so that others could understand how earlier decisions had been made to ensure people’s safety. We spoke to the deputy manager and regional manager about the importance of this and they agreed to ensure that clear records were kept.

Is the service effective?

Our findings

Although the care plans we saw had been signed by people, those we spoke with could not tell us about their care plans. One person told us, “I know they have to keep records and write about us... But I can’t say I have seen it, or know much about it or anything like that.” Relatives we spoke with were not clear how they were involved in contributing to or agreeing how their family members should be supported. However, they were confident that the staff could communicate well with those they were supporting and always sought consent, asking people how they wanted to be supported each time they worked with them.

Staff told us how important it was to ask people how they wished to be supported each time they attended them. They spoke about when they were supporting people saying, “I always have a natter to people and can check that they are happy with what I am doing while we are talking.”

During our inspection we saw that staff always explained what they were going to do and asked a person before they began to provide them with care. Where possible, people were invited to have control of over what was happening around them. For example, we saw a person being given the control to operate the stair lift once they were seated correctly, so that they could propel themselves upstairs when they were ready.

Records showed that the principles of the Mental Capacity Act 2005 (MCA) had been considered when determining a person’s ability to consent to decisions about their care. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of

the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. People were not unlawfully restricted as authorisations under DoLS were being applied for by the registered manager when needed. Staff told us that they received training in DoLS, so that they understood the requirements of these arrangements.

The people we spoke with felt that staff were competent and provided effective care. One person who had lived locally told us, “It is like being at home here because most of the staff are local,” they explained to us how they had known some of the staff for many years which they found reassuring. Relatives also felt that the staff had the knowledge and skills they needed to carry out their roles and responsibilities and told us, “I am full of admiration for the staff – they cope well with the people who have dementia”

The staff we spoke with told us they had excellent support and training. A member of staff told us, “I have had lots of training since I started and it has all been good.” Another staff member echoed this saying, “I had loads of training when I started and then it is kept up to date each year.” The staff we spoke with and the records we saw confirmed that training had also been booked for the newer members of the staff team. They confirmed that they had worked alongside longer serving members of the staff team when they first started to see how to apply the skills they were learning in practice which helped to promote a consistency of approach among the staff team.

The deputy manager explained how they supplemented the training that staff received with observations of practice and guidance while staff were working which ensured that staff had the skills they required to provide effective care. Staff told us how they had found the experiential elements of training, for example being lifted in a hoist, helpful in understanding what it felt like to receive care and shaped the way that they then supported people.

Staff told us they felt well supported and they received regular supervision and an annual appraisal of their work. The records we looked at confirmed this. The regional manager told us how they supported the management at the home as well as providing the manager with regular supervision and appraisal.

People had sufficient to eat and drink to maintain their good health. At the time of our inspection, the way that

Is the service effective?

food was organised at Southmoor Lodge had just changed and now food was being freshly cooked on the premises. On the day of our inspection there was a choice of two main courses and two deserts. At lunchtime there was a quiet atmosphere in both of the dining rooms. People were able to choose who they sat with, or could eat in their room if they preferred. Suitable crockery and cutlery were available to people where this was needed and staff offered support for people who required it.

One person we spoke with told us, "I like the food; it's better than it was. It's all home cooked now; we have a new cook, they are trying things out." Another person said, "The meals are better now, there's nothing to grumble about." We saw that the residents had been asked about the new catering arrangements at a residents meeting and had given their feedback, which had been considered when planning menus. Relatives told us that if their family member rose late, there could be quite a short space of time between their breakfast and lunch. This meant that people may not have much appetite for their lunch which tended to be the main nutritional meal of the day. However, relatives we spoke with confirmed that the new catering arrangements were better, one relative who visited regularly told us, "[My family member] likes the food and I would know if there was anything amiss."

Staff felt that the change was a positive step towards ensuring that people had the foods they liked to eat and drink. They told us, "The new way for food is settling in. In the long run this is going to be better and fresher - people will get more of the food that they like." We also spoke with staff who told us how they supported people to eat and drink; "Some people need their food pureed or drinks thickened. It's all in their care plan." We spoke to the cook. They told how they planned to meet with all the residents to discuss their likes and dislikes to help develop new menus.

