

# Paydens (Nursing Homes) Limited Southdowns Nursing Home

## Inspection report

1 Hollington Park Road  
The Green  
St Leonards-on-Sea  
East Sussex  
TN38 0SY

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Tel: 01424439439  
Website: [www.southdownsnursinghome.co.uk](http://www.southdownsnursinghome.co.uk)

## 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

This inspection took place on the 07 April 2017 and was unannounced.

Southdowns Nursing Home provides accommodation, personal and nursing care for up to forty eight people living with dementia and mental health problems. There were 47 people living at the home at the time of our inspection. Accommodation is arranged over two floors and each person had their own bedroom. Access to the each floor is gained by a lift, making all areas of the home accessible to people. Southdowns Nursing Home is a large detached house in a residential area of St Leonards on Sea, close to local amenities.

A registered manager was responsible for the day to day management of the home. 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.

At an inspection in July 2015, Southdowns Nursing Home was rated as inadequate with breaches of regulation. At that time we took appropriate enforcement action. The provider sent us an action plan stating the breaches of regulation would be addressed by 30 December 2015. At our inspection in February 2016, we found our concerns had been addressed, although improvements were required. This inspection was to see if the improvements had been made and sustained. We found that improvements had been made and sustained.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The provider, registered manager and staff had an understanding of their responsibilities and processes of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People's mental capacity was assessed and reviewed regularly to ensure that decisions made were still valid and in their best interest.

The care planning system had been reviewed and records for each person were specific to their needs, with guidance for staff to ensure people received the support and care they needed and wanted. Staff said the care plans had been developed and they were still looking to improve them by introducing a computer based system, which would include risk assessments and graphs to monitor falls and weight loss. Nurses wrote the care plans and all staff recorded the care and support provided and any changes in people's needs. The registered manager said care staff were being supported to do this and additional training had been arranged for those who required it. Food and fluid charts were completed and showed people were supported to have a nutritious diet.

Visits from healthcare professionals were recorded in the care plans, with information about any changes and guidance for staff to ensure people's needs were met. There were systems in place for the management

of medicines and people received their medicines in a safe way.

Staff and relatives felt there were enough staff working in the home and relatives said staff were available to support people when they needed assistance. The provider was actively seeking new staff, nurses and care staff, to ensure there were always sufficient number with the right skills when people moved into the home. The provider had made training and updates mandatory for all staff, including safeguarding people, moving and handling, management of challenging behaviour, pressure area care, falls prevention and dementia care. Staff said the training was very good and helped them to understand people's needs. All new staff received an induction and told us that it was a good introduction to the service and felt supported by the care and management team. All staff received regular supervision from senior staff and felt that this gave them the opportunity to discuss any learning needs.

Pre-employment checks for staff were completed, which meant only suitable staff were working in the home.

All staff had attended safeguarding training. They demonstrated a clear understanding of abuse and said they would talk to the management or external bodies immediately if they had any concerns, and they had a clear understanding of making referrals to the local authority and CQC. People said they were comfortable and relatives felt people were safe.

Staff had a good understanding of people's needs and treated them with respect and protected their dignity when supporting them. A range of activities were available for people to participate in if they wished and people enjoyed spending time with staff.

Staff said the management was fair and approachable, care meetings were held every morning to discuss people's changing needs and how staff would meet these. Staff meetings were held monthly and staff were able to contribute to the meetings and make suggestions. Relatives said the management was very good; the registered manager was always available, they would be happy to talk to them if they had any concerns and residents meetings provided an opportunity to discuss issues with other relatives and staff.

The provider had systems in place to review the support and care provided. A number of audits had been developed including those for infection control, care plans, falls, medicines and health and safety. Maintenance records for equipment and the environment were up to date, such as fire safety equipment and hoists. Policies and procedures had been reviewed and updated and were available for staff to refer to as required. Staff said they were encouraged to suggest improvements to the service and relatives told us they could visit at any time and they were always made to feel welcome and involved in the care provided.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

Good 

Southdowns Nursing Home was safe.

Staff had received training on safeguarding adults and were confident they could recognise abuse and knew how to report it. Visitors were confident that their loved ones were safe and supported by the staff.

There were enough staff to meet people's individual needs. Staffing arrangements were flexible to provide additional cover when needed, for example during staff sickness or when people's needs increased.

