

# Holmleigh Care Homes Limited

## Southfields Residential Care

### Inspection report

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Date of inspection visit: 16 & 17 October 2014  
Date of publication: 16/12/2014

### 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



### Overall summary

This inspection took place on 16 and 17 October 2014 and was unannounced. Southfields Residential Care provides accommodation and personal care for up to nine people with a learning disability or autistic spectrum disorder. Nine people were living in the home at the time of our inspection.

A registered manager was in place as required by their conditions of registration. 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 and

associated Regulations about how the service is run. The registered manager was not available during our inspection so we spoke with the deputy manager who was in charge of the service and assisted us with the inspection.

People were at risk of infection as the wet rooms had not been adequately maintained and could not be effectively cleaned to reduce the risk of infection.

Staff and the registered manager understood their role and responsibilities to protect people from harm and abuse. People's personal support needs and risks had

# Summary of findings

been assessed and discussed with them. Staff were given guidance on how to best support people when they were upset or at risk of harm. People's medicines were ordered, stored and administered in a safe way.

People's health, emotional and social needs were assessed and reviewed. Their care was focused around their needs and wishes. People told us they enjoyed the food and meals served to them. They were supported to eat and drink sufficient amounts and maintain a balanced diet. Their dietary needs and preferences were considered when planning the weekly menu. Alternative food was available if people did not like the meal options.

People were supported by staff who were suitably trained and recruited to carry out their role. There were sufficient numbers of skilled staff to meet the needs of the people they supported. Staff were supported and could raise any concerns with the team and registered manager.

There were a wide range of individual and group activities in the home and throughout the community offered to people. People were provided with information about the activity to help them decide if they wanted to participate.

People and their relatives spoke highly of the staff and the registered manager. People told us that staff were caring and gave them the support they needed. People were given information about their and daily activities so they could make an informed decision. Relatives told us that any day to day concerns which they had raised were always dealt with immediately. Complaints were managed effectively and actions were put in place to prevent the concern reoccurring.

Monitoring systems were in place to ensure the quality of the service. Internal and external audits were carried out to continually monitor the service provided. The registered manager was knowledgeable in supporting people to ensure they were protected and safeguarded from harm.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

# 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?

This service was not safe. People were at risk of infection as damaged and corroded surfaces in the wet rooms could not be effectively cleaned.

Staff were recruited safely and trained to carry out their role. Staffing levels were suitable and flexible to meet the needs of the people who stayed in the home.

Staff were knowledgeable about their role and responsibilities to protect people from harm and abuse. There were clear policies and procedures in place to give staff guidance on how to report any allegations of abuse. People's finances and medicines were managed and stored effectively.

**Requires Improvement**



### Is the service effective?

This service was effective. People's care was planned, assessed and focused on their individual needs. They were supported to access health care services when needed. Staff were trained and supported to carry out their role.

People's health and emotional needs had been assessed and regularly reviewed. People had been referred to other health and social care services if they required additional support and care. Staff recorded and implemented any recommendations made by the health care professionals. People nutritional needs were met. People were involved in planning the weekly menu. Their dietary needs and preferences were catered for.

Staff understood the importance in providing choice to people and acting in people's best interests if they did not have the capacity to make specific decisions for themselves.

**Good**



### Is the service caring?

The service was caring. Staff understood the different needs of people and adapted their approach accordingly. People who were able to communicate told us they were happy at the home. Relatives said the staff were caring and compassionate.

People were encouraged to express their choices and preferences about their daily activities. People's privacy, dignity and decisions were respected and valued by staff.

**Good**



### Is the service responsive?

This service was responsive. People received care which was centred around their needs and preferences.

People were offered activities in the home and the community. People and their relatives were able to raise concerns openly with staff and were listened to and acted on.

**Good**



# Summary of findings

## Is the service well-led?

This service was well- led. People and their relatives spoke positively about the management and staff team in the home. Staff were supported and encouraged to develop their care skill practices by the registered manager. Staff demonstrated good care practices and the core values of the organisation.

Systems were in place to report and review any significant incidents to the relevant authorities. Quality assurance systems were in place to monitor the quality of care and safety of the home.

Good



# Southfields Residential Care

## 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 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.

This inspection took place on 16 and 17 October 2014 and was unannounced. The inspection was carried out by one inspector. This service was last inspected on 16 October 2013 when it met all the legal requirements and regulations associated with the Health and Social Care Act 2008.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the

provider to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information that we held about the provider and previous inspection reports.

