Reside Care Homes Limited

Reside at Southwood

Inspection report

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Ratings

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

Overall summary

This was an unannounced comprehensive inspection carried out by one Care Quality Commission Inspector on 23 and 24 September 2015. Our previous inspection of the home completed in October 2013 found the provider was compliant with the regulations.

Reside at Southwood provides accommodation and personal care for up to 38 people living with dementia care needs. At the time of the inspection 36 people were living at the home.

Overall, a safe service was provided to people. Staff had been trained in safeguarding adults and there were policies and procedures in place for staff to follow.

The premises and delivery of care had been risk assessed with appropriate action taken to minimise any identified hazards and implement ways to provide safer care.

Incidents and accidents were recorded and monitored to identify if further action could be taken to reduce likelihood of recurrence.

People had personal evacuation plans in place and these were being developed further to make sure staff could respond appropriately in an emergency.

Summary of findings

There were suitable staffing levels maintained to meet people's needs and robust recruitment procedures followed to make sure suitable and competent staff were employed to work at the home.

Medicines were managed safely in the home.

Although people's consent was sought appropriately, care planning could be improved to reflect where 'best interest' decisions were being made on behalf of people.

Generally, the home provided a good standard of food. People also received appropriate support with dietary requirements.

Staff received appropriate training so that they could meet people's needs.

Arrangements were in place to ensure staff were supported through supervision and an annual appraisal.

People had access to appropriate health care professionals, ensuring that their healthcare needs were met.

People were cared for by a motivated and caring staff team.

People's dignity and privacy were respected.

The home was working with the local authority to improve care planning. Part of this was to develop care plan summaries to assist staff in providing consistent responsive care.

There was a system in place to make sure complaints were responded and the complaints procedure was well publicised.

There was a positive and supportive culture in the home with a registered manager in post, who people said was approachable and provided good leadership.

There were systems in place to monitor the quality of service provided to people.

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?

Reside at Southwood provided a safe environment for people and care delivery risk assessed endeavouring to make this as safe as possible.

Staffing levels were appropriate to meet people's needs.

Robust recruitment procedures were being followed.

Medicines were managed safely.

Good

Is the service effective?

Improvements were agreed about recording of mental capacity assessments to reflect in care planning where 'best interest' decisions were being made on behalf of people.

A good standard of food was provided that met people's individual needs.

There were systems in place to make sure staff received appropriate training.

Staff were supported to carry out their role.

Requires improvement

Is the service caring?

People were cared for by a motivated and caring staff team.

People's dignity and privacy were respected.

Good

Is the service responsive?

Care planning was being developed and reviewed to better inform staff of how to care for people in a consistent and responsive approach.

The complaints procedure was well publicised and records maintained of how complaints were resolved.

Good

Is the service well-led?

There was a positive culture and morale at the home.

There was good leadership at the home.

There were systems in place to monitor the quality of service provided to people.

Good

Reside at Southwood

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 was 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.

Before the inspection, the provider was asked to complete 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. The form was not returned having been sent to the email of the operations coordinator of the organisation who has since ceased working at the home.

We reviewed the notifications we had been sent from the service since we carried out our last inspection. A notification is information about important events which the service is required to send us by law.

We also liaised with the local social services department and received feedback from district nurses about the service provided to people at Reside at Southwood.

The majority of this unannounced inspection took place on 23 and 24 September 2015. At that time the registered manager was on annual leave and so we were assisted by the deputy manager of the home and also the registered manager of the organisation's sister home. We returned on 2 October when the registered manager of the home was back at work to complete the inspection.

One inspector carried out the inspection over the three days. We met the majority of people living at the home and spoke with three people who were able to tell us of their experiences of living at the home. As the other people were living with dementia and not able to tell us about the home, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with five members of staff, four visiting relatives and district nurses who were attending the home on one of the inspection days.

We also looked at records relating to the management of the service including; staffing rota's, incident and accident records, training records, meeting minutes, premises maintenance records and medication administration records. We looked in detail at the care plans and assessments relating to three people and a sample of other documents relating to the care of people at Reside at Southwood.

Good

Is the service safe?

Our findings

The people we spoke with and who were able to tell us about their experience of the home had no concerns about safety. They told us they felt cared for and supported. They had confidence in the staff with whom they had good relationships and felt safe. One person told us, "I would soon walk out if I didn't". Relatives we spoke with raised no concerns about safety.

The provider had systems in place to make sure people were protected from avoidable harm and abuse.

Staff we spoke with had completed training in safeguarding adults that included knowledge about the types of abuse and how to refer allegations or concerns. The provider's policy for safeguarding people was pinned on the notice board in the office and so was readily available for staff to consult if need be. Training records confirmed staff had completed adult safeguarding training and the registered manager maintained records to inform of when staff required refresher training.

