

Southfield Health Care Limited

Southfield 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?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

Our last inspection took place on 7 and 8 March 2017 and at that time we found the service was not meeting four of the regulations we looked at. These related to safe care and treatment, fit and proper person employed, staffing and good governance. The service was rated 'Inadequate' and was placed in special measures.

Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. This inspection was therefore carried out to see if any improvements had been made since the last inspection and whether or not the service should be taken out of 'Special measures.'

During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the five key questions. Therefore, this service is now out of Special Measures. However, while we concluded improvements had been made they needed to be fully embedded and sustained to make sure people consistently received safe, effective and responsive care and treatment. This is reflected in the overall rating for the service which is now 'Requires Improvement.'

There was a registered manager in post. 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.

Policies and procedures ensured people were protected from the risk of abuse and avoidable harm. Staff told us they had regular safeguarding training, and they were confident they knew how to recognise and report potential abuse. Where concerns had been brought to the registered manager's attention, they had worked in partnership with the relevant authorities to make sure issues were fully investigated and appropriate action taken to make sure people were protected.

Comprehensive risk assessments identified individual risks to people's health and safety and there was information in each person's care plan showing how they should be supported to manage these risks. Systems were in place to ensure people received their prescribed medicines safely.

There were enough staff on duty to meet people's needs and staff had undertaken training relevant to their roles. Staff told us there were clear lines of communication and accountability within the home and they were kept informed of any changes in policies and procedures or anything that might affect people's care

and treatment.

The home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and acting within the legal framework of the Mental Capacity Act 2005 (MCA).

People told us they enjoyed the food and we staff were proactive in supporting people to maintain their fluid and food intake, especially people identified as being at risk of malnutrition.

We saw the complaints policy had been made available to everyone who used the service. The policy detailed the arrangements for raising complaints, responding to complaints and the expected timescales within which a response would be received.

The care plans in place were person centred and identified specific risks to people health and general well-being, such as falls, mobility, nutrition and skin integrity.

We saw arrangements were in place that made sure people's health needs were met. For example, people had access to the full range of NHS services. This included GPs, hospital consultants, community health nurses, opticians, chiropodists and dentists.

Relatives told us they were made welcome and encouraged to visit the home as often as they wished. They said the service was good at keeping them informed and involving them in decisions about their relatives care.

There was a quality assurance monitoring system in place that was designed to continually monitor and identified shortfalls in service provision. Audit results were analysed for themes and trends and there was evidence that learning from incidents took place and appropriate changes were made to procedures or work practices if required.

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 safe overall but systems to ensure this were still not fully embedded.

People were protected by staff who knew how to recognise and report any concerns about people's safety and welfare.

There were enough staff available and checks were done before new staff started work to make sure they were suitable to work in a care setting.

The home was clean, odour free and risks to people's safety were identified and managed. People's medicines were managed safely.

However, although the provider had implemented new policies and procedures it was too early for them to be able to demonstrate that they were fully embedded and that these improvements could be sustained over time.

Requires Improvement 

Is the service effective?

Good 

The service was effective.

People were supported by staff that received appropriate training and supervision.

People's rights were protected because the service was working within the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were referred to relevant healthcare professionals if appropriate and staff followed their advice and guidance.

People's nutritional needs were met.

Is the service caring?

Good 

The service was caring.

People were cared for by kind and caring staff that went out of their way to help them and promote their well-being.

People were supported to maintain on-going relationships with their families and could see them in private whenever they wished.

The service provided effective care and support to people and their families at the end of their life.

Is the service responsive?

Good ●

The service was responsive.

People's care plans reflected their individual needs and were reviewed and updated as their needs changed.

There was a range of activities for people to participate in, including activities and events in the home and in the community.

There was a complaints procedure in place and people felt confident that if they made a complaint it would be dealt with appropriately and in a timely manner.

Is the service well-led?

Requires Improvement ●

The service was well-led overall but systems to ensure this were still not fully embedded.

There was a registered manager in post who provided leadership and direction to the staff team.

Wherever possible both people who lived at the home and staff were involved in all aspects of service delivery.

The provider had implemented new quality assurance systems to check the quality and safety of the service.

However, it was too early for the provider to be able to demonstrate that the new processes were fully embedded and that these improvements could be sustained over time.

Southfield Care Home

Detailed findings

Background to this inspection

This inspection took place on 24 October 2017 and was unannounced. The inspection was carried out by two adult social care 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. In this case the expert-by-experience had experience of services for older people and people who lived with dementia.