We looked around the home and talked with four people and four members of staff. Some people were unable to communicate verbally with us due to their complex needs. However we saw how staff interacted with people. We looked at the care records of four people and records which related to staffing including their recruitment procedures and the training and development of staff. We inspected the most recent records relating to the management of the home including accident and incident reports.

After the inspection we spoke with three relatives by telephone and three health and social care professionals.

# Is the service safe?

## Our findings

People were not always protected from the risk of infection as two adjacent wet rooms had not been maintained to an appropriate standard to prevent and control infections. There were gaps and erosion of the silicone around the tiles, rotten wooden door frames, peeling paint, exposed pipes, inadequate extractor fans and partially blocked drainage pipes in the floor. Poor water drainage had resulted in damage to the corridor flooring between the two wet rooms. The legs of one person's shower chair were rusty and corroded. This meant that germs could harbour within the surfaces and increase the risk of infection to people who used the wet rooms. Effective cleaning was therefore unable to take place to reduce the risk of cross contamination to people. This was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We raised our concerns with the provider during our inspection and a refurbishment plan of the wet rooms and the replacement of the shower chair were immediately implemented. We were told the provider would review their infection control audit and produce a home maintenance programme to ensure people lived in a safe and comfortable home.

Staff helped people to clean their rooms each morning. People were also encouraged to help tidy and clean areas of the home such as the lounge area. Cleaning records were completed to monitor the cleaning schedule of the home. Staff understood the importance of protecting themselves and people who lived in the home from cross contamination. For example, staff appropriately used protective aprons and gloves when providing personal care which were readily available. Suitable hand washing and drying facilities were in place to be used by everyone in the home. Hazardous and domestic waste were managed and disposed of appropriately. A suitable locked cupboard stored all chemical and hazardous products and cleaning materials.

People had the choice to have a secure cupboard in their rooms to keep things in that were valuable to them. People's money was stored and managed effectively. For example, one person went out shopping with a staff member during our inspection. On their return, the receipts for the purchases and the change was recorded and checked in. This was witnessed by another member of staff.

The provider was about to implement a new financial risk assessment for each person. This would help staff more effectively review and document people's ability to manage or consent to staff managing their money. People were helped to make an informed decision about spending large amounts of money. For example, one person had an advocate to support them in making decisions to purchase some furniture for their bedroom.

Suitable staffing levels were in place to meet the needs of the people who lived in the home. One relative said "There is always plenty of staff around". Some staff were temporarily working extra shifts to cover two staff vacancies. People told us that there were enough staff to meet their needs and help them when needed. Staff shifts were being monitored by the registered manager.

Staff recruitment practices protected people at the home. Employment and criminal checks had been carried out on all new staff to ensure they were suitable to support people with complex needs. The criteria for the recruitment of suitable staff had been reviewed as two recently recruited staff had not stayed working at the home for long. The deputy manager said "We want to have good staff who want to work with people with complex needs. We have two new staff members joining us shortly; we are just waiting for their employment checks to come through". The registered manager and deputy manager provided on-call support in the evenings and at the weekend. They also carried out 'spot checks' during the night to ensure people's needs were being met by the night staff. People were mainly supported by long term established staff which provided continuity in their care.

Relatives told us they felt people were safe living in the home. One relative said, "Staff are very good, I have never had a problem with them". The registered manager and staff were aware of their role and responsibilities to keep people safe and report any allegations of abuse. One staff member said "If my concerns weren't dealt with by the managers, I would escalate it up and contact other agencies such as safeguarding and CQC". Staff were knowledgeable about recognising the signs of abuse. Staff had received training in safeguarding people which helped them to understand the importance of protecting people. A safeguarding policy was available to give staff clear guidance on how to report any allegations of abuse. An easy read version of this policy was available to people who lived in the home. However the deputy manager told us

## Is the service safe?

that due to the complex communication needs of people, they were considering alternative ways of how this policy could be shared with people so they can understand the importance of safeguarding. The registered manager had informed us using notifications of significant events which had put people at risk of harm or injury. The risk assessment provided staff with instructions on how to undertake this task safely to ensure people were protected. People's individual risks had been managed, reviewed and discussed with them. One recent event was discussed at the inspection and was being managed effectively to reduce further risk to this person.