Drinks were offered during the meal and drinks and snacks, including fresh fruit, were available throughout the day, and available in the reception area just as the provider had recorded on the PIR

People had access to the healthcare professionals they needed at the right time. They had confidence that staff would notice if they were not well and told us, "The staff are very kind – they soon notice things like if you are not very well." One person confirmed that they saw their doctor when they needed to saying, "If I am not well the GP is on hand. My GP is very good." Relatives we spoke to were confident that people had access to any support they needed to maintain their health. One relative we spoke to told us, "Oh yes, I am always kept well informed and I know that if they need to get the doctor or anything then they let me know." We were told by a relative how support was sought for their family member when they developed swallowing problems. Another relative told us "They monitor their weight; I know [my family member] is looked after and well cared for."

Staff we spoke with told us how they ensured that people had access to the healthcare professionals they needed, telling us, "We have to make sure we notice even the littlest things, if someone looks like they are in pain we can always ring their doctor." We were also told how key staff had been trained to use the community defibrillator that is located in the local village hall.

The care plans we looked at confirmed that people received regular input from visiting healthcare professionals, such as their GP and district nurse, on a regular basis. Records confirmed the information the provider had recorded on the PIR. We saw that where there was a concern about people's weight, this was monitored and advice was sought from the dietitian when needed. Staff noted any advice given by healthcare professionals and where changes to a person's care were required, these were put into place. Staff also contacted specialist services for people such as a physiotherapist and the dementia outreach team. Staff were aware of the guidance that had been provided and this was implemented within people's care plans to ensure that people received the support that they required.

Is the service caring?

Our findings

We saw some staff provide care in a way that may disempower the person. For example at lunchtime, we saw staff put aprons on some people without asking them if they wished to wear one and one staff member asked another to help 'feed' someone sitting at the table. We also saw that notes made by care staff to enable them to complete people's care records and some monitoring forms had been left in an open area where others may see them. This meant that information was not always kept confidentially and may not be available for staff that needed it. We told the deputy manager about this and they immediately ordered some secure storage cabinets so that people's care records could be kept close to hand but only be accessed by those who needed them.

People told us that they felt they were treated in a dignified and respectful manner by staff. One person said, "The staff are kind and courteous and respectful." Another person told us how they felt their dignity was maintained by staff ensuring that they had a clean room. They told us, "The bed linen is always clean and changed every week." Relatives we spoke with also felt that people were treated with dignity and respect. A visitor spoke about the person they came to Southmoor to see and said, "Their clothing is always immaculate."

Staff were able to explain to us what they did to promote people's privacy and dignity. One staff member said, "Some people like to be called by their first names, but for others it is Mr or Mrs." Another staff member gave an example of how they protect people's dignity, explaining how they put a towel around people while washing them. We were also told by staff how dignity was about, "making people feel nice about themselves – making sure that they are dressed well for instance."

People were supported to make day to day choices such as whether they wanted to join in with activities and where they wanted to sit. One person told us how they got up and went to bed when they want to saying, "I go to bed at 10pm when I have listened to the news. I get up at 6am, it's what I want to do." Another person told us how they were able to retain as much independence as possible. They told us, "I don't require any assistance from staff, there's a note in my room to say I am independent." A relative told us how they

had spoken to the deputy manager with regard to their family member's preference to rise early and how arrangements had been made for this preference to be accommodated.

Staff maintained jovial banter with those they were supporting. One staff member told us, "You always ask people before you do anything, but then observe. Their facial expression may change while you are supporting them, so you stop and check that they are still OK with what you are doing." Another staff member explained to us, "Everyone is different, each with their own memories, ways of doing things and wanting things done." They explained how they used the care records to help them, saying, "The 'About me' section of people care plans is really important – it tells you what you need to know – their needs and preferences."

Information about people's care needs was provided to staff in care plans as well as during the shift handover and written in communication books. Staff told us that they were kept informed where there had been changes. The care planning files we saw did not contain the detailed information that staff told us anecdotally about people; neither was it being reviewed on a monthly basis as the provider had noted on the PIR. However, we saw that a greater degree of personalised information was included in some of the newly updated care plans. The deputy manager told us that this was a significant task, but support was forthcoming from the provider as well as people and their families who were keen to be involved in providing information about how their family members were to be supported.

People were provided with information about how to access an advocacy service; however no-one was using this at the time of our inspection. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up.

People told us that staff were caring and they had formed positive relationships with them. One person said, "I am well looked after and have every good word for the staff – every one of them!" Another person told us, "It's not like home, but it's probably as near as you can get." Relatives we spoke with confirmed that this was their view too, and said, "Yes they are all kind and courteous." Expanding on this, another relative said, "I feel they all care for the residents and give personal touches which make all the difference."

Is the service caring?

The staff told us how they built relationships with people. For example one staff member told us, “I will take my coffee and go and just talk to people when I am on my break – it makes a big difference to them.” Another staff member described how they needed to remember how important people’s families were to them and how people liked to see their family extended a warm welcome when they visited and told us, “We have to care as much for the families as we do the residents – people’s families are very precious to them.”

