

Gateshead Council

Southernwood Promoting Independence Centre

Inspection report

Trafford, Allerdene Estate
Low Fell
Gateshead
Tyne and Wear
NE9 6LH

Tel: 01914336467

Website: www.gateshead.gov.uk

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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

About the service: Southernwood Promoting Independence Centre can accommodate up to 24 people and on the date of this inspection there were 19 people using the service.

People's experience of using this service: People received support from kind and caring staff who respected their privacy and dignity. People using the service were there on short term placements to have their needs fully assessed or to support their rehabilitation before returning home. Staff worked with people, relatives and other professionals to create personalised care plans which helped to promote people's independence.

Care records continued to be detailed and individual. Staff worked closely with other health care agencies to support people during their placement at the service. Staff regularly reviewed people's needs to reflect any changes.

The premises were safe for people using the service. There were environmental and personal risk assessments in place to help keep people safe but not all environmental risks had been fully identified or mitigated. Medicines continued to be managed safely.

The registered manager and provider monitored the quality and safety. They used a governance framework to address issues and improve the service.

Staff continued to be safely recruited and received regular refresher training. The staff team was well established and no new members of staff had been recruited since our last inspection. People received safe care from competent staff.

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

People were supported to join in activities within the service and within the local community. Staff supported people to maintain their social relationships.

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

Rating at last inspection: Good (report published September 2016)

Why we inspected: This was a planned inspection based on the rating at the previous inspection.

Follow up: We will continue to monitor the service through information we receive from the service, the provider, the public and partnership agencies. We will re-visit the service in-line with our inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service dropped to Requires Improvement.

Details are in our Safe findings below.

Is the service effective?

Good 

The service remained Good.

Details are in our Effective findings below.

Is the service caring?

Good 

The service remained Good.

Details are in our Caring findings below.

Is the service responsive?

Good 

The service remained Good.

Details are in our Responsive findings below.

Is the service well-led?

Good 

The service remained Good.

Details are in our Well-led findings below.

Southernwood Promoting Independence Centre

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: The inspection was carried out by one inspector.

Service and service type: Southernwood Promoting Independence Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service can accommodate 24 people in one adapted building.

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: Prior to the inspection, the registered manager completed a Provider Information Return (PIR). This is a form that the provider must send to CQC with key information about the service, what improvements they have planned and what the service does well.

We reviewed the information that we held about the service. This included any statutory notifications received. Statutory notifications are specific pieces of information about events, which the provider is required to send to us by law.

We sought feedback from the local authority contracts monitoring and safeguarding adult's teams, and

reviewed the information they provided. We contacted the NHS Clinical Commissioning Group (CCG), who commission services from the provider. We also contacted Healthwatch, who are the independent consumer champion for people who use health and social care services. The feedback from these parties was used in the planning of our inspection.

During the inspection we reviewed documentation, inspected the safety of the premises and carried out observations in communal areas.

We spoke with three people who used service, one relative and four members of staff including the registered manager. We reviewed the care and medicine records for one person and the recruitment records for one member of staff. We looked at quality assurance audits carried out by the registered manager and the provider. We also looked at the staffing rotas, training records, meeting minutes, policies and procedures, environmental safety and information related to the governance of the service.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The premises were not always safe for people. For example, rooms that should be locked were open and people could access areas where they could have fallen down stairs. People who could not safely assess risks to themselves could have accessed these areas which may have resulted in serious injury. The registered manager raised this immediately with staff and made sure these doors were locked.
- There was regular testing of utilities and equipment, to help keep people safe. The service had recently been awarded five stars by the food standards agency.
- Staff completed personalised risk assessments in partnership with people to help keep them safe.
- People and relatives felt the service was safe. One relative told us, "[Person] is safe and happy."

Using medicines safely

- Staff were competent and continued to manage medicines safely.
- Medicines were stored in a locked treatment room but during our inspection the treatment room was left unlocked.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to reduce the risk of abuse and staff understood the signs of abuse and how they could keep people safe. The registered manager had notified the CQC of all safeguarding concerns and escalated these appropriately to the local authority.
- The safeguarding policy was available in easy-read formats. People and their relatives knew who to contact if they had concerns.

Staffing and recruitment

- There were suitable staffing levels to support people safely. The registered manager regularly reviewed staffing levels due to the short periods of time that people stayed at the service.
- The service had a well-established staff team and no new staff had been recruited since our last inspection.

Preventing and controlling infection

- The premises were clean and tidy.
- There was an infection control policy in place and we saw staff followed this.
- The registered manager worked with the infection control team at the local hospital to have regular reviews of the service and provide additional training to staff..