Accidents and incidents had been reported. Investigation into the accidents had been carried out with actions and follow up recommendations to prevent the incidents reoccurring. Positive behaviour management plans were in place for each person to give staff guidance on how to support people who became upset or agitated. Incidents when people had become upset and agitated had been recorded. Analysis of the possible causes of these incidents had been carried out. Actions or recommendations gave staff guidance to help reduce these incidents. One staff member said "We always try and work out what may have caused someone to become upset, it may not always be obvious straight away". A representative from the provider

visited the home monthly to monitor and discuss any incidents with staff and the registered manager. The registered manager also sought additional specialist advice to help support people. This provided staff with further guidance to help them understand the behaviours and needs of individual people. Recommendations were discussed with people then put in place and shared with other staff to help prevent the person becoming upset or agitated again.

Suitable arrangements and systems were in place to ensure people's medicines were ordered, stored and administered safely. Senior staff members had been trained to manage these systems. The skills and competency levels of senior staff to manage people's medicines were regularly reviewed by the management team. Records showed people had been given the correct medicines at the right time. People's care records indicated how they preferred to take their medicines. For example, with encouragement and support, one person was now administering and managing their own medicine. A representative from the provider carried out regular medicine audits. External pharmacist's also carried out annual independent audits of management of medicines in the home. Recommendations made by the pharmacist had been implemented.

# Is the service effective?

## Our findings

People's likes and dislikes in food and drink, their special diets and allergies were recorded and known by the staff. Food was cooked to meet everyone's taste and choices. Some people were being encouraged to be more independent and to make hot drinks and snacks for themselves. Some people required soft textured food. One staff member said "I always puree the individual vegetables and meat so that the food looks nice on the plate and appetising". People helped staff to plan and shop for the menu and meal choices for the following week. Breakfasts were not planned as people had the choice of a variety of breakfast meals and when and where they would like to eat them. People and staff had planned barbeques and parties together. People told us they enjoyed these social occasions. One staff member said "We try to encourage everyone to have a balanced diet". If people did not like the food options then an alternative meal was provided. People and their relatives had been positive about the food and meals in a recent annual survey carried out by the provider. One person was not well and had refused their meal. Staff had given them an alternative meal to encourage them to eat. The deputy manager told us the GP would be visiting the following day to review this person as they had been refusing food and drink.

We spoke with staff about the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. DoLS are part of the MCA. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict or deprive them of their freedom. An easy read version of 'Deprivation of liberty and safeguards and you' was available for people who lived in the home. We were told that other ways of informing people about their rights and understanding of abuse was being considered. Staff demonstrated a good understanding of capacity and consent and acting in people's best interests. Staff asked for people's permission before they supported them. Staff were able to tell us how they helped people make choices about their day. For example, people were given choices about activities they would like to take part in.

The front door had a key coded lock. One person had been given the key code and was able to come and go as they wished. Other people who were unable to remember the code or use the keypad asked staff to unlock the door for them. Four people had been identified as having restrictions in their freedom. The registered manager had made a DoLS application for these people. Records were in place identifying the least restrictive ways of supporting them.

People were cared for by staff who had had been supported and trained in their role. Staff had attended courses such as safeguarding and moving and handling people which was relevant to their role. New staff had been given a period of time to shadow an experienced member of staff and get to know the people in the home. They also carried out a period of training which was relevant to their role. One new staff member said "The training was good, it made me think; it was quite intense". The deputy manager told us it was her "personal crusade" to make sure all the staff were trained and worked to their best abilities. She added "The service is as only as good as your staff!" Staff were encouraged to take further training to develop their skills to become senior care workers. One senior staff worker said "We have been given extra training to lead each shift and take on more responsibilities".

Staff had the opportunity to discuss and reflect on their care practices at individual staff support meetings. The deputy manager met with new staff monthly to check their skills and confidence levels and discuss their progress and how they supported people. One staff member said "My seniors are very encouraging; they have helped me build up my confidence". As well as formal support meetings staff were supported informally by their managers and senior care workers and in staff meetings. Staff told us "We can always speak to the managers if we have any concerns, their door is always open". Another staff member said "I was nervous at first as this was my first care job but the managers are really helpful and helped me. I have now started to do a national vocational qualification in health and social care".

