

New Century Care (Southampton) Limited

South Haven Lodge Care 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

South Haven Lodge Care Home is a residential care home providing personal care to 38 people at the time of the inspection. The service is registered to support up to 46 older people who may be living with dementia or have other mental health needs. It accommodates people in one adapted building. There was an enclosed garden with an outhouse and areas for sitting out.

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

People received care and support that was safe, effective, caring, responsive and well led. People were protected from avoidable harm, abuse and other risks to their health and welfare, including the risk of the spread of infectious diseases. There were enough numbers of staff deployed to support people safely and promptly. People had their medicines in line with their prescriptions and preferences.

People's care and support was effective and based on detailed assessments and care plans which reflected their physical, mental and social needs. 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.

There were caring relationships between people and staff. Staff had got to know people, their interests and families. Staff respected and promoted people's privacy and dignity, and encouraged people to be as independent as possible.

People's care and support met their needs and reflected their preferences. The provider was aware of and followed best practice guidance. People could take part in activities inside and outside the home which reflected their interests and prevented social isolation.

The service was well led. There was focus on meeting people's individual needs and preferences. There were effective management and quality processes in place.

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

Rating at last inspection

The last rating for this service was good (report published 16 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

South Haven Lodge Care 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 Care Act 2014.

Inspection team

One inspector carried out this inspection

Service and service type

South Haven Lodge Care Home is a "care home". People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with us. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we had about the service, including the previous inspection report and

notifications we received about certain events at the service. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and two visitors about people's experience of the care provided. We spoke with the registered manager, the provider's human resources manager and two members of staff. We observed people's care and support in the shared areas of the home, including part of a medicines round.

We reviewed a range of records. This included two people's care records and medicines records. We looked at two staff files in relation to recruitment and staff training. Other records relating to the management of the service were reviewed.

After the inspection

We reviewed online reviews of the service. We used all the evidence from our inspection visit and assigned a rating based on our published characteristics of ratings.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems, processes and procedures in place to protect people from the risk of abuse and poor care. Staff had training in safeguarding, were aware of safeguarding issues and knew how to respond to them. People and visitors told us staff made sure people were supported safely.
- The provider had suitable processes to follow if concerns were ever raised about people's safety. These included working with other agencies such as the local authority, and notifying us as required by regulations when certain events occurred.

Assessing risk, safety monitoring and management

- The provider assessed risks to people's safety and managed risks to keep people safe. People had individual risk assessments in place. These included risks such as dehydration, the use of bed rails, and if people could not use their call bell. Actions to reduce and manage risks were included in people's care plans.
- The provider took appropriate steps to make sure the premises were safe for people. There had been a recent fire risk assessment. The provider had taken action in response to recommendations made in the fire risk assessment. There were individual evacuation plans for people in the event of a fire or other emergency.

Staffing and recruitment

- There were enough numbers of staff to support people safely and according to their needs. We saw staff went about their duties in a calm, professional manner, and were able to spend time with people during the day. People told us staff responded promptly if they needed support.
- The provider had a suitable recruitment process. This included the necessary checks that staff were suitable to work in the care sector. The registered manager kept records of these as required by regulation.

Using medicines safely

- The provider had processes in place to make sure people received their medicines safely and as prescribed. Medicines records were accurate, complete and up to date. The provider had suitable arrangements in place to store medicines securely and according to the manufacturers' guidance.
- People received their medicines from staff who had appropriate training. Staff explained to people which medicines they were about to take, made sure they had swallowed them all, and praised them afterwards. People's medicines were reviewed with their GP to confirm their prescription was still valid.

Preventing and controlling infection

- The provider had arrangements in place to make sure the home was kept clean and hygienic and people were protected from infections. There was a nominated infection control lead who reported to the

registered manager. Monthly infection control audits were delegated to different staff members, which meant there was a "fresh pair of eyes" each month.

- Arrangements were in place to maintain high standards of food hygiene. Staff took suitable precautions, such as using disposable gloves and aprons. The service had received a "very good" environmental health food hygiene rating in November 2019.