There were systems in place to make sure risks were assessed and measures put in place where possible to reduce or eliminate risks. Medicines were stored and administered safely.

Comprehensive staff recruitment policies and procedures in place.

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### **Is the service effective?**

Good 

Southdowns Nursing Home was effective.

Staff had a good understanding of people's care and mental health needs. Staff had received essential training on the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) and demonstrated a sound understanding of the legal requirements.

Staff received training which was appropriate to their job role. This was continually updated so staff had the knowledge to effectively meet people's needs. They had regular supervisions with their manager, and formal personal development plans, such as annual appraisals.

People were able to make decisions about what they wanted to eat and drink and were supported to stay healthy. They had access to health care professionals for regular check-ups as needed.

## **Is the service caring?**

Good 

Southdowns Nursing Home was caring.

Staff communicated clearly with people in a caring and supportive manner and it was evident that they knew people well and had good relationships with them. We observed that people were treated with respect and dignity.

Care plans were personal to each person and included detailed information about the things that were most important to the individual and how they wanted staff to support them.

Staff were seen to interact positively with people throughout our inspection. It was clear staff had built a rapport with people and they responded well to this.

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## **Is the service responsive?**

Good 

Southdowns Nursing Home was responsive.

People had access to the complaints procedure. They were able to tell us who they would talk to if they had any worries or concerns.

People were involved in making decisions with support from their relatives or best interest meetings were organised for people who were not able to make informed choices.

People received care which was personalised to reflect their needs, wishes and aspirations. Care records showed that a detailed assessment had taken place and that people were involved in the initial drawing up of their care plan.

The opportunity for social activity was available should people wish to participate.

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## **Is the service well-led?**

Good 

Southdowns Nursing Home was well-led.

Management was visible within the home and staff felt supported within their roles. Systems were in place to obtain the views of people, visitors and healthcare professionals. The manager was committed to making on-going improvements in care delivery within the home, striving for excellence.

There was an open culture, and people and quality care were at the heart of the service.

Staff were well motivated, worked as a team and wanted to make sure they supported people in a caring and person centred way.

There were systems in place to monitor the quality of the service and any areas for improvement identified were dealt with quickly.

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# Southdowns Nursing Home

## 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.

The inspection took place on the 07 April 2017. This visit was unannounced, which meant the provider and staff did not know we were coming. The inspection was carried out by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who used this type of service.

Before our inspection we reviewed the information we held about the home. We looked at the providers' action plan. We considered information which had been shared with us by the local authority and looked at safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. The provider had completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what they do well and any improvements they plan to make. Before the inspection we spoke with the Local Authority and Clinical Commissioning Group (CCG) to ask them about their experiences of the service provided to people.

We observed care in the communal areas and over the two floors of the home. We spoke with people and staff, and observed how people were supported during their lunch. Some people were unable to speak with us. Therefore we used other methods to help us understand their experiences. We used the Short Observational Framework for Inspection (SOFI) during the morning in the two separate communal lounges. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spent time looking at records, including six people's care records, two staff files and other records relating to the management of the home, such as complaints and accident / incident recording and audit documentation.

Several people had complex dementia and mental health needs and during our inspection, we spoke with 10 people living at the service, five relatives, six care staff, one housekeeping staff, two registered nurses, the area manager and the registered manager.

# Is the service safe?

## Our findings

People told us they felt safe living at Southdowns Nursing Home. One person told us, "Very nice here," Relatives confirmed they felt confident in leaving their loved one in the care of Southdowns Nursing Home. One relative told us, "The staff are really good, they know what they are doing, no complaints."

There were enough staff working in the home to meet people's needs safely. The service is divided into three units, Monroe, Hepburn and Sinatra and there were 47 people who lived in the service at the time of our inspection. The rota evidenced that there were 12 care staff and two registered nurses on duty throughout the day. The night care team was two registered nurses and six care staff.

Staff felt there were enough staff working in the home. One staff member told us, "Our staffing levels are good." Another staff member said, "We are still using agency staff at times at the moment, but they are long standing agency staff and know the home and our residents." The registered manager said, "We are continually looking to recruit we still need registered nurses." The staff rota revealed that staffing levels were consistent across the four weeks we looked at. The management team were continually reviewing the staffing levels against the dependency levels of the people they cared for. They also said the staff team was strong and working well together to put people first.