People had equipment to help them retain levels of independence in their personal care and mobility. A new health plan called 'My health information' had been implemented for each person. These records documented and monitored how people maintained and accessed other health care support for example regular visits to the dentist

## Is the service effective?

or optician. People had been referred to specialised professionals when they had needed additional support with their physical and emotional needs. For example a person was referred to a psychologist and mental health team to be reassessed when staff were unable to effectively support them with their emotional needs.

Recommendations were provided which were documented and implemented by the staff. This person was now more stable in their mental health and able to cope better in stressful situations. Another person had been given daily exercises to carry out. This person said “I do my exercises every day, I am very good!”

We spoke with four health care professionals who spoke positively about the service which was provided to the people they visited. A GP who visited one person during our inspection told us the staff were very responsive to people’s needs. The GP and staff had agreed a course of treatment and care for this person which would provide the greatest care and comfort for them. This was implemented immediately by staff.

# Is the service caring?

## Our findings

People who were able told us they liked the staff and they were well cared for. One person gave us a thumbs up and a big smile when we asked them if they enjoyed living in the home. Another person said “I am happy here, I like it”.

Relatives told us staff were caring and compassionate. One relative said “The staff at the home are very good, very pleasant and respectful”. Another relative said “The staff there are really, really good” and “I visit regularly; all the staff seem very caring and do a good job in my mind”.

Staff respected people, for example we saw staff being polite to people and speaking with them in a respectful and kind manner. People were able to set the pace of their communication. Staff patiently listened to their stories and views without interrupting or waited while people thought about their answers to questions.

People were involved in day to day decisions about the home and their activities. People were given choices about how they wanted to spend their day or carry out an activity. We saw staff giving people information about the activity such as the weather and how long the activity may take. This helped people to make a decision about whether to carry out the activity or not. Their views and decisions were respected. People were supported with their religious beliefs and were offered the option of attending chosen place of worship.

We observed staff interacting with people throughout our inspection. Staff were able to adapt their approach and manner for each person. We saw staff chatting with people in a friendly and humorous way. We observed staff communicating with people who had limited communication skills. Staff were able to tell us about some

people’s unique way of expressing their wishes and views. One staff member said “We know their ways and behaviours and their own personal signs so they can tell us in their own way what they want”. One person who was not well during our visit was regularly being attended to and supported by staff. Staff were able to recognise this person’s non-verbal communication to understand their wishes. They quickly responded to this person’s needs.

People had made choices about the décor of the home and their own bedrooms. They had chosen the colours, soft furnishings and decorations of their bedroom. One person had drawn a mural of pictures on their wall; other people had chosen the pictures and ornaments for their rooms. Some people in the home had their own preferred place to sit in the lounge. These areas had been personalised with their favourite photographs and pictures.

People’s privacy and views were respected. Staff asked for people’s permission before we were shown their bedrooms. Staff explained to people the purpose of our visit and why we were spending the day in their home. People were given the choice whether they wanted to speak to us. One person who chose to speak with us was supported by a member of staff of their choice. The staff member helped this person to understand our questions. People were offered a private area to speak to us if they wanted it. We asked staff how they ensured people’s dignity and privacy was respected. One staff member said “I always make sure people are covered over while I help them with their personal hygiene; I ask them if they are happy for me to help, I never assume”. Another staff member said “I would always speak to people privately if I needed to discuss anything personal such as their health or family with them”.

# Is the service responsive?

## Our findings

Relatives were positive about the quality of care the home provided. One relative said “Staff are very good and always attentive and they see to people’s needs”. Another relative said “I have no issues at all; they are very good and caring at Southfields”. People who were able to communicate with us were complimentary about the care and support they received staff.

People’s care records were focused around their needs and support requirements. People’s health and emotional well-being had been comprehensively assessed to ensure staff understood their needs and levels of support. People and their relatives had been involved in planning their care. Care records were focused on the individual person and detailed people’s likes and dislikes and preferred routines. Staff completed daily notes and activity records of the health and social well-being of each person. People’s care records were reviewed regularly according to their needs. Staff were required to sign to confirm they had read people’s reviewed care records to ensure they were kept up to date with the changes in people’s needs. People were given pictorial care plans which explained the support and care that they had agreed to. The majority of the pictures and photographs in the care records were personalised to the person, for example photographs of them brushing their teeth or carrying out an activity. This helped people to understand the support and care that would be provided by staff.