We used a number of different methods to help us understand the experiences of people who used the service. We used the Short Observation Tool for Inspection (SOFI) to observe how staff interacted with people. This tool helps us to understand the experience of those living with dementia who could not communicate verbally with us. We looked at five people's care records, medicines administration records (MAR) and other records which related to the management of the service such as training records, staff recruitment records and policies and procedures.

During the inspection we spoke with nine people who were living at the home, five relatives or friends, six care staff, catering and housekeeping staff, the deputy manager, the registered manager and provider.

Before the inspection we reviewed the information we held about the home. This included looking at information we had received about the service and statutory notifications we had received from the registered manager.

We also asked the provider 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 registered provider returned the PIR and we took this into account when we made judgements in this report.

Is the service safe?

Our findings

The people we spoke with and/or their relatives told us they felt people were safe living at the home and all the staff were kind and caring. One relative said, "I am absolutely sure (Name of person) is safe and well cared for. The staff are wonderful and will go out of their way to help people." Another relative said, "I am very happy with the care provided and confident people living at the home are safe."

We spoke with staff about their understanding of safeguarding and what they would do if they thought people who lived at the home were at risk. All of them told us they would not hesitate to report any concerns to the registered manager or deputy manager. They also told us if management did not take action they would go to the Bradford safeguarding team or to CQC. We saw the registered manager had made appropriate referrals to the safeguarding team when this had been needed. This meant staff understood and followed the correct processes to keep people safe.

When we inspected the service in March 2017 we found the service was in breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because appropriate action was not always being taken to assess, prevent, detect and control the spread of infections. On this inspection we found improvements had been made.

Staff we spoke with all told us the cleanliness of the home had improved since our last inspection. We found the home was clean, tidy and odour free. We saw some areas of the home including the dining room had been redecorated and new cleaning schedules had been introduced. In addition, we saw an environment improvement plan had been put in place which highlighted areas of the home in need of refurbishment or general maintenance in the future. We saw staff had access to personal protective equipment, such as gloves and aprons and were using these appropriately.

We saw at the last food standards agency inspection of the kitchen the home had been awarded 5 stars for hygiene. This is the highest award that can be made. This showed us effective systems were in place to ensure food was prepared and stored safely.

When we inspected the service in March 2017 we found the service was in breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because appropriate action had not been taken to ensure the premises were safe and fit for purpose.

On this visit we found improvements had been made. For example, we saw a new fire risk assessment had been completed and the registered provider had completed all the work required by the Fire and Rescue Authority to comply with an enforcement notice served in December 2016.

The accommodation at the home was arranged over two floors, with a passenger lift serving both floors. The majority of bedrooms were single occupancy and some had en-suite toilets.

We saw a range of checks were undertaken on the premises and equipment to help keep people safe. These

included checks on the fire, electrical and gas systems.

Staff were able to tell us the action they would take if the fire alarms sounded and we saw people had Personal Emergency Evacuation Plans (PEEPs) in place which were up to date. There was also information about what action should be taken in the event of flooding, a gas leak or major electrical fault. This meant in an emergency staff knew what to do to keep people safe.

When we inspected the service in March 2017 we found the service was in breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because appropriate action was not always being taken to mitigate risks to people who used the service. On this visit we found improvements had been made.

Risks to people's health and safety were assessed and clear risk assessment documents had been produced. For example, one person was assessed as being at high risk of developing pressure sores. A plan of care had been put in place outlining the risks, the equipment in place and what staff needed to do to help keep the person safe. We saw another person had a specialist mattress in place and was sitting on a specialist cushion in their armchair. Risk assessments were subject to regular review and covered a comprehensive range of areas including, nutrition, falls and mobility.

When we inspected the service in March 2017 we found the service was in breach of regulation 12 (Safe care and treatment).of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulations. This was because medicines were not being managed safely. On this inspection we found significant improvements had been made.

We found medicines were stored securely in trolleys or in the treatment room. The temperatures of the treatment room and fridge were monitored to make sure medicines were stored at the recommended temperatures. All staff who administered medicines had received training and competency checks were undertaken on staff to make sure they followed correct and safe procedures.

We saw the staff member responsible for administering medicines on the day of inspection checked the medicines to be given against the medication administration record (MAR). This ensured the correct medicines were being given at the right time. Once the persons' medicines had been prepared they were taken to the individual, together with a drink. The staff member then stayed with the person until the medicines had been taken. We saw people being supported to do this in a kind and patient way. The staff member then signed the MAR to confirm the medicines had been given.