Throughout the inspection we saw that staff worked calmly, without rushing. Communal areas always had staff visible. There was additional staff in the home to respond to domestic, catering, entertainment, administration, rehabilitation and receptionist duties. The registered manager confirmed staffing arrangements were flexible and extra staffing was available to respond to any changes in people's needs. We found the staffing arrangements ensured people had their individual needs attended to.

As far as possible people were protected from the risk of abuse or harm. Staff had completed adult safeguarding training within the last year, or were booked to attend. They had an understanding of protecting people from abuse and identified the correct safeguarding procedures should they suspect abuse. One said, "If I had any concerns I would intervene straight away and would report it to the nurse or the manager" and, "I know I can contact the local authority if I am still worried." Staff told us they had read the whistleblowing policy and, "We can talk to the manager at any time if we have any worries, which is good and I am sure problems would get sorted out." People, relatives and staff said they had not seen anything they were concerned about.

Individual risk assessments had been implemented, reviewed and updated to provide sufficient guidance and support for staff to provide safe care. Risk assessments for health related needs were in place, such as skin integrity, nutrition, falls and dependency levels. Care plans demonstrated how people's health and well-being was being protected and promoted. There were detailed plans that told staff how to meet people's needs in a safe way. For example, care plans contained information about people's skin integrity alongside the risk assessment to identify people's individual risk to pressure damage. One person's care plan directed staff to offer a change of position every two hours as they were at high risk from pressure damage. Another care plan directed staff on how to position the person for maximum comfort as they had

contracted lower limbs. Pressure relieving mattresses and seat cushions were used for people identified at risk and were set according to the manufacturer's instructions. Settings for the pressure relieving equipment were checked by registered nurses twice a day. Risks associated with the use of bedrails were assessed. All bedrails were checked by the maintenance person on a monthly basis.

Accidents and incidents had been documented. There was a clear follow up and actions taken as a result of accidents and incidents. For people who had unwitnessed falls a record of an investigation or a plan to prevent further falls had been completed. This meant that the provider had put preventative measures in place to prevent a re-occurrence and protect the person from harm.

There were systems in place to ensure the proper and safe management of medicines. Medicines were stored, administered, recorded and disposed of safely. Storage facilities throughout the service were appropriate and well managed. Medicine rooms were locked and the drug trolley was secured to the wall when not in use. The temperature of areas where medicines were stored were monitored to ensure medicines were safe to use. Staff were vigilant in locking the trolley when they were talking or giving medicines to people. We observed medicines being given at lunchtime and staff followed best practice guidelines. Medicines were administered individually using pots to dispense, waiting for the medicine to be taken and then recording on the Medicine Administration Record (MAR) chart. All medicines were administered by registered nurses who were trained and had undergone regular competency assessments.

Some people had been prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them, for example if they were experiencing pain. PRN guidelines were in place, but lacked a pain risk assessment or evaluation of effectiveness of medicine. This was discussed and was? re-introduced immediately

We found medicines were given in accordance with any changing requirements. There were people who were receiving essential medicines covertly, that is, without them knowing, and this was supported by the organisational policy for covert administration. There was supporting documentation that detailed the rationale for this decision along with the permission and consultation of health professionals involved in the prescribing and provision of medicines, such as GP and dispensing pharmacist. The service also had a list of all medicines and information to support that the crushing of medicines was safe and did not affect the way the medicine worked.

The provider had taken steps to ensure the safety of people from unsafe premises and in response to any emergency situation. Contingency and emergency procedures were available to staff and a member of the management team was available at any time for advice. First aid equipment was available and staff had undertaken appropriate training. Staff knew what to do in the event of a fire and appropriate checks and maintenance had been completed. Emergency information was readily available, for example an emergency file was visible near the front entrance and contained information on the location of people along with individual evacuation plans.

People were cared for in an environment that was safe. There were procedures in place for regular maintenance checks of equipment such as the lift, firefighting equipment, lifting and moving and handling equipment (hoists). Hot water outlets were regularly checked to ensure temperatures remained within safe limits. Health and safety checks had been undertaken to ensure safe management of food hygiene, hazardous substances, staff safety and welfare. People had personal emergency evacuation plans (PEEPs) which detailed their needs should there be a need to evacuate in an emergency. Staff had received regular fire training and evacuation training. Staff told us they felt confident they would be able to manage an emergency situation and talked of the organisational on call systems in place.

