

Kent County Council Southfields

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?

Good ●

Summary of findings

Overall summary

Southfields is a residential service providing respite care (short stays) for up to 15 adults with a learning disability. This can be for a short break away from home, support during transition from one service to another, or an emergency placement whilst waiting for other care to be arranged. The service is in Ashford near to local shops and public transport routes. All bedrooms are single and the property is suitable for people who have mobility difficulties. People using the service had a range of physical and learning disabilities. Some people were living with autism and some required support with behaviours that challenged. There were two people using the service at the time of our inspection.

The service had not been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. However, the values that underpin the guidance such as offering choice, promotion of independence and inclusion were evident in the support people received from staff so they can live as ordinary a life as any citizen.

People's experience of using this service:

- At our last inspection in January 2018, the provider had failed to complete essential maintenance work in a timely manner. People's care plans contained information about how they liked to be supported, however, there was further scope to increase people's independence and plan how they wanted this to be achieved. Feedback on ways to enhance the service was not consistently acted upon and, although the provider had identified they wanted to start to complete formal audits, these had not yet started.
- At this inspection improvement was made and the previous breach in regulation was met. The provider had invested in the property and renovation work had been completed. Care plans were detailed, they clearly set out how people wanted to be supported and reflected people's goals and ambitions. Systems to assess, monitor and improve the service were robust and effective.
- The quality of care people received had significantly improved since the last inspection, records were up to date and reviewed, guidance was in place for staff to consistently support people.
- The management team continuously reviewed medicines practice, including availability and storage to ensure people received their medicines safely.
- The provider had carried out necessary checks to ensure staff were suitable to work with people. Staff levels reflected people's needs and ensured there were enough staff to support people.
- People were happy, and staff engaged with people in a kind and caring way. People were busy when we visited and engaging in activities and outings.
- Feedback from a relative and our observation of the care provided were positive. Communication from staff was good and we saw the registered manager and staff were approachable. People and relatives

commented on the caring attitudes of staff. People and relatives felt able to raise concerns if they had them.

- Staff had the skills and training needed to support people and were supported by the registered manager. People were encouraged to increase their independence. The service supported people to maintain relationships with family and friends.
- People were involved in the running of the service and were consulted on key issues that may affect them.
- The registered manager and staff worked with a clear vision for the service.

Please see more information in Detailed Findings below.

Rating at last inspection:

The service was rated Requires Improvement at the last inspection on 5 and 16 January 2018. Following this inspection, the service is now rated as Good.

Why we inspected:

This inspection was part of our scheduled plan of visiting services based on their previous rating to check the safety and quality of care people received.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

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

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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?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Southfields

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

This inspection was undertaken by one inspector.

Service and service type:

Southfields is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during the inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We assessed the information we require providers to send us at least once annually to give key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection.

During the inspection we gathered information from the following:

- Three people's care plans and risk assessments
- Medicines records
- Records of accident, incidents and complaints

- Audits and quality assurance surveys
- Staff and resident meetings
- Recruitment records
- Two people who live at the service
- The registered manager, provider, two care staff and a visiting relative.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Appropriate safeguarding processes were in place. Staff had received training about safeguarding, they were able to describe different types of abuse and explain how they would report it.
- Staff were had access to and were aware of safeguarding policies and procedures. They understood their responsibilities to raise, record and to report any concerns either internally or to external authorities .
- Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. One member of staff said, "I have never had any concerns about people's safety, none of the staff would tolerate anyone being at risk; anything like that would be challenged and reported to the manager."
- Records of incidents were reviewed by the registered manager and where potentially they may relate to a safeguarding matter, these were discussed with and reported to the local authority safeguarding team.

Staffing and recruitment

- Staff were recruited safely and all necessary identity, criminal record and reference checks were completed.
- There were enough staff to support people. Staff rotas showed the registered manager took account of the level of care and support people required each day, in the service and the community.
- A visitor told us, "There are always have enough staff to support people."
- Staff we spoke with felt levels of support were appropriate and flexible to meet people's assessed and social needs.
- During the inspection we observed staff were attentive to people, meeting people's requests and their support needs quickly.