Some people had medicines which were prescribed with particular instructions about when they should be taken. For example, some medicines needed to be taken half an hour before food and other medicines needed to be taken at specified times throughout the day. We found these instructions were followed. When medicines were prescribed to be taken 'as required' there were instructions for staff to help ensure these medicines were used effectively and consistently.

We saw there was a system in place to keep a check on how much medication was being held at any given time. We checked the stocks of three medicines and found them all to be correct.

Some medicines are classified as controlled drugs because there are particular rules about how they are stored and administered. We found these medicines were stored and accounted for correctly. We concluded medicines were stored and managed safely.

When we inspected the service in March 2017 we found the service was in breach of regulation 19 (Fit and

proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because robust recruitment processes were not being effectively operated to ensure that person's employed were fit and proper to work with vulnerable people. On this inspection we found significant improvements had been made.

We looked at the recruitment files of three recently employed staff members and found all relevant checks had been made prior to them starting work. We also spoke with two newer staff members who told us the recruitment process had been robust. They confirmed they had attended a 'face to face' interview where any gaps in their employment had been checked. They told us they had not been able to start work until their Disclosure and Barring Service (DBS) check and satisfactory references had been received.

When we inspected the service in March 2017 we found the service was in breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we concluded there were not sufficient staff on duty to meet people's needs. On this inspection we found the registered manager had introduced a dependency tool to assess people's needs and ensured sufficient staff were now deployed on day and night duty to meet those needs.

Staff told us there were enough of them to make sure people were kept safe and to meet people's personal care needs. One staff member told us, "There is a relaxed atmosphere here and we have the time to sit and talk to people." Another staff member said, "Staffing is not a problem, the manager always makes sure there are enough staff on duty to meet people's needs and will increase staffing levels if someone is poorly or needs additional support for any reason."

People who used the service and their relatives also told us sufficient staff were employed and people's needs were met in line with their agreed care plan. One relative said, "There are loads of staff on duty." Another relative said, "There always seems to be plenty of staff on duty when I visit and (Name of person) knows a lot of the staff by their first names, which is nice."

We concluded the service was safe and that significant improvements had been made since the last inspection. However, while it was apparent improvements had been made to ensure people who used the service were safe; it was too early for the provider to be able to demonstrate that the new processes were fully embedded and that these improvements could be sustained over time.

Is the service effective?

Our findings

When we inspected the service in March 2017 we found the service was in breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 Regulated Activities 2014 Regulations This was because the records relating to people's dietary needs were not maintained to a satisfactory standard. We were therefore unable to determine with any confidence that people's dietary needs were being met.

On this inspection we found improvements had been made and records were now accurately maintained. For example, we saw some people were having their fluid intake monitored to make sure they were getting enough to drink. The records informed staff how much fluid each person should have on a daily basis. This had been calculated correctly based on best practice guidance which states people should consume 30mls of fluid per kilogram of weight. We saw staff recorded people's fluid intake and added this up every day to make sure people's hydration needs had been met. We saw people looked well hydrated and plenty of hot and cold drinks were offered to people throughout our visit.

We looked at the care plan for one person who had been assessed as being nutritionally at risk. They were being weighed weekly and we saw their weight had remained stable since April 2017. The care plan identified they needed to be provided with snacks between meals and 'finger food' should be offered so they could eat whilst they were walking around. We saw this person was provided with a range of foods throughout our visit. The cook told us this person would often look through the window to the kitchen and they took this as an indication they were either hungry or thirsty so they would get them a sandwich and a drink.

During the morning we heard one person asking for chocolate and staff obtained this from the kitchen for them. We saw staff giving people biscuits and chocolates both during the morning and afternoon. One person came and asked for cereal during the afternoon and this was promptly provided. One senior staff member told us, "The food is good and there is plenty of choice. [Name of person who used the service] has constant finger foods. If people aren't eating we will offer them more fortified puddings. As long as they are getting the calories it doesn't matter what they are eating like crisps, biscuits, ice cream, lollies, sandwiches or chocolates." Another staff member said, "The food is really, really good there is no skimping and people can get anything they want and could eat all day long if they wanted."