During our inspection, people were made aware of who the inspectors were and why they were there by the staff that were supporting them. Staff checked with people that they were happy for us to speak with them. We saw that staff were attentive and supportive, when speaking to people. We observed staff respond quickly to meet people’s needs when people showed any signs of distress or discomfort.

People had access to their bedrooms when they wished should they require some private time. Some bedrooms had people’s photograph on the door so that they could identify which room was theirs and where people wished, they had personal possessions on display in their room. Visitors were able to come to the home at any time and many people visited during the inspection. There was access to several smaller, quiet lounges should people not wish to sit in the main lounge as well as a small kitchen area where families could prepare drinks or snacks. Where people wished, they were supported to practice their religious domination as visitors to support their faith were always welcome and they visited both regularly and on festival days.

Is the service responsive?

Our findings

People felt that they received the care and support they required and that it was responsive to their needs. One person showed us their room proudly. It was clearly finished to their own tastes with fresh flowers, and their own telephone so that they could keep in touch with family. They told us, "I take a weekend newspaper and then it lasts me all week. I like writing letters and spend most afternoons doing this in the privacy of my own room." Another person told us how they used to enjoy helping to maintain the grounds and were hoping to be able to access a new greenhouse which they had been told was being purchased. A noticeboard displayed a program of activities for the week, which showed the variety of opportunities and activities which were planned. Photographs from various events held recently, such as a "seaside day", a ballet performance and a garden party were on display. We saw how these events had been planned in response to specific requests. People referred us these photographs when telling us that they had enjoyed these activities.

A new activities co-ordinator had just started work at Southmoor Lodge. They had received a handover and a forward plan of activities while they learned what people may or may want to do during the day. The registered manager had arranged for the previous staff member to visit the service after the new person had been working for a couple of weeks to discuss their ideas so that people could continue to enjoy the activities that interested them.

In addition to the planned activities which staff facilitated, there were plenty of resources available for people to use, such as board games books and DVD's. Staff encouraged people to use these, for example, we saw a small group of residents sitting together enjoying a game of dominos without support from care staff.

We observed that staff were responsive to people's needs and requests for help. All of the rooms had call bell buzzers which were accessible to people so that they could summon staff assistance if they needed help. People we spoke with all said they were happy with the response times when they pressed their call buzzers. A relative said: "I never hear any buzzers going or any not answered – so they must answer them fairly quickly."

It was evident that staff had an understanding of people's care needs and how they had changed over time.

Information about people's care needs was provided to staff in care plans as well as being written in communication books. At the time of our Inspection, there was work underway to update all of the care plans to provide information in a more person centred way. We spoke to the deputy manager who was undertaking this task, working with people and their relatives to ensure that they had input into their care plans and were actively involved in agreeing them. We saw how this was being set out in one of the new care plans. Staff told us that they had the time to read people's care plans and were kept informed where there had been any changes.

People felt able to raise concerns and complaints and told us they knew how to do so. One person said, "I have absolutely no complaints." Another person told us how they had complained because the television in their bedroom had stopped working recently. We saw the engineer arrive and made the repair during our visit.

The relatives we spoke with told us they would feel comfortable making a complaint and knew how to do so. "Any problems get sorted," one relative told us. "Another relative said, "If I had a niggle or complaint – I would go to the office and get it sorted." So people knew what to do if they had a concern or complaint, the complaints procedure was made available to people and was displayed on the notice board

We spoke with a staff member who told us, "I would be really comfortable speaking to the manager if I had any concerns." Another member of staff said, "There are different people in management here so there is always someone to talk to if I have a concern," and went on to say how they knew that they could also raise a concern with staff at the providers head office or directly to CQC."

We reviewed the records of the complaints received since our last inspection, which had been transparently documented. The complaints had been investigated within the timescales stated in the complaints procedure and communication had been maintained with the complainant throughout the process. The complaints had been resolved to the satisfaction of the complainant and appropriate responses were sent. Outcomes of the complaints were well documented and this included any lessons that had been learned that were translated into action plans to improve future practice. The provider had

Is the service responsive?

reported on the actions taken as a result of evaluating complaints made on the PIR. For example, additional cordless telephones had been purchased to enable incoming calls to be answered quicker.

Is the service well-led?