The environment was clean and hygienic. One person talked about the cleanliness of the home and said, "Clean and tidy." Other comments included, "I have not had reason to complain, it is always clean, they seem to be on top of everything."

People were protected, as far as possible, by a safe recruitment practice. Records included application forms, identification, references and a full employment history. Each member of staff had a disclosure and barring checks (DBS) these checks identify if prospective staff had a criminal record or were barred from working with children or adults, completed by the provider. Interviews were undertaken and two staff completed these using an interview proforma. There were systems in place to ensure staff working as registered nurses had a current registration with nursing midwifery council (NMC) which confirms their right to practice as a registered nurse.

# Is the service effective?

## Our findings

People and visitors spoke positively about the home and the care and support provided by the team of staff. Comments included, "Very pleased with the home" And, "Staff are very knowledgeable, seem to know what they are doing." One visitor also said, "They (the staff) work hard and are well trained." We were also told that food was good, "Tasty" and "Pretty good."

The staff we spoke with understood the principles of the Mental Capacity Act (MCA) and gave us examples of how they would follow appropriate procedures in practice. Staff were aware any decisions made for people who lacked capacity had to be in their best interests. There was evidence in individual files that best interest meetings had been held and enduring power of attorney consulted. The documentation to support decisions made on behalf of people was clear and stated the steps taken to reach a decision about a person's capacity. Staff told us of how people's capacity could change on a daily basis and how they changed care delivery to support those changes. One staff member said, "Everyday people can change their minds, we know that this is their right and we manage it to ensure that their decision making is in their best interest."

The CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). During the inspection, we saw that the registered manager had sought appropriate advice in respect of these changes in legislation and how they may affect the service. The management team knew how to make an application for consideration to deprive a person of their liberty and had submitted applications where they were deemed necessary. The registered manager had a dedicated folder that contained all the applications and dates submitted. This was updated regularly.

Staff told us they completed induction training when they first started work at the home and they were encouraged to work towards national vocational qualifications (NVQ). One staff said they had worked with more experienced staff as they, "Got to know people and they got to know me, which was very good." The registered manager told us all new staff had signed up to do the care certificate, which is a set of standards that health and social care workers adhere to in their daily working life and, they had assessed them for each module to ensure they had the knowledge and competency to meet people's needs.

Staff and training records confirmed that a programme of training had been established and staff had undertaken essential training throughout the year. This training included health and safety, infection control, food hygiene, safe moving and handling, and safeguarding. Staff training was closely monitored to ensure staff had completed required training and the computer system highlighted if staff had fallen behind.

The training programme was varied and reflected the needs of people living in the service. Staff received training in diabetic care, catheter care and wound care. Additional training was also provided to support staff with developing roles, specific interests and meeting the changing needs of people living in the service. For example, a dignity champion and in future an infection control lead. A senior staff member was responsible for ensuring people's weights were monitored and that the assessment tools were up to date

and accurate. Staff told us the training provided them with the skills they needed and included practical sessions along with time to discuss specific areas of care. Senior staff reviewed staff training at supervision and supported them to complete the required programme. Staff received regular and on-going supervision. This identified any areas that staff needed support or further training. It was also an opportunity for staff to feedback any concerns they may have. Staff told us they felt supported at the home. Nurses confirmed that they had opportunities to support their professional development as part of their evidence for re-validation to remain registered with the Nursing and Midwifery Council.

Staff had developed systems for organising work and for communicating information between staff. Each shift began with a handover and staff were allocated people to look after and specific roles. This included either assisting in the lounge areas or supporting people in their own rooms.

People told us the food was good and we saw staff asked them what they wanted at mealtimes and with drinks in between. The staff were aware of people's preferences and the chef had a good understanding of people's needs and their likes and dislikes. This included the types of plate or dish, cutlery with grip handles, vegetarian and finger foods.