We spoke with the cook who had a detailed knowledge of each person's dietary preferences. They explained how, in addition to any prescribed food supplements, they made milkshakes everyday with full fat milk, cream, flavouring and milk powder for people who had been identified as being nutritionally at risk. We saw these milkshakes being served during the afternoon and being enjoyed. The cook also explained they would cater for anyone's particular preferences and people who used the service could have pretty much anything they wanted.

At lunchtime some people had salads whilst the majority had cottage pie, roast potatoes, sprouts and carrots. The meal looked and smelt very appetising and we saw people enjoying the food. We heard a staff member ask one person if they wanted to go to the table for lunch. The person said they did not want any

lunch. The staff member collected a plate of the hot option and sat with them in the lounge area. They explained all of the different components of the meal and then put food on the fork. The person picked up the fork and with encouragement started to eat their meal. This showed staff were dedicated in ensuring people consumed a good diet.

When we looked at medicine's management we saw a number of people had been prescribed food supplement drinks. The deputy manager told us each evening the drinks for the next day were placed in the fridge, as people did not like them if they were warm. This showed us staff were very thoughtful about what people liked. We concluded people's nutritional needs were being met.

When we inspected the service in March 2017 we found the service was in breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 This was because we could not be confident staff received the training and supervision they required to carry out their roles effectively and in people's best interests.

On this inspection we found the registered manager had reviewed how staff training was facilitated. For example, staff now updated all their mandatory training over two days unlike at the last inspection where we found staff were completing seven mandatory training courses in just one day. The registered manager told us this change meant staff had more time to digest the course contents and reduced the workload on staff. We also saw the registered manager was in the process of building up a training library of DVDs purchased from a recognised training provider to complement the face to face training staff received. In addition, we were told by the registered manager that there was an expectation that all new staff employed with no previous experience in the caring professional had to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

At the last inspection we found some staff members had not had not benefitted from having a formal one to one supervision meeting with the registered manager or a designated senior staff member for some considerable time. On this inspection we saw the registered manager had started to implement a planned programme of supervision and appraisal meetings with individual staff members and their training and personal development needs were identified during these meetings. The staff we spoke with told us they felt well supported by the registered manager and senior staff team and the training provided equipped them to meet the needs of people living at the home.

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 are called the Deprivation of Liberty Safeguards (DoLS). The Care Quality Commission (CQC) monitors the operation of the DoLS which apply to care homes. 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. We found the service was working within the principles of the MCA and DoLS and therefore people's rights were protected.

The staff we spoke with had a good understanding of the MCA and DoLS and were able to inform us who had authorised DoLS in place and what this meant in relation to the care, treatment and support they

received.

The care records we looked at clearly showed people had been seen by a range of health care professionals, including GPs, district nurses, dieticians, opticians and podiatrists. The staff we spoke with told us if they noticed any potential health related issues the senior care workers were quick to respond and would not hesitate to get the doctor or district nurse. We concluded people's health care needs were being met.

Is the service caring?

Our findings

People told us staff were caring or very caring. One person said, "The staff are genuinely caring and will do anything for you." Another said "Kindness seems to be second nature to them." A relative said, "I have always seen the staff treat people with kindness and care."

Our observations supported this and we saw staff show kindness and compassion to people. For example, a person was seen to be unsettled, we noticed staff were aware of this and when this person didn't settle, staff intervened to see if they could assist them. People showed signs of being happy with their care. We saw people smiling, laughing and joking with staff and each other. We found staff friendly and welcoming. There was a calm, relaxed atmosphere in the home and an open and inclusive culture. One member of staff said, "It's got a family feeling."

We found people's needs were assessed and their care and treatment was planned and delivered in line with their individual care plan. We saw the care plans for people who used the service contained 'Life story' information and details of their interests and hobbies. People looked relaxed and comfortable around staff. There was a calm, friendly atmosphere and we saw staff took time to sit and chat with people. We observed care and support and saw staff treated people with kindness, dignity and respect. Interactions were consistently positive and it was clear staff had developed good positive relationships with people and knew them well.

Staff told us they encouraged people to be as independent as they could be. For example they described how they helped people to choose what they were going to wear, by opening their wardrobe and showing them options. They told us some people would help to dust, wash up and help make their own drinks. They talked with fondness about the people living in the home, and their commitment to providing the best care possible.