Using medicines safely

- Staff were suitably trained and followed policies to ensure people received their prescribed medicines. Competency checks ensured staff continued to practice safe medicines administration. These took place annually or more often if required.
- There were no gaps or omissions in medicine administration records (MAR) which indicated people received their medicines as prescribed.
- PRN (as required) protocols were in place and staff followed them. When PRN medicines were given, the reason for administering them was recorded on the MAR chart together with the dose and time. The protocols gave staff clear information about what the medicine was for, what the expected result should be and what to do if the person's symptoms persisted.
- People were supported to attend appointments with health professionals to review their medicines to make sure that their medicines were meeting their needs; reviews of prescribed medicines ensured their use and dose remained appropriate to avoid any risk of overmedication.

- Staff we spoke with showed us and were able to describe safe processes for administration and storage of medicines.

Assessing risk, safety monitoring and management

- People's support plans contained detailed risk assessments linked to their support needs. These explained the actions staff should take to promote people's safety while maintaining their independence and ensuring their needs were met appropriately. Individual risk assessments included risks related to; going out in the community, mobility, nutrition and hydration, health, sexuality, activities and holidays.
- Support was delivered as planned in people's support plans. Behavioural support plans were thorough and detailed and contained the information staff needed to support people safely. Detailed support plans had been effective in reducing occurrences of behaviours that challenged. For example, one person enjoyed shopping and was supported by staff to manage their expectations about what they could afford to buy.
- People were protected from risks. The environment and equipment were safe and well maintained and the appropriate checks, such as gas safety and fire prevention checks, had been completed.
- Emergency plans were in place setting out how people needed to be supported in the event of a fire and fire drills took place regularly.
- Staff we spoke with were confident about what to do and how to support people they were responsible for in the event of an emergency.

Preventing and controlling infection

- There were effective systems in place to reduce the risk and spread of infection.
- We observed personal protective equipment, such as gloves and aprons, were used by staff to protect themselves and people from the risk of infection.
- Staff were trained in infection control and food hygiene.
- We observed the environment was clean and odour free during our inspection. People and staff we spoke with confirmed they did not have any concerns about the cleanliness of the service.
- The registered provider carried out infection control audits, these had ensured planned cleaning took place to the required standard.

Learning lessons when things go wrong

- Staff maintained an up to date record of all accidents and incidents. The registered manager monitored these, so any trends could be recognised and addressed.
- The occurrence of accidents or incidents was very low, however, the registered manager understood the need to use such information to make improvements to keep people safe.

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

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

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

- At the last inspection on 5 and 16 January 2018, we asked the provider to complete an action plan to show what they would do and by when to improve the key question of Effective. This was because the provider had failed to complete essential maintenance work in a timely manner and this had resulted in a breach of Regulation 15 in relation to the premises and equipment.
- At this inspection, improvement had been made. Considerable refurbishment had been completed. This included new areas of flooring, fire doors, redecoration and some new kitchen equipment.
- People were involved in the decoration of areas of the service. For example, people chose some colours and notice boards displayed pictures of people enjoying activities and outings.
- Although most people only stayed at the service for short periods of time, they were encouraged to personalise their bedrooms with pictures and personal items which were important to them.
- A passenger lift provided step free access to accommodation floors.

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

- The service provided short and medium-term respite accommodation. Most people using the service had stayed there before and had a care plan in place. Preadmission assessments ensured existing care plans were updated and reviewed prior to re-admission.
- When people were new to the service the registered manager visited them to assess their needs before they decided whether the service was suitable. The preadmission assessments ensured their needs and staffing resources could be met.
- The preadmissions assessment provided information to develop initial care plans, so staff had the guidance required to assist people in the way they needed and wanted.
- We observed staff knew people well and knew how to provide care to meet their preferences and to keep them safe.
- Staff we spoke with told us care plans were detailed and provided the guidance needed.
- The assessment processes also considered people's protected characteristics under the Equalities Act 2010 including their culture, religion and sexuality.

Staff support: induction, training, skills and experience

- Staff received a wide range of training to support them to carry out their roles, including epilepsy and diabetes training, Makaton and positive behaviour support. Staff told us the delivery of Makaton training had helped them communicate more effectively with some people who used the service.
- Staff received regular supervision and observation. The registered manager used a timetable to ensure staff regularly received supervision. During supervision staff discussed any training needs and ideas or

concerns they may have regarding the people they support. Staff told us they felt well supported by the registered manager and provider.

- New staff completed the care certificate. This is a nationally recognised training course for staff new to care. These standards are achieved through assessment and training so that staff can gain the skills, they need to work safely with people.

