

Pagnell Court Consultants Limited

# Southmead Rest Home

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

### About the service

Southmead Rest Home is a residential care home providing accommodation and personal care to up to 16 people. The service provides support to older people. At the time of our inspection there were 12 people using the service.

The property is set in a residential area and provides accommodation in a building that has been adapted to meet the physical needs of older people living at Southmead.

### People's experience of using this service and what we found

People told us they felt safe living at Southmead. Staff had completed safeguarding training and understood their role in recognising and reporting concerns of abuse or poor practice. People had their risks assessed, monitored and reviewed and staff understood the actions needed to mitigate risks of avoidable harm. Staff were recruited safely with checks ensuring candidates suitability to work with older people. Staffing levels meant that people had their care needs and lifestyle choices met. Infection, prevention and control practices were in line with best practice. People had their medicines administered safely.

People had assessments completed that identified their care and support needs and lifestyle choices. Staff had an induction, ongoing training and support that enabled them to carry out their role effectively. People's eating and drinking needs were understood and met, including allergies and special dietary needs. The building was undergoing a refurbishment and people had been involved in choosing colour schemes, wallpapers and fabrics. People had access to healthcare both planned and in an emergency. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their families described care as friendly and kind. Staff knew people well and provided both physical and emotional support when needed. People told us staff had time to sit and have a chat and felt they were in control of decisions about their day to day lives. Staff treated people with respect, ensured their dignity and privacy was maintained and understood the importance of confidentiality.

People received person centred care that reflected their individuality. Staff knew people well and supported them to maintain interests, hobbies and relationships with family and friends. This included activities that promoted physical health, celebrations of key social events and religious beliefs. A complaints policy was in place and people and their families told us they felt able to raise issues knowing they would be listened to and any action needed would be taken. People had their last wishes known and end of life care was tailored to the person and supported by community health teams.

The culture of Southmead was described as open and honest. The staff team were motivated, felt appreciated and that they had a voice. Regular meetings enabled people, families and the staff team to be

involved in service development, share ideas and learning. Quality assurance processes were developing and feeding into a service improvement plan that was driving sustainable improvements.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 1 July 2021 and this is the first inspection.

#### Why we inspected

This inspection was undertaken as the service had not been rated. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.  
Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.  
Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.  
Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.  
Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.  
Details are in our well-led findings below.

Good ●

# Southmead Rest Home

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Southmead Rest Home, (Southmead) is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Southmead is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service, since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with three people who used the service and a relative about their experience of the care provided. We spoke with six members of staff including the registered manager, care workers and the chef.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision and a variety of records relating to the management 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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff trained to recognise and respond to concerns of abuse or poor practice.
- People told us they felt safe. One person told us, "I feel safe in (staff) hands." Another said, "Staff are well trained, I feel safe."
- Safeguarding information was displayed on a noticeboard providing contact details of external agencies that could help with safeguarding concerns.
- Systems and processes operated effectively to ensure safe practice, including local safeguarding reporting protocols.

Assessing risk, safety monitoring and management

- People had their risks assessed, monitored and regularly reviewed. Staff understood the actions needed to minimise the risk of avoidable harm whilst respecting people's choices and freedoms.
- Specialist equipment and the use of technology supported people's safe care. This included specialist air mattresses to protect from skin damage and alert mats to reduce the risk of people falling.
- Some people needed specialist assessments such as speech and language therapists to assess a persons' risk of choking and dieticians to support with risks of malnutrition. Records and discussions with staff demonstrated assessment outcomes were understood and followed.
- People had personal emergency evacuation plans in place and were supported by staff that had completed fire training and involved in regular fire drills. A fire risk assessment was in place and fire equipment was well maintained.
- Environmental risk assessments were in place, completed and regularly reviewed including hot water temperature, window safety and building security.

Staffing and recruitment

- People were supported by staff that had been recruited safely. Recruitment checks included reference verification, employment history gaps and a Disclosure and Barring Service check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People were supported by enough staff to provide safe, person centred care. One person told us, "I'm looked after very well, staff have time to sit and chat". Another said, "Staff come quickly when I call".