We observed people being addressed by the staff using their preferred names and the staff knocked on people's doors before entering into their room. When personal care was being given, the staff made sure that the doors to people's rooms remained closed to ensure privacy and dignity was maintained. We saw people's bedrooms had been personalised with photographs and ornaments. People's clothing had been put away tidily in wardrobes and drawers showing staff respected people's belongings. We saw staff were mindful of people's dignity, for example, portable screens were used when people were being hoisted from their wheelchair into an armchair in the lounge.

However, we saw some people looked a little dishevelled. For example, we noticed that four people's hair was in need of styling and washing, two residents had food around their mouths and one person had spilt food on his trousers. This was discussed with the registered manager who told us the service provided person centred care to people living with dementia. Therefore it was at times a matter of encouraging people to maintain their personal hygiene in a manner that did not upset them or cause them to exhibit challenging behaviour. They told us staff were aware of people's needs and every effort was made throughout the course of the day to ensure people's personal hygiene needs were met.

We saw people were supported to maintain on-going relationships with their families and could see them in private whenever they wished. One relative we spoke with said they visited the home on a regular basis and were always made to feel welcome and offered light refreshments.

The provider information return completed by the registered manager showed other healthcare professionals felt the staff provided excellent palliative care for people nearing the end of their life. The registered manager explained the importance of ensuring families members were well supported when their relative approached the end of their lives. They told us families were the people who were left behind when a person died and therefore it was extremely important they supported them through this difficult period.

We looked at how the service worked within the principles of the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. We spoke with the registered manager about the protected characteristics of disability, race, religion and sexual orientation and they showed a good understanding of how they needed to act to ensure discrimination was not a feature of the service. We saw no evidence anyone living in the home was discriminated against.

We saw the service had policies and procedures in relation to protecting people's confidential information which showed they placed importance on ensuring people's rights, privacy and dignity were respected. We saw staff had received information about handling confidential information and on keeping people's personal information safe. All care records were stored securely to maintain people's confidentiality.

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. All the people we spoke with expressed their general satisfaction with the care provided. One relative said, "Name of person looks so much better now they are having regular meals and drinks, it's a weight off my shoulders knowing they are well cared for." Another relative said "The staff seem to know people very well and respond to their individual needs appropriately; I suppose it is second nature to them."

When we inspected the service in March 2017 we found the service was in breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the records relating to people's care, treatment and support were not maintained to a satisfactory standard. Therefore we were unable to determine with any confidence that people's needs were being met.

On this inspection we found improvements had been made to the care planning system and the records we looked at provided accurate and up to date information. For example, we reviewed four people's care records which were detailed and person-centred. They showed what the person could do for themselves and the support they needed from staff which included any particular preferences. We found the care files we looked at were easy to navigate and followed a standardised format. All of the files contained detailed risk assessments relating to activities of daily living such as mobility, eating and drinking and continence. The risk assessments and care plans had been reviewed at least monthly and where an issue had been identified, action had been taken to address and minimise the risk.

The registered manager told us either they or a senior staff member visited people prior to their admission to Southfield Care Home, to complete an initial assessment of their support needs, and gain an understanding of their background, likes and dislikes. They told us this information was used to develop a care plan and shared with staff in preparation for the person's arrival. They also told us if appropriate they actively encouraged people who were considering using the service and their relatives to have a look around the home and speak with staff and people already living there.

A member of staff told us they were confident the care plans and risk assessments were up-to-date and contained enough information about each person's needs. They said all staff were instructed to read the care plan of any new person when they moved in and if any changes were made to people's care plan a copy was put in the handover file. They told us they had to read and sign the file to acknowledge they were aware of the changes.

The registered manager told us the most popular activities were singing, dancing and music and exercise. During the morning staff organised singing and later on an external provider came to organise an exercise session, which 13 people joined in with. Staff put a variety of activities out on the dining tables. For example, large playing cards, knitting, books, games and a tea-set. We saw staff sitting with individuals and engaging them in an activity or conversation. There were always staff present in the lounge areas and they used this time to provide people who used the service with companionship and conversation. We concluded people were being provided with both entertainment and occupation.

We saw the service had a complaints procedure which was available to people who used the service and their relatives. The staff we spoke with told us they were aware of the complaints procedures and were able to describe how they would deal with and address any issues people raised with them. We looked at the complaints register and saw two formal complaints had been received since the last inspection. We saw these complaints had been dealt with appropriately by the registered manager and the complainants were happy with the response received.