Some people had bed rails in use to protect them from falling from their bed. A risk assessment had been completed to manage the risks associated with bed rails and was recorded in the personal files we looked at.

Risk assessments of the premises, including people's bedrooms, had been carried out to minimise the risk of harm or injury from identified hazards.

Personal evacuation plans had been developed for each person. These were being reviewed to provide better detail for staff on how to evacuate people in the event of a fire.

Incidents and accidents were monitored and audited to see if there were any trends that could be identified to reduce likelihood of occurrence. The deputy manager told us of occasions where monitoring had led to people's care being managed safer. For example, one person who had experienced falls was referred to their GP for a medication review that had resulted in a reduction of the person having falls. Another person was moved from one of the upper floors to ground level as they were assessed as being at risk of falls from using the stairs.

People and relatives we spoke with had no concerns about the levels of staffing, telling us that if they needed assistance there was always a member of staff available. Members of the staff team also had no concerns, telling us that the levels of staffing meant they had time to meet people's personal care and support needs.

The deputy manager told us that between 8am and 2pm there were eight members of staff on duty including the deputy and senior carers. From 2pm until 8pm, six members of staff and during the night time period four awake members of staff. In addition the service employed domestic staff, a cook and kitchen assistant, laundry assistant and maintenance staff. We were shown staff rosters that reflected the above level of staffing. The staff told us that there was less reliance on the use of agency staff as there was a full complement of staff now working at the home.

The home had robust recruitment systems in place that were followed to make sure suitable and competent members of staff were employed to work at the home. We looked at the recruitment records for the last three members of staff recruited to the staff team. All the required records and checks required under Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were in place as required. Prospective members of staff completed an application form, were subject to interview and references taken up. Checks had also been made against the register of people barred from working in positions of care.

Medicines were managed safely in the home. The home had suitable storage facilities, including facilities for controlled drugs. There was a system for ordering and checking medicines brought into the home and for disposing of unused medicines. The deputy manager carried out audits of medicines each month to reconcile all medicines held in the home.

People received their medicines as prescribed by their doctor. People's medication administration records, (MARS), were well completed with no gaps within the records. There was good practice of a sample of staff signatures at the front of the records of staff authorised to administer medicines in the home, a photo of the person concerned and details of any allergies from which people suffered. In most instances there was evidence of a second member of staff checking and signing where hand entries had been made, to ensure that the records were accurate.

Requires improvement

Is the service effective?

Our findings

On the first day of the inspection we enquired about people subject to a Deprivation of Liberty Safeguards (DoLS), which aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. The deputy manager and staff were not able to tell us people who had been referred or were subject to a DoLS. From looking at records we found two people whose DoLS had expired and whose circumstances had not changed since the date when a DoLS was granted. No steps had been taken to apply for another order. On the last day of the inspection, when we met the registered manager, they confirmed applications had now been made for all people who met the criteria for a DoLS referral. They also confirmed that improvements would be made as part of the care planning review; to make it clear in the records that a DoLS had been granted or applied for, and also any conditions connected to the DoLS , these being incorporated into the care planning. This was an area for improvement and will be followed up at future inspections.

Staff had reasonable knowledge and understanding of the Mental Capacity Act 2005 (MCA) as the majority had received training in this area. However, although some mental capacity assessments had been completed, these were not consistently applied and care plans did not make it clear where 'best interest' decisions were being undertaken by staff. For example, there were guidance and protocols in place for people who had 'as required' medicines prescribed but these made no reference to the assessment that these medicines were being administered to people as a 'best interest' decision owing to the person not having capacity to request these medicines when they were required. It was agreed with the registered manager that as part of the updating of care plans being carried out with the local authority, the plans would make it clearer to staff where 'best interest' decisions were made on behalf of people. This was an area for improvement and will be followed up at future inspections.

Despite the lack of clarity in care planning about consent, we observed staff consulted and gained consent from people they supported offering them choices, such as where they wished to sit, accessing different areas of the home and choice around meals.

Three people were having drinks thickened as advised by speech and language therapists because of a difficulty with swallowing. We noted on the first day of inspection that the thickener powder was left in people's rooms, which could pose a risk to people living with dementia if they ingested the powder thinking it was something to eat. We brought this to the attention of staff and noted that on the following days of the inspection action had been taken to store the thickener in a safe place. Although staff we spoke with knew the people who required thickened drinks, a notice in one person's room about their safe swallow plan gave incorrect advice as the latest guidance had come off the wall. This was corrected immediately by staff when drawn to their attention. However, should an agency member of staff relied on the information as initially seen; this could have posed a serious risk to the person.

In other respects people were supported to have sufficient to eat and drink. People were generally very positive about the standards of food provided at the home. One relative commented, "The food is very good", and went on to tell us that the staff always made sure their relative received pureed food and drinks thickened on account of a swallowing difficulty. A person living at the home told us, "They always give me things that I like."