Using medicines safely

- People had their medicines ordered, stored, administered and disposed of safely by staff trained in medicine administration and who had their competencies checked regularly.

- Some people had medicines prescribed for as and when required. Protocols were in place to ensure staff administered these safely and appropriately.
- Body maps had been introduced to ensure that topical creams were applied correctly.
- Some medicines, known as controlled drugs, require additional safety precautions when being stored, administered and recorded. The registered manager had reviewed practice to ensure that two staff members were available at all times should a person need a controlled drug administered.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- In line with current government guidance the home was fully open to visitors.

#### Learning lessons when things go wrong

- Accidents and incidents were used as an opportunity to reflect on practice and people's safety. A monthly analysis reviewed trends and led to improved outcomes for people. An example was using data collected from incidents to establish a pattern to a persons' behaviour and aid staff understanding.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments had been completed that provided information about the care and support people needed and reflected their lifestyle choices. The information had been used to create an initial person-centred care plan.
- Assessments were completed using nationally recognised assessment tools that reflected best practice and met legal requirements.
- Assessments included the use of equipment and technology, including specialist moving and transferring equipment where needed.

Staff support: induction, training, skills and experience

- Staff had an induction, on-going training and support to carry out their roles effectively. Staff had their learning styles understood and supported. A staff member told us, "For my assignments I have audio sessions rather than the written word".
- Appraisals were taking place and supported professional development. This included diplomas in health and social care.
- Staff had training which enabled them to understand how to care specifically for people's physical and mental health needs. A staff member explained, "It helps me understand more about (name). What makes (them them)."

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

- People had their eating and drinking needs understood and met. This included known allergies, likes and dislikes and diets linked to health conditions such as diabetes. One person told us, "I'm allergic to some spices and they accommodate it; (chef) is very good".
- We observed people enjoying a home cooked well balanced meal and being provided with a range of options if they didn't fancy what was on the menu.
- People were supported with their independence and this included the use of adapted cups to aid a persons' dexterity and, if needed, special textured diets.
- We observed people being offered drinks and snacks throughout the day both in the communal areas and their rooms.

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

- Staff worked closely with health professionals to ensure good, timely outcomes for people. A doctor fed back to us, "The staff are always well informed and organised regarding any issues arising with the

resident's". Feedback from GP's in a second practice read, "We have been impressed by the level of care provided and have found the staff proactive and a caring".

- Records showed people were supported to access healthcare such as opticians, chiropodists, diabetic services and dieticians.

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

- Southmead was undergoing a refurbishment at the time of our inspection. People were involved in choosing colour schemes and wall decorations for communal areas and their own rooms.
- People's personal space was reflective of their interests and hobbies and included personal items important to them.
- Each room had access to wi-fi enabling voice activated entertainment.
- The building met people's physical needs including bathrooms providing specialist bathing facilities
- People had access to outside space which included a sensory raised herb bed along the pathway.

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 MCA 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. 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The principles of the MCA were understood and met. People had their rights and freedoms respected and care and support provided in the least restrictive way.
- There were no authorised DoLS in place at the time of our inspection, but non-urgent applications were pending assessment with the local authority.
- Records demonstrated people had provided consent to care and support including the use of equipment such as bed rails and alert mats.
- We observed staff providing choices to people, listening and respecting their decisions, ensuring the person's consent before carrying out an interaction.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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 and their families consistently spoke positively about the standard of care received. A relative said, "I like the fact that the ethos is (relative) is above anything else. Lots of interaction, they, (staff), laugh, chat, treat people as human beings". We read a compliment that said, 'I have to say the staff are first class and excellent'.
- Staff knew people well, their history, interests and things important to them which meant they were able to have meaningful conversations. One person, who had enjoyed seeing the world, told us, "The young girls, (staff), come and chat and we talk about travelling".
- Staff spoke positively about the people they supported, demonstrating respect and kindness. A staff member told us, "We have time to support people emotionally, time to sit and hold a hand, reassure".