Peoples' nutritional risks were well managed and the meal time was an enjoyable and social experience for those that chose to eat in the communal areas. The lunchtime meal was prepared and presented in relation to individual needs, with mashed, pureed and cut up food provided as required, and if people did not like what was available staff said they could have something else. Staff supported people to eat when necessary. We saw good practices throughout the inspection process. For example, we saw staff support people in bed whilst sitting next to them maintaining good eye contact and a kind approach. Staff also sat at the dining tables with people to offer encouragement and a prompt. The food looked appetising and was well presented, and people were seen to enjoy their meals. The atmosphere was pleasant in the dining areas. We were told snacks were available during the evening and night if someone felt hungry. Not everyone was aware of this, but as one person said, "If I was hungry I would ask anyway." Fresh fruit was available as were a variety of cold and hot beverages. Fortified milk shakes were offered throughout the day alongside tea and coffee beverages.

Staff said they would notice if people were not eating and drinking as much as usual and would report this to the nurse or the manager and they were confident GPs would be contacted if there were concerns. Staff monitored people's appetites and people were weighed monthly as a norm and weekly if identified that they were losing weight. Records stated what action staff had taken when there was an identified weight loss. For example one person was losing weight. Action was recorded in the care plan that they had been referred to the GP and dietitian and fortified food was being offered. Food and fluid records were kept for some people, particularly people who had lost weight or who appeared disinterested in food. They had been completed daily and reflected the meals and drinks we observed during the inspection. Relatives felt the food was good and people could have what they wanted. One relative said, "Some people need assistance and staff are very good and make sure they eat enough." This meant that systems were in place to ensure people were supported to have a nutritious diet.

The registered manager confirmed that they were currently following the environmental health officers (EHO) action plan and that the rating was 3 at present. She told us they had addressed the issues and were awaiting a follow up inspection.

Records showed that people had regular access to healthcare professionals, such as GPs, chiropodists, opticians and dentists and had attended regular appointments about their health needs. For example, we saw that advice had been sought for one person from the Speech and Language therapist and the directives

had been followed by the staff. This person was now eating well and had gained weight.

# Is the service caring?

## Our findings

People were treated with kindness and compassion in their day-to-day care. People and visitors stated they were satisfied with the care and support they received and were fond of the care staff. One person said, "Nice staff and my room is very nice" and another person said, "They're all nice and they look after us well." A visitor said, "The staff have been very kind, it's lovely here, friendly and homely."

Our observations confirmed that staff were caring in their attitude to the people they supported. Staff strove to provide care and support in a happy and friendly environment. We heard staff patiently explaining options to people and taking time to answer their questions. We also heard laughter and good natured exchanges between staff and people throughout our inspection. One person said, "Most of the staff have a great sense of humour, and I think they are all lovely."

People were consulted with and encouraged to make decisions about their care when it was appropriate. When it was not appropriate to consult with someone or if the person refused to be involved, a best interest meeting would be held. Staff were knowledgeable about people and would be alerted if a person became unwilling to receive care or support. Some people were able to tell us they felt listened to. Two people we spoke with wanted to be as independent as possible and felt that they had the opportunity for this. They reported that the staff would always listen to their point of view and explain if things could not be done.

We saw staff ask and involve people in their everyday choices, this included offering beverages, seating arrangements and meals. People's individual preferences and differences were respected. We were able to look at all areas of the home, including people's own bedrooms. We saw rooms held items of furniture and possessions that the person had before they entered the home and there were personal mementos and photographs on display. People were supported to live their life in the way they wanted. One visitor told us, "We have put as many things visible to try to provide visual stimulation, staff have supported us with this." Another visitor told us, "Staff ensure they check on me as well because I visit every day, I can't thank them enough, so kind and patient." Some families had purchased fridges so they could keep different puddings and other foods that they try to tempt their loved one to eat. One visitor said, "It makes me feel like I'm doing something positive."

People told us staff respected their privacy and treated them with dignity and respect. One member of staff told us how they were mindful of people's privacy and dignity when supporting them with personal care. They described how they used a towel to assist with covering the person while providing personal care and when they had a bath. This showed staff understood how to respect people's privacy and dignity. We saw staff ensure that people's modesty was protected when assisting them in personal care in communal areas. One person was assisted? with an electric hoist. An electric hoist moves people who are unable to move themselves. This was done with great care and the staff members talked to them quietly, telling them what was happening. Staff made sure that their dignity was maintained during this manoeuvre.