Our findings

People benefitted from the positive and open culture in the home. We spoke with someone who told us how they got involved with the residents meetings. They told us, “We have residents meetings for those who want to attend and there’s minutes put up on the wall.” Relatives also confirmed that they knew about meetings that they could get involved in. They told us, “Yes, I know about relatives meetings, but I really cannot fault this home in any way. They are all very good.”

Staff told us that they felt well supported by the registered and deputy manager. They said they felt there was an open and transparent culture in the home and they were comfortable raising concerns or saying if they had made a mistake. They told us, “If I need any help or advice I can always speak to the [registered or deputy manager].” This was confirmed by our observations as we saw staff going in and out of the office during our inspection. The deputy manager told us, “There is good communication. Staff come in and out of the office and can ask anything if they are unsure.”

The service had begun to have people coming for day care several days each week, which enabled them to experience life at Southmoor Lodge. The deputy manager told us how using day care or short respite stays was a good way of people sampling life at Southmoor Lodge, “try before you buy,” before committing to the service as a place to live.

Information about the aims and values of the service were on display, laying out the providers expectations of staff and were demonstrated by staff who had a clear understanding of them. Staff we spoke with during our visit were friendly and approachable. They understood their roles and responsibilities and their interaction with those using the service was very good, both while providing people with care and support but also in brief interactions with people as they passed by, checking people were okay or maybe sharing a joke.

The position of the offices within the service meant that the leadership was visible and accessible to those using, visiting or working in the service. There was a clear staffing structure in place and a number of responsibilities had been delegated to the deputy manager. One relative told us, “I know I can go to the office anytime.” Another commented on the ability of the deputy manager, saying

“[The deputy manager] is A1 – I’ll tell you!” The deputy manager told us that how important it was, “Being there for staff – walking the floor and seeing that all is running smoothly, and sorting it out if not.” The registered manager was not present at the start of our inspection; however we were fully briefed on the service by the deputy manager who had lots of knowledge around how the service worked.

A member of staff commented to us how they had felt valued by the regional manager who thanked them personally for raising their concerns around the support someone was receiving from a visitor, acknowledging how difficult a situation this must have been for them. They said that this had helped to build their confidence at work.

There had been considerable change at Southmoor Lodge over the previous year, since the change in provider. Those we spoke to were responding positively to these changes. An on-going programme of redecoration and refurbishment to the building including some bedrooms was in place and the service had recently employed a handy person who could complete planned and emergency tasks in a timely fashion, calling on external trades when required.

The conditions of registration with CQC were met. The service had a registered manager who understood their responsibilities. They had been in place since September 2011 but were now in the process of handing the role over to a successor. The new manager for the home had been appointed and on the day of our inspection, they were undertaking induction at another home run by the provider. The registered manager was supported at the service by a deputy, and also by the provider who made regular visits to monitor the service. Providers are required by law to notify us of certain events in the service. Records we looked at showed that CQC had received notifications in a timely way.

There were systems in place to check that the service was of a high quality. A relative we spoke with told us, “The care here is first class.” Staff we spoke with were reflective over the last year and told us, “There has been lots of change in the last year, but it is all really good.” They shared a pride in not having used any agency staff for the last month due to new staff joining the staff team.

People’s care planning records were in the process of being revised. Other records relevant to the running of the service were maintained. Where any areas for improvement within the documentation had been identified this had been

Is the service well-led?

addressed. Southmoor Lodge had recently been commended by the local health service for their excellent work sustaining people's tissue viability. Staff who spoke to us about this felt a sense of pride that their work and support for people had been acknowledged outside of the home.

There was a system of audits in place and these had been completed in areas such as the kitchen and medicines administration to ensure that the service complied with legislative requirements and promoted best practice. Where deficiencies had been identified, there was an action plan. We saw that the management at Southmoor Lodge report informed the regional office of any concerns identified and what had been done to remedy the situation. The regional manager described to us their support to the registered and deputy manager. We saw that the provider sent representatives to check on the quality of the service, as they had reported in the PIR.

People were encouraged to give feedback on the quality of the service provided. The views of those using the service

were sought through the residents meetings, and the relatives meetings which were held regularly. This information was used to inform the planning of the service that was provided. An example of this was announcing the impending change in the registered manager in the service. This meant that everybody got to hear the news at the same time.

Clear communication structures were in place within the service. There were regular staff meetings which all staff were able to attend. This gave the registered manager an opportunity to deliver clear and consistent messages to staff, and for staff to discuss issues as a group. Staff told us how they were included in decisions made about the home and told us, "When they were going to change the rota they called a big staff get together so we all understood what was going to happen." Another staff member told us how there was a daily "10 at 10 catch-up meeting" to ensure that any issues arising within could be addressed in a timely fashion.