People who used the service and the relatives we spoke with told us that they did not have any concerns or complaints but knew who to speak with if they had any concerns. One person said, "If I have a problem I speak with the staff and they sort it out." Another person said, "I have never complained but if I did I am sure (Name of manager) would sort it out for me." The registered manager told us they were pro-active in making sure low level complaints and concerns were dealt with before they escalated to a formal complaint. They also told us complaints were welcomed as they were used as a learning tool to improve the service for everyone.

Is the service well-led?

Our findings

On the day of inspection the registered manager was a visible presence throughout the home. People who used the service, their relatives and staff spoke positively about the way the home was managed and how approachable the registered manager was.

When we inspected the service in March 2017 we found the service was in breach of regulation 17(Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 This was because although there were quality assurance systems in place designed to continually monitor the service, these were not sufficiently robust or in some instances fit for purpose.

At the last inspection we also found the registered provider had not addressed some areas for improvement previously raised by the Commission and other organisations and there was a lack of accountability and communication between the registered manager and provider. In addition, we found the office used by the registered manager was disorganised resulting in them being at times, unable to find the information we required.

On this inspection we found significant improvements had been made to the governance of the service and the registered manager had reorganised their office and information requested was provided quickly on request. We also found the registered manager and provider were now working closely together to drive improvement and the provider had employed the services of an external consultancy to support the registered manager in their role.

For example, we found the registered manager had implemented more robust quality assurance monitoring systems and we saw either they or a designated staff member carried out a range of audits to monitor the quality of the care and facilities provided. These included care plans audits, medication audits, staff training and supervision audits, environmental audits and accidents and incidents audits. We saw if any shortfalls in the service were found an action plan was put in place and steps were taken to address the matter.

There was an open and transparent culture in the service. Staff were happy to speak with us and to tell us about all of the improvements made since the last inspection. It was clear from speaking with staff their focus was on positive outcomes for the people who used the service. All the staff we spoke with told us they enjoyed working at the home. One staff member said "I love working here; everyone's treated as an individual, everyone's loved and cared for genuinely. Every single person treats the residents as if they were their mum or their granddad." Another staff member said ""At Southfield, we are open and honest, we try our best. If we make a mistake, we learn from it."

We asked staff about the management of the service. They all told us the registered manager and deputy manager were very approachable and had an open door policy. Staff made these specific comments about the registered manager. "Brilliant manager, they respect confidentiality and is always on hand. They are responsive and a good leader who is 'hands on.'" "[Name of manager] is a good manager I get supervision and I can air my views. I can talk openly and the office door is always open." [Name of manager] is fantastic

and easy to approach."

We saw staff were kept informed of any changes in policies, procedures or work practices through attending staff meetings. We also saw staff on duty now attended a 'Buzz' meeting every Monday morning during which a range of topics relevant to people's care, treatment and safety were discussed. The staff we spoke with told us these meetings provided a valuable source of information.

In addition, we saw the registered manager had introduced a 'Policy of the month' review whereby each month staff were asked to read and review a different policy or procedure document. Their understanding of the policy document was then discussed either informally with the registered manager or through their formal one to one supervision meetings with their line manager. This promoted learning and improvement in practice.

The registered manager told us 'Residents/relatives' meetings were no longer held as people had made it known they did not want to attend a formal meeting. However, staff now engaged with people who used the service on a one to one basis and completed an 'Engagement form.' In addition, the registered manager confirmed the relatives of people who used the service were invited to complete an annual survey questionnaire and the information gathered from both sources was collated and an action plan put in place.

People who used the service and their relatives told us they had confidence in the registered manager and staff team. One person said, "The results of the last inspection were a shock but I can see the improvements that have been made since and I personally have no concerns about the care provided." Another person said, "I am happy with the care provided and I have always found the manager and staff approachable."

The provider information return completed by the registered manager showed the provider and external consultancy were working together to develop a provider visit schedule which would ensure checks and actions were completed, reviewed, and evidenced. The registered manager told us they now felt better supported by the provider and they were now proactive instead of reactive when addressing areas of concern. We saw evidence of provider visit reports on the day of inspection.

Providers are required by law to notify The Care Quality Commission (CQC) of significant events that occur in care settings. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found the service had met the requirements of this regulation. It is also a requirement that the provider displays the quality rating certificate for the service both in the home and on their website if they have one, we found the service had also met this requirement.

We concluded the service was being well managed and that significant improvements had been made to the governance and audit systems. However, whilst it was clear the service was on a journey of improvement, it was too early for the provider to be able to demonstrate that the new processes were fully embedded and that these improvements could be sustained over time.