People received care in a kind and caring manner. Staff spent time with people who had decided to stay in their room. There was always a member of staff in the lounge and dining areas. People and visitors told us

that "Southdowns" was a lovely home and felt staff understood people's health restrictions, behaviours and frailty.

Staff promoted people's independence and encouraged them to make choices. Many people living in the home were unable to mobilise independently, they needed the assistance of staff to move around the home safely and transfer from wheelchairs to armchairs. Staff observed people discretely as they walked around the lounge and to and from their rooms, as they were at risk of falls, and supported them if required. Staff talked to people and asked them if they needed assistance, they explained to people what they were going to do before they provided support and waited patiently while people responded. One staff member said, "We are going to help you back to your room now, is that alright? Or would you prefer to stay here?" They leant down to talk to the person face to face so they could see their expression, and waited until the person responded. Comments from staff included, "We always ask them, it sometimes takes a while but that doesn't matter." "I always try first to encourage them to wash their face and hands and only take over if they are struggling, everyday can be different" and, "We try to encourage people to participate in the games but respect that they may not want to today."

People's equality and diversity needs were respected and staff were aware of what was important to people. People's religious beliefs were supported as were their religious dietary preferences.

Staff had the time to ensure that people received their care and support as they desired. People's preferences for personal care were recorded and followed. We looked at a sample of notes, which included documentation on when people received oral hygiene, bath and showers. People confirmed that they had regular baths and showers offered and received care in a way that they wanted. One person said, "They know how I want my care given." Care plans detailed how staff were to manage individual people's continence. This included providing assistance taking people to the toilet on waking or prompting to use the bathroom throughout the day. Throughout our inspection we observed that people were prompted and offered the opportunity to visit the bathroom. People who were not independently mobile were taken regularly to bathrooms. People told us they were well cared for. One person told us, "Very well looked after." Another person told us, "I'm happy and I would grumble if I wasn't." A hairdresser visited on a regular basis and people enjoyed this visit.

Information about the service and its facilities was provided to people and their relatives when they arrived to stay. The complaint procedure was also displayed in the reception area. All staff wore name badges so people knew their names. The weekly programme of activities was displayed on an information board and also given to each person by the activity person on a weekly basis. This meant people knew in advance what was on offer within the home and could choose to attend.

Relatives told us that they felt welcome at the home at any time. They said, "Open house, always welcomed, nothing is too much trouble." "We can come at any time, and stay as long as we like." Relatives described the care as positive and felt staff genuinely cared about the people they supported. A relative told us they thought their family member looked, "Content and settled."

Care records were stored securely. Information was kept confidentially and there were policies and procedures to protect people's personal information. There was a confidentiality policy which was accessible to all staff. Staff demonstrated they were aware of the importance of protecting people's private information.

# Is the service responsive?

## Our findings

People commented they were well looked after by care staff and that the service listened to them. One person said, "Really happy here, I have made friends." A visitor said, "They deal with things quickly and efficiently, changes to health are picked up quickly and responded to."

People received care that was specific to their individual needs. The care delivery was embedded in to practice and the improvements made over the past year had made a difference to people's lives. We saw people being supported to make choices and involve them in how they could spend their time. People in lounges were seen to be invited to join other people for tea and coffee and encouraged to participate in activities led by staff.

People received care which was personalised to reflect their needs, wishes and aspirations. Care records showed that a detailed assessment had taken place and that people were involved if possible in the initial drawing up of their care plan. Where people were unable to contribute, families were involved. Care plans provided detailed information for staff on how to deliver people's care. For example, information was found in care plans about personal care and physical well-being, communication, mobility and dexterity.

We were told care plans were reviewed monthly or when people's needs had changed. This was to ensure that people's care plans always remained current. Work was continually being undertaken to improve care documentation, and the registered manager said, "There are plans to change to a computerised care plan this will further improve our documentation and enable us to respond to changes quickly." The daily handover was very thorough and gave all staff the opportunity to discuss people's care and any changes noted. Daily records provided information for each person, staff could see at a glance, for example how people were feeling and what they had eaten. For people who were on continuous bed rest, staff documented all interactions. This ensured that the care was person centred and not task based.