Activities in the home were based around people’s individual likes and wishes. People were taken out to community activities such as swimming, visits to a garden

centre, shopping or a drive in the car. Some people had attended a local music and drama course at the local college. They had received certificates of attendance and achievement which they displayed in their bedrooms. During our visit some people visited the local shops and others visited Bristol to collect theatre tickets for a play they wanted to see later in the year. Some people declined to be involved in these community activities and carried out activities around the home. One relative said “They like their activities and staff get them out and about”. However one person said “I am happy here” but later on said “I want out go out more”. This person went out with staff in the afternoon of our inspection. We were told about some of the day trips to the beach and holidays. Minutes of staff meetings showed the registered manager had discussed with staff about providing more options of activities in the community.

The deputy manager told us they had not recently received any formal complaints and they dealt with day to day concerns immediately. Relatives told us they felt their concerns were listened to and acted on. One relative said “We have no issues at all; if I had I would speak to the manager who is very understanding”. Another relative said “I never had any reason to complain, if I did I would just speak to them and I know they would do their best to deal with it.” Minutes from staff meetings showed day to day concerns and recommendations had been discussed. An easy read complaints policy was available on the notice board for people who lived in the home. However we were told that not everyone was able to understand this and they were considering other ways of involving people in the running of the home and informing them of their rights and ways to complain.

# Is the service well-led?

## Our findings

There was a clear management structure in place and the staff team had clear roles and responsibilities for supporting people in the home. We saw staff communicating relevant information about people's care needs to each other. Staff worked together as a team to ensure that everyone's physical and social needs and wishes were met. One staff member said "I am here for the people that live here, to make sure they are well cared for. How I would like one of my family members to be treated".

Relatives spoke positively about the registered manager and the staff in the home. One relative said "The manager is very good, always helpful. I can speak to anyone in the home". Another relative said, "The manager and team are really really good, I have no problems at all".

Staff praised the managers. We received comments such as "I can always ask the managers anything without feeling intimidated"; "They are amazing, we are really well led". Staff said they were supported by the registered manager and senior staff. We were told they could always approach the registered manager for advice and help if they were concerned about a person. One staff member said "The office door is always open we can always speak to the managers here". Staff told us they were encouraged by the registered manager to develop and progress in their training and care skills. One staff member said, "I have not worked in care before; the team and manager are good and have helped me. I have now just started to do a national vocational qualification in health and social care with their support". We can always call on the manager and senior staff for help". Another staff member said "We are encouraged to develop in our role; their advice is always there whenever we need it".

People and staff were treated respectfully and equally. People were comfortable and relaxed around staff of all levels. The registered manager and deputy manager were involved in the day to day running of the home and they knew the people who stayed in the home well. We observed staff demonstrating the organisation's values and

core principles of quality care and support which they provided. These standards were also reflected in the practices of the managers and in the statement of purpose of the home.

Relatives were complimentary about the quality of care and activities provided by the home. People were encouraged to be involved in the local community such as attending the local college and groups. The home held a fete during the summer. Relatives, neighbours and people from the local community were invited. The deputy manager said "The fete was a great success and helped to develop a relationship with local people". Staff told us that people were now greeted in the street by neighbours which they enjoyed.

The registered manager valued the opinions of people who lived in the home, their relatives and staff. A 2014 annual survey had been completed. People had been supported to complete an easy read survey. Relatives had commented that the service was managed well and the staff were excellent. We saw that they had received positive comments from other health care professionals who visited the home.

Regular management and staff meetings were held to ensure information about the home and current practices and best practices were shared with staff at all levels. Systems were in place to monitor the service that was being provided. Audits covered a range of health and safety related matters, including food hygiene checks. Medicines audits were carried out and staff abilities and competency skills to manage medicines were also checked. Accidents and incidents were recorded appropriately and lessons were learnt from the incidents. A representative from the provider regularly visited the home to monitor the quality of care and discuss new procedures to be implemented by the provider.

The registered manager had a clear understanding of her legal responsibility to report any notifications and concerns to the relevant authorities. A notification tells us about important events that affect people's welfare, health and safety. Staff had access to the provider's policies which gave them clear guidance on the standard of care that was expected and procedures to follow in the event of an incident or emergency.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control</p> <p>People who use services and others were not protected against the risks associated with infection control because of inadequate maintenance of the premises and shower equipment.</p>