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

- People were involved in decisions about their care. One person told us, "Staff respect my wishes", another said, "I'm the boss, if I ask for something I normally get it".
- We observed staff offering choices and giving people time to make decisions about their day to day lives. One person told us, "I can have a bath whenever I like, the staff are very kind".
- People had access to an advocate should they need somebody independent to support them with decision making.

Respecting and promoting people's privacy, dignity and independence

- People had their privacy respected. We observed staff respecting people's personal space, knocking on bedroom doors before entering, and when choosing to spend time privately with family.
- Staff understood the importance of respecting a persons' dignity. A staff member explained when providing care, "It's always in a private room, curtains shut, towel to cover parts of the body. Always ask first such as, can I help take your top off etc."
- People had their records stored securely ensuring their right to confidentiality. A GP fed back to us, "(Staff) protect the resident's confidentiality."
- People were supported to maintain their independence. This included ensuring people had access to appropriate mobility aids and the use of technology.
- Staff understood their role in promoting people's independence. Care and support plans clearly stated tasks a person could do independently, and areas staff needed to support. An example included an oral health plan where the staff needed to apply paste to the brush and the person was then able to continue independently.



# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had care and support plans that reflected their individual care needs and lifestyle choices. Staff knew people well and their preferred ways to receive care and spend their day to day lives.
- People were able to take part in a range of activities that reflected their interests, history, religious and cultural backgrounds. This included holy communion service, a visiting caring canine dog, chair exercise classes, gardening, musical entertainers and quizzes and games.
- Trips to local places of interest had taken place. A staff member told us, "We went on a boat trip and had ice creams; everybody loved it."
- Key events had been celebrated including a garden party for Queen Elizabeth's' jubilee.
- Staff ensured people who were cared for in bed did not feel socially isolated. A staff member told us, "At the jubilee party we took the party to them and all wore party hats." Another told us, "(Name) in bed and we sit and play hangman, noughts and crosses and have a coffee."
- People's rooms had access to wi-fi and film streaming services which enabled people to access a wider range of entertainment and use social media to keep in touch with family and friends.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were known to staff. This included whether people needed glasses, hearing aids or any additional support. If needed information could be provided in large print, picture format or a language other than English.

Improving care quality in response to complaints or concerns

- A complaints policy was in place and had been shared with people and their families. A copy was also displayed on the foyer noticeboard.
- At the time of our inspection there had been no complaints recorded. Families told us they felt able to share their views and would be listened to. One relative told us, "(Staff) receptive to my views and input. Work together with me."

#### End of life care and support

- People had an opportunity to be involved in decisions about end of life care and sharing their last wishes. The registered manager shared that one person had dogs all their life and had the visiting caring canine dog spend time with them.
- Records showed us that when 'do not attempt resuscitation' decisions had been taken these were in line with legal requirements.
- End of life care was provided alongside support from GP's and community nurses.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, families and the staff team spoke positively about the culture and atmosphere it created at Southmead. A relative told us, "Management are open and honest which I like very much." A staff member said, "I like the fact that staff are so friendly and at management level they sort issues out."
- Staff felt part of a team and confident to share their views and ideas.
- The management team were visible and worked alongside the staff team. We observed relaxed, professional interactions focused on responding and meeting people's individual needs.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. Records, and conversations with families demonstrated the duty of candour was met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Records showed us that statutory notifications had been submitted appropriately to CQC. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.
- Auditing processes were in place that enabled risks to people to be effectively managed. This included audits for medicines, infections, accidents and incidents and fire safety. A service improvement plan was in place that was reviewed weekly.
- The registered manager shared learning and good practice with staff. This included feedback from a relative that led to changes in the care of people's laundry.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, their families and staff felt involved in the service through regular meetings and informal conversations with the management team. A staff member told us, "I enjoy working with the new manager, it's great they want to develop the home." Another told us, "Staff meetings enable me to share my opinions, can say if I think something perhaps needs changing."
- The registered manager worked with other organisations and professionals to ensure people's care and



support was in line with best practice. This included Partners in Care, Skills for Care and attending care home management webinars.