Activities were planned and tailored to meet peoples' preferences and interests as much as possible. We were told that the format of activities may change on the day depending on who chose to attend and how many. A programme of events was displayed in the communal areas of the home and provided to each person in their room. These included pet therapy, visiting entertainers and other external events. During our inspection we saw a number of activities led by the care team taking place and enjoyed by some people. These included exercise hoops and ball games. Praise and encouragement was done in a respectful manner and people were relaxed and enjoying their activity. One senior staff member said, "We are constantly looking at ways to engage with our residents and ensure that we give them as much mental and physical stimulation as possible." We saw people actively engage with items? throughout our inspection. There was good interaction seen from staff as they supported people with activities throughout the home. We received positive comments from staff and visitors about activities and the one to one sessions, being undertaken for people who preferred or needed to remain on bed rest or in their room."

Throughout the inspection we heard conversations that were relaxed and friendly. People responded when spoken to and there was a laughter and good humour shared between staff and people. We saw that the

environment had been painted in bright colours and that attention had been given to creating a vibrant and welcoming atmosphere

The organisation was responsive to feedback. Regular staff and resident and family meetings were being held and we saw that times of meetings were displayed, details of suggestions and discussion points were recorded and actioned. For example, meal choices and laundry.

People returned to their room at a time they decided. We saw that people were also offered the opportunity to go for a stroll in the secure gardens or patio areas.

The home encouraged people to maintain relationships with their friends and families. One person said, "My friends and relatives visit regularly and are always welcomed." Another said, "I feel the home is welcoming, my family visit regularly, staff always pop in and chat to them and offer them a drink." We saw that visitors were welcomed throughout our inspection and the interactions were warm and friendly. Visitors were complimentary about the home, "Very welcoming, and friendly" and, "Lovely home, clean and comfortable."

Records showed comments, compliments and complaints were monitored and acted upon. A complaints procedure was in place and displayed in the reception area of the home and in other communal areas. People told us they felt confident in raising any concerns or making a complaint. One visitor told us, "Yes I know how make a complaint but I haven't had to, they are very responsive." Another said, "I would tell one of the staff and I know it would be taken seriously." There had been no complaints raised since the last inspection. There is an open door policy which means relatives and visitors can just pop in." A visitor said, "If I had a complaint, I would speak to the manager, who is so visible and approachable, always there to talk to if I need to."

## Is the service well-led?

### Our findings

Effective management and leadership was demonstrated in the home. The registered manager took an active role with the running of the home and had good knowledge of the staff and the people who lived there. The registered manager told us that the philosophy and culture of the service was to deliver good holistic care placing people at the centre of all they do. We were told, "Our service is person led not staff led."

There were clear lines of responsibility and accountability within the management structure. The culture of the service was described as open, honest and friendly by people and staff. The registered manager said their door was always open if staff wanted to have a chat with them. One member of staff said, "It's an open and transparent culture." Staff were happy to challenge poor practice if they saw it and would contact the registered manager or other senior staff immediately if they had any concerns. One staff member said, "The manager is always around the place, very knowledgeable and honest, runs a good place." Staff said they worked as a team, "It's a really nice atmosphere to work in."

There were quality assurance systems in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures. Areas of concern had been identified and changes made so that quality of care was not compromised. The registered manager said infection control was an area that they wanted to continuously improve and the last audit in February 2017 had identified some gaps that needed to be addressed and these were being actioned. Medicine audits looked at record keeping and administration of medicines and the manager said action would be taken through the supervision process if issues were identified. Staffing levels had been reviewed and a staffing tool, developed against people's dependency, was now in place and used daily.

The area manager told us one of the organisational core values was to have an open and transparent service. The provider was supporting staff, visitors and the people who lived at Southdowns Nursing Home to share their thoughts, concerns and ideas with them in order to enhance their service. Friends and relatives meetings had taken place and surveys were to be conducted to encourage people to be involved and raise ideas that could be implemented into practice. People and their visitors told us that they would like to be involved and welcomed the opportunity to share their views. One visitor said, "I think they really want our input." Staff meetings for both night and day staff had been held regularly, and staff felt informed about changes and plans for the home. One staff member said, "It's really great to be involved."

Southdowns Nursing Home had clear values and principles established at an organisational level. All staff had a thorough induction programme that covered the organisation's history and underlying principles, aims and objectives. These were reviewed and discussed within supervision sessions with staff.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.