Learning lessons when things go wrong

- The provider had processes and procedures to learn from accidents and incidents. Staff kept records of accidents, incidents and near misses. The registered manager reviewed and analysed these records every month for trends and patterns. This process had led to changes in people's care plans to improve their care, such as reviewing the use of bed rails and aspects of people's personal care routine.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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

- The service achieved good outcomes for people by delivering care based on effective assessments and care plans. Care plans were thorough, detailed, and identified people's individual needs and preferences. The provider reviewed care plans regularly to make sure care continued to be in line with people's changing needs. These reviews included people's family and advocates where appropriate.
- The provider had processes in place to avoid discrimination in care decisions, including in relation to protected characteristics under the Equality Act 2010. Care planning took into account equality and diversity, including an equality impact assessment. Staff had training in equality and diversity. People had support to practise their chosen religion and received care appropriate to their cultural background.

Staff support: induction, training, skills and experience

- People had their needs met by staff with the right skills and knowledge. There was a wide-ranging training programme for staff which included training in specific topics, such as pressure injury care and administering end of life medicines for registered nurses. People told us they found staff were "very helpful" and "knew what they were doing".
- The provider supported staff to obtain the necessary skills and keep them current. On the day of our inspection a human resources manager was on site to have face to face meetings with staff who felt they needed additional support. The registered manager's records showed that 92% of required training had been completed by staff.

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

- Staff involved people in choices about what and how they ate. There was a four-week rolling menu which meant people had variety in their meals. People could request options in line with their preferences, such as vegetarian or vegan.
- People had a balanced, healthy diet. People told us they had "five-star treatment" with no concerns about choice, quality or quantity of food served. Where people needed support at mealtimes, this was done discretely.

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

- Staff worked with other services and homes to make sure people had consistent care when moving between services. The provider had arrangements in place to make sure all necessary information was available if people went into hospital. When people were ready to be discharged back to the home, there was a new assessment of their care needs to make sure everything was in place before they left hospital.

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

- People's care and support took into account their day to day health and wellbeing needs. Staff supported people to take part in activities to promote their wellbeing.
- People had access to healthcare services. Staff supported people to access services such as GPs, occupational therapy, physiotherapy and the community mental health team.

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

- The decoration and design of the home met the needs of people living there. The atmosphere was home-like, with comfortable furnishings, and shared sitting and dining areas. Refurbishment since our last inspection included changes to floor coverings and lighting to be more in line with current guidance for people living with dementia.
- People had choice and control over their environment. They had been involved in selecting the new colour schemes for redecorations. People had personal items and photos in their bedrooms. The provider had given areas of the home names which recalled areas of Southampton for people who had lived locally.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager and staff understood the legal requirements and good practice guidance if people lacked capacity. Mental capacity assessments were in line with the MCA and its code of practice. Where people appeared to decline treatment, staff had checked with their families to confirm this was in line with their choices when they had capacity.
- The provider complied with the Deprivation of Liberty Safeguards if people were at risk of being deprived of their liberty. Where the supervising authority had attached conditions to authorisations to deprive people of their liberty, these were respected and reflected in people's care.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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

- Staff treated people with kindness and respect. We saw positive interactions between people and staff. People were happy and relaxed around staff and described staff as caring. One person said, "In all the time I have been here, I have never seen [staff] cross."
- The registered manager and staff knew people well. There were positive, caring relationships between staff and people living at the home. One person's family member had written, "[Staff are] full of smiles and have time for residents and family." Another family member had written of their loved one, "I have noticed his smile and wicked sense of humour return."
- Staff acted in ways that showed people mattered to them. On the day of our visit one person was celebrating their birthday. They had a card, a balloon, and a vegan birthday cake. Every member of staff who came into the shared area of the home went over to wish them a happy birthday.