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

- People were supported to maintain a balanced diet.
- People were supported to keep hydrated. During the inspection, we observed staff offering people different drinks to meet their preference. Staff were aware about the hydration needs of the people they supported and discussed different ways of introducing fluids, for example, fruit smoothies, milkshakes and ice lollies in addition to people's usual drinks.
- People were not always able to verbalise their preferences around food. Staff showed one person different drinks and food and they communicated their choices by facial expression and vocalised sounds.
- Staff devised menus with the input of people. Staff showed some people pictures of food or reference objects, such as packets of cereals, fresh, frozen and tinned food labels to base menu options on. Other people were able to tell staff what they liked to eat and some helped to prepare meals.
- Where one person's condition meant they would eat too much, staff had sought advice from their parent. Guidance for staff about food choices and the quantity of food for the person was contained in their care plan and risk assessment.
- There was a menu displayed in the dining room, showing people what the food choices were for that day.
- We observed a mealtime; people chose the meals they wanted and received any support needed to eat safely.
- One person told us of their meal "I enjoyed that, the food is good."

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

- Where people required support from healthcare professionals this was organised and staff followed any guidance provided. For example, from speech and language therapists about softened food to help prevent the risk of choking.
- GP's, district and specialist nurses visited the service regularly to help people to maintain their health. People were supported to access services such as dentists, chiropodists and opticians. Relatives told us they were kept informed if there were any concerns about their loved one's health. One relative said, "Communication is always very good."
- People we observed had information to take with them to share with other healthcare professionals, for example, if they needed to go into hospital. The registered manager showed us they were gathering information at placement stage to ensure this information was available for each person.
- People were supported to live healthier lives. Staff encouraged people to spend time outside of the service and supported them to attend community events and facilities. On the day of the inspection, these included country walks, visiting garden centres, cafés and the local shops.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- Staff had undertaken mental capacity assessments when they were unsure if people had the capacity to

make decisions. Most people were able to make simple day to day decisions and where this was not the case, decisions had been made in people's best interests, with the input of others, such as relatives, who could contribute.

- Staff understood the MCA and gave examples of what they did to help people to make choices when they often had a limited ability to remember what was important to them. One member of staff described how they showed one person a variety of drinks to ensure they had a choice.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions of authorisation were being met. The registered manager had made DoLS applications to the local authority when necessary. These were kept under review as they were awaiting responses.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Interactions observed between people and staff were positive, caring and inclusive. Staff spoke kindly, shared laughs and joked with people throughout the day. People were relaxed and happy in their company.
- Staff were knowledgeable about the people they supported, they were able to provide information to us about people they supported. Care records contained information about people's background and preferences.
- Staff helped people to stay in touch with their family and friends. One person wanted to see a relative and this had been arranged.
- People were supported to maintain relationships that were important to them. Visitors were welcome at any time. Some people had stayed at the service a number of times before and had become friends with staff and other people who used the service.

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

- Some people were not able to be involved in planning their care and some preferred their relatives to be involved. One relative told us they had been involved in developing their loved one's care plan and had told staff about their likes and dislikes.
- People were involved in reviewing their care and, when they wanted support from their relatives or friends, this was arranged by staff. This helped them to more fully understand some people's care needs.
- Some people were able to express their needs. They told us they received the care and support they wanted in the way they preferred.

Respecting and promoting people's privacy, dignity and independence

- Staff gave people their full attention during conversations and spoke with people in a considerate and respectful way.
- Staff were patient with a person with limited verbal communication. They allowed time for them to communicate and helped them to make choices by showing them objects of reference such as different food and drinks.
- Staff understood the importance of respecting people's individual rights and choices; staff listened to what people said and responded to their indicated choices in the support provided.
- People's right to privacy and to be treated with dignity was respected. Staff did not enter people's rooms without first knocking to seek permission to enter.
- People were supported by staff to undertake tasks and activities aimed at encouraging and promoting their independence. For example, support plans included what people could do for themselves and where they needed help.

- People's care records were kept securely and staff understood their role in maintaining people's confidentiality.

Is the service responsive?

Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- At our last inspection we made a recommendation that consideration was given to how to support people to learn new skills or increase their independence. This was because staff took over tasks such as making drinks and food for people, without offering them the opportunity to do this themselves. Also, where people had stayed at the service for longer periods of time, insufficient priority was given to identifying their goals and ambitions and how these would be achieved.
- At this inspection, people were offered individual support according to their needs and choices. There was an emphasis on providing choice and enabling or prompting people to undertake tasks where they could. This included activities and food and drink preparation.
- The registered manager and staff had worked individually with people to identify goals and ambitions and produced plans with people to work toward achieving them. Discussion with the registered manager found a system embedded in place to explore goals and ambitions for people. However, since the people using the service at the time of this inspection were there for the short term, goals mainly centred around activities and consistency of communication.
- The initial assessment before people moved into the service evaluated the care and support needs of each person. This enabled the registered manager to make sure they had the skills and staff resource to care for the person appropriately.
- People and their family members were fully involved in the assessment process to make sure the registered manager had all the information they needed. Each person had support plans in place, one person we spoke with told us the care they received reflected their current needs.
- Staff kept detailed records of care. These included personal care given, well-being, activities, any concerns and food and fluid intake. Daily staff handovers ensured good communication between staff. This promoted consistent care, which benefitted the care each person received.
- Information was provided in an accessible way to give people the best opportunity to understand it. The Accessible Information Standard (AIS) is a law. Its aim is to make sure people with a disability or sensory loss are given information they can understand as well as any communication support needed. The registered manager had considered AIS requirements and, for example, some care plans used easy to read documents and the provider's complaints process was displayed in a pictorial format. Other pictorial, easy to read and Makaton sign supported information was displayed in the main entrance.

Improving care quality in response to complaints or concerns

- The provider had a comprehensive complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern.
- The complaints procedure was on display on the notice board in the service and formatted in a way to make it easier for people to understand.
- The policy included information about other organisations that could be approached if someone wished

to raise a concern outside of the service such as the social services, local government ombudsman and the Care Quality Commission (CQC).

- There had been no complaints received in the last twelve months.
- A visiting relative said, "I have never felt the need to complain. I can talk to the manager or staff about anything to do with my daughter's support needs."

End of life care and support

- The service was not supporting anyone at the end of their life.
- Staff had conversations with people and their relatives about end of life plans and some people had these plans in place.

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.

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At our last inspection we recommended that the provider and registered manager ensured there were robust systems in place to review and act on all feedback received. At this inspection we found robust measures were in place. Each person completed an evaluation following their stay. Any issues identified were acted upon and communicated back to the person. Some of the issues identified related to the condition of the building which had been resolved. Other people commented on activities and food which had been incorporated in their choices.
- Visitors and staff were asked to complete quality assurance surveys. The results were analysed and action taken to rectify any concerns. For example, following feedback, new wheel chair accessible dining tables and more suitable flooring coverings were provided.
- People and staff attended regular meetings to discuss any issues and keep up to date with events within the service.

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

- There was a quality system in place to identify shortfalls in the quality of the service, including medicines.
- Accidents and incidents were clearly recorded and received oversight from the provider and registered manager. Risks were assessed and documented, they were reviewed by the registered manager and measures taken to reduce the risk of occurrence.
- Services providing health and social care to people are required to inform CQC without delay of certain events that happen, such as events that stop the normal day to day running of the service. The registered manager was aware of their responsibilities to inform CQC of significant events that happened in the service, in a timely way and had done so.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service and on the providers website, where a rating has been given. This is so people, visitors and those seeking information about a service can be informed of our judgements. The provider had displayed the rating conspicuously in the service.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- There was an open and transparent culture within the service. The registered manager had an 'open door' policy. During the inspection, people came into the office, they were comfortable and relaxed with the registered manager. People knew who the registered manager was, they stopped and spoke to them.

People often smiled and laughed while chatting.

- The registered manager told us the vision for the service was to have a person centred ethos based upon an individual response to each individual. They aimed to achieve this by gather quality information at preadmission stages and working with people and their families to review and keep information updated and reflective of people's current needs. They used the feedback from people and their families at the end of a stay measure how the service had performed in relation to people's expectations.
- We found the registered manager had a good understanding of people's current needs and supported them to make decisions about their ongoing support.

Continuous learning and improving care; working in partnership with others:

- The registered manager kept up to date with best practice guidance from national organisations and attended training from the local clinical commissioning group.
- The registered manager worked with funding authorities, the local safeguarding team and mental health professionals to ensure people received joined up care.