Learning lessons when things go wrong

- The registered manager regularly reviewed all accidents and incidents to identify any trends and used this as part of the service's action plan for improvement.
- All incident investigations were clearly documented and shared with relevant partnership agencies.
- Outcomes and lessons learnt from investigations were shared with people, relatives and staff.

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.

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

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.

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 on such authorisations were being met.

- For people who did not always have capacity, mental capacity assessments and best interest decisions had been completed for any restriction placed on them.
- Staff asked people for consent before providing assistance and asked for people's choices for meals and drinks.

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

- People had in-depth holistic assessments of their needs which covered their physical, mental and social care requirements.
- People's treatment and support were delivered in line with current national best practice standards and guidance, such as National Institute for Health and Care Excellence (NICE) and MCA.
- The registered manager had created an easy read guide to DoLS for people and their relatives to understand the process and the outcomes.

Staff support: induction, training, skills and experience

- The registered manager continued to support staff with regular supervisions and appraisals.
- Staff received refresher training regularly and were supported to access additional courses, that they had an interest in, to support their on-going development.

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

- People were supported to maintain a healthy and balanced diet and staff understood people's preferences on how to be supported.

- People were referred to other health and social care professionals, for example the dietitian, if a risk was identified.
- Pictorial menus were available to aid people in making choices.

Supporting people to live healthier lives, access healthcare services and support

- People were referred to other health care teams, for example the speech and language team, to help make sure their needs were met. Staff worked closely with other health care professionals and followed advice provided.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked closely with other care agencies to provide a consistent level of support to people.
- During our inspection, the registered manager spoke to a GP, who regularly attended the service to review people.
- People were supported to move-on from the service once their personal outcomes were achieved.

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

- The premises was appropriately adapted for people to access without difficulty. Clear signage helped people to find their way around.

Is the service caring?

Our findings

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

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

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

- People were treated kindly by staff; staff were friendly and caring and knew people well.
- People and relatives were positive about the support from staff. One person said, "They are kind with me. They feed me and they talk with me. The staff are taking me along the corridor to have talk time with me."
- Staff were engaging with people. People and staff were laughing and joking together.
- Equality and diversity policies were in place to ensure that people were treated with dignity and respect regardless of their sex, race, age, disability or religious belief.
- The registered manager and staff were trained using FREDA approach to care. This meant that staff used Fairness, Respect, Equality, Dignity and Autonomy as their core values when supporting people.
- The service had received many compliments from people, relatives and other health and social care professionals.

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

- Staff worked in partnership with people to make sure all needs were met.
- Staff used a range of accessible communication methods to make sure people could have a say in their care, such as easy read guides and pictorial information..
- The service promoted advocacy and there was information available for people and relatives to access these services.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be independent and develop their own skills. A member of staff encouraged a person to walk along the corridor to meet their relatives in the reception area.
- People had personalised plans to promote their independence, these included personal safety, life skills and well-being.

Is the service responsive?

Our findings

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

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

- People had person-centred care plans which highlighted their strengths and promoted their independence.
- Care plans reflected all aspects of people's care; they included a life history, individual preferences and interests.
- People were supported to attend activities in the community and within the service.
- The provider was currently organising a sporting event for services to be part of. Staff talked with people about this and what events they would like to be part of.

Improving care quality in response to complaints or concerns

- Complaints were investigated fully, outcomes were shared with people, relatives and staff and lessons learned were shared with the wider team.
- The registered manager responded to all complaints in line with the service's complaints policy.
- One person told us when we asked if they had any concerns or complaints, "I can't grumble."

End of life care and support

- People had conversations with staff about their end of life wishes as part of their initial assessment but these were not always recorded due to the short period of time people used the service.
- Staff had received training in delivering end of life care and the support required for families.

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

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

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

- The management team told us that people and their outcomes were at the centre of everything. They were passionate about the support people received and making a positive difference to people's lives.
- People and relatives were positive about the staff culture at the home.
- Relatives commented that the registered manager was always available to speak to if they needed to address any concerns. A member of staff told us, "She [registered manager] is good and knows it all. She can always tell you if you're doing something wrong and show you how to do it right."
- Staff morale continued to be positive. Staff told us, "I like it here, it's friendly, staff and residents are all friendly."

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

- There was a robust governance framework in place. Audits were effective.
- There was a long standing registered manager in post who was fully aware of their legal responsibilities.
- The management team had an open and honest approach. People, relatives and staff regularly approached the registered manager to talk about things.
- If things did go wrong, lessons were learned and apologies were provided.

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

- People, staff, relatives and the public were regularly asked for feedback about the service and results were used to shape the service.

Continuous learning and improving care

- The registered manager worked with staff to provide on-going professional development.
- The management used results from quality and assurance audits, feedback and meetings to improve the service.

Working in partnership with others

- The service worked in partnership with external agencies to deliver a high standard of care to people to help them transition back to their own home or to another service.