The menu for the day, detailing two choices of meal, was displayed on a blackboard in the dining room. The staff also told us that people who lacked the capacity to make a choice from the menu, were shown the choices of meal, to make sure they were given a meal to their taste.

We observed the lunchtime period and saw staff gave people opportunity to choose their meal. Staff supported people appropriately when they needed assistance with eating, sitting beside them, talking with them and letting people eat at a comfortable pace. Overall, the mealtime was a positive experience for people.

Staff told us that they received good levels of training. They also confirmed that when they started working at the home they were provided with induction training that covered core subjects.

There was a system in place for ensuring staff received adequate training for them to be competent in their role. The deputy manager provided us with a training matrix that showed when staff had completed essential modules and when they required refresher training. The organisation has a training department and the registered manager told us she was working with the training department to develop more in depth dementia care training for the staff.

Requires improvement

Is the service effective?

Staff we spoke with said they were well-supported by their line manager and told us that they received regular supervision and an annual appraisal.

People's records showed that they were registered with a GP and arrangements were in place to make sure people had access to chiropodists, eye care and dentistry. We spoke with a district nurse who was visiting the home on one of the days of the inspection. They told us that they had good relationships with the home and that appropriate referrals were made to the team with instructions generally followed by the staff on how to meet people's needs. People had been referred appropriately for specialist services such as dieticians when people had lost weight.

Good

Is the service caring?

Our findings

A relative told us, “The staff are really good and nice.” People living at the home said that they got on well with the staff, who they said were very caring and supportive.

We observed that staff knew people well and they all interactions we observed were positive and supportive of people. At times some people were agitated and required support and assistance for staff. We saw that staff were understanding of people and were able to distract and reassure people.

We observed that when staff went into people’s rooms, they always knocked on the door before entering.

Everyone was presented in clean clothes with attention paid to their personal appearance. One relative told us about how important this had been to the person being cared for and this helped maintain their dignity now that they could not do this for themselves.

Good

Is the service responsive?

Our findings

Apart from one relative, who told us that on a couple of occasions they had found their relative dressed in someone else's clothing, people felt the home had been responsive in meeting assessed needs. We discussed laundry arrangements with the registered manager who told us that the appointment of a dedicated laundry assistant now ensured people had their clothes returned to them after being laundered.

Another relative told us that the home had responded to a request for a new bed for their relative as the one initially provided was uncomfortable.

At a safeguarding adults meeting earlier in the year it had been agreed that all care plans would be updated with a timescale for completion of January 2016. The care plans we looked at were generally up to date having been reviewed each month. However, some information was difficult to find within files, for example the information about one person's safe swallow plan. We discussed this with the deputy manager and also the registered manager. In order to make sure staff were all working in a consistent manner, care plan summaries were also being developed and it was agreed that these would be completed by the end October 2015.

We saw that within people's care plans there was information about their personal history, information about how they wished to be supported and information about people's abilities and independence. One person had epilepsy and there was a detailed care plan in place for staff on how to respond should the person have a seizure.

Staff we spoke with told us that as well as the written care plan, there were good written handovers and good communication between staff and different shifts to make sure staff worked consistently. Overall, people received personalised care from a team of staff who knew people's individual needs.

A relative we spoke with told us that group activities were provided to keep people meaningfully occupied and told us about a fayre to raise funds for people that had recently taken place.

We spoke with the member of staff responsible for coordinating activities within the home. They told us that as well as providing a group activity each afternoon, they also spent individual time with people more difficult to engage with or who spent the majority of their time in bed.

Relatives we spoke with said they were aware of how to make a complaint and said they had confidence that their complaint would be listened and responded to. We saw that the complaints procedure was prominently displayed in the main entrance lobby and told that is was also detailed within the 'welcome pack' given to people when they were admitted. We looked at the complaints log and saw that details of complaints and how they had been resolved were recorded.

Good

Is the service well-led?

Our findings

The staff, people and relatives we spoke with all said that the registered manager was approachable and accessible to speak with. All the staff we spoke with told us that the morale in the home had improved over time and that there was a good staff team who all pulled together in meeting the common objectives of providing a good standard of care to people.

Staff meetings were held so that issues and feedback could be gained from staff. The next meeting was to take place later in the month.

Surveys, involving people living at the home, relatives and professionals involved with the service were carried out each year. Returned surveys were audited to see if improvements could be made to the service provided to people.

Staff we spoke with told us that there were clear lines of accountability so that they knew what was expected of them.

The registered manager told us they had regular 'in touch meetings' with the director of the company for support and also to monitor how the service was being run.

We found that other quality assurance systems were in place such as audits of medicines, care plans and health and safety. We found that all the required tests of equipment and services were taking place making sure that the home was maintained to a good standard.