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

- Staff encouraged people to take part in decisions about their care while supporting them with their day to day care. The registered manager was available at the home to people, their family and visitors on a daily basis. Visitors told us the registered manager was approachable and listened to them.
- The provider supported people to be involved in decisions. They included people's families and independent advocates in meetings about people's care. The registered manager had advocated for people in discussions about whether South Haven Lodge was the best place for them to live, and had made sure their views and opinions were given full weight in the discussions.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect without discrimination. People told us staff were respectful, and behaved appropriately towards them. One person's family member had written, "Management and staff have put care in place so that [Name]'s dignity and safety are respected. Staff treat her with kindness and affection." When staff used a hoist to help a person reposition themselves in a shared area of the home, they put up a mobile screen to preserve the person's dignity and privacy.
- People's independence was promoted. Care plans showed where people could be self-sufficient and where they might need help. People had their own routines. One person told us they could go to bed early if that was what they wanted.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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

- Staff supported people according to their care plans in ways that met people's needs and reflected their preferences. Care plans were individual and thorough with detailed information about people's needs, likes, and dislikes across a number of different areas of care. Shift handovers were detailed and thorough to make sure information about people's needs and conditions were passed on between staff. People were very happy with the care they received. People's family members described the service as "caring and professional".
- Care planning reflected people's changing needs. The provider had adopted an NHS process for taking regular medical observations to identify early signs of changes in people's health. This allowed them to understand a person's usual status and arrange prompt medical interventions if there were signs of a worsening condition.
- The registered manager and staff were aware they needed to respect any protected characteristics under the Equality Act 2010. Staff considered people's cultural, spiritual and religious needs, and their care and support plans reflected this.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication care plans included any needs arising from a disability or sensory impairment and steps staff should take to meet them. We saw staff making sure people could understand them by speaking clearly and slowly, making eye contact, and giving people time to respond.

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

- The service supported people to take part in a variety of activities both inside the home and in the community. These included visiting a local pub, quizzes, arts and crafts, and pamper days. People could use a large screen computer with a number of interactive games and activities.
- The provider supported people to avoid social isolation. People had frequent visits from and trips out with family who lived nearby. People had established friendships within the home. There were regular visits from entertainers and therapy animals.

Improving care quality in response to complaints or concerns

- The provider had a suitable process and policy for dealing with complaints. People were aware of the process. People and their families were confident any complaint would be dealt with by the registered manager. There had been two recent complaints, which had been managed professionally with all parties being kept informed of the outcome.

End of life care and support

- Where people chose to spend their final days at the home, the provider was ready to make sure people at the end of their life had a comfortable, dignified and pain-free death. There was information about people's advance decisions in their care plan. The staff had worked with a nearby hospice to achieve a nationally recognised accreditation in end of life care.
- The provider took into account the needs of the dying person's family. Staff had training in end of life care and holding conversations which might be difficult. One person's relative had written that the service had made the person's "last few months the best ever".

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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

- The service had a positive culture which promoted good care, and maintained people's independence, privacy and dignity. The service reflected the provider's vision of "We care about care". The registered manager promoted positive values through their day to day contact with staff and people living at the home. Staff responded to this approach and shared the values of the service.
- Staff were empowered by the registered manager's management style which focused on values such as empathy with people. The registered manager had renamed staff supervisions as "one to one" meetings to emphasise these were opportunities for two-way conversations. Staff told us they found the registered manager approachable.

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 was aware of their responsibilities under the duty of candour. They had an open, transparent approach to communication with people and their families.

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

- The registered manager had effective governance and quality systems in place. They tracked and reported on a number of quality performance indicators which included: dependency, weight, pressure areas, medicines errors, and accidents and incidents. There was a system of internal checks and audits in which staff were fully involved.
- The registered manager was informed about regulatory requirements. The ratings from the previous inspection had been displayed in line with regulations. The registered manager notified us of certain events occurring in the service which providers have to tell us about.

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

- The registered manager engaged directly with people, their families, and staff. A personal approach allowed them to take into account any equality characteristics.
- There was an annual survey to checkpoint people's experience of the service. The most recent survey had shown 88% of people "satisfied" or "highly satisfied" with the service.

Continuous learning and improving care

- The provider had systems in place to improve the service. These included reflecting and learning after accidents, incidents or near misses. The registered manager had a clear vision and plan for future improvements in the service and a track record of making improvements where these were identified.

Working in partnership with others

- The provider worked in partnership with other agencies to meet people's healthcare and wider needs. These included regular contact with people's GPs and community nursing services. The service worked with a local church to make sure people's spiritual needs were met. There was a positive relationship with the local authority.