Southlands Residential Home Limited

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Inspection report

Withins Lane
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Tel: 01204528369

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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

Southlands Residential Home is a large detached property, registered to provide accommodation for up to 27 people; this is provided in either single or shared rooms. The home has large, well maintained gardens and a large car park for visitors. It is situated close to local amenities and bus routes into Bolton.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

There was a registered manager at 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.

People told us they felt safe living at the home and were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There were sufficient staff available to ensure people's wellbeing, safety and security was protected. An appropriate recruitment and selection process was in place which ensured new staff had the right skills and were suitable to work with people living in the home.

Staff had a good understanding of systems in place to manage medicines, safeguarding matters and behaviours that are challenging to others. People's medicines were managed so they received them safely.

Accidents and incidents were recorded and audited monthly to identify any trends or re-occurrences. The home had been responsive in referring people to other services when there were concerns about their health.

Relatives we spoke with said they felt welcome to visit at any time; they felt involved in care planning and were confident that their comments and concerns would be acted upon. The provider learned from complaints and comments and used them to improve the service.

Risk assessments were in place for a number of areas and were regularly updated. Staff had a good knowledge and understanding of people's health conditions.

The service worked in partnership with other professionals and agencies to meet people's care needs.

Feedback received from people who used the service and their relatives was overwhelmingly positive and people were encouraged to contribute their views. People were positive about the staff who supported them and told us they liked the staff and were treated with dignity and kindness. People told us they felt safe living at the home.

People were satisfied with the food provided at the home and the support they received in relation to nutrition and hydration. There was an open and transparent culture and encouragement for people to provide feedback.

People told us they were aware of how to make a complaint and were confident they could express any concerns and these would be addressed.

Staff told us they enjoyed working for the organisation and spoke positively about the culture and management of the service. They also told us that they were encouraged to openly discuss any issues.

Further improvements had been made to the design and decoration of the environment and a large, secure sun terrace provided an easily accessible and peaceful external space for people to enjoy. There was a homely atmosphere and due consideration was given to the needs of people with dementia.

Audit and governance systems were in place and operated effectively and statutory notifications were sent to CQC appropriately.

There was an up to date certificate of registration with CQC and insurance certificates on display as required. We saw the last CQC report was also displayed in the premises as per legal requirements.

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 remains Good.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service has improved to Good.

The staff we spoke with told us they enjoyed working at the service and felt valued, could put their views across to their manager, and felt they were listened to.

The service had policies and procedures in place to monitor the quality of service delivery and had appropriate auditing systems and processes.

People we spoke with were very complimentary about the registered manager and the service provided to them.

Southlands Residential Home Limited

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 27 and 29 June 2018 and the first day was unannounced. The inspection team consisted of one adult social care inspector from CQC.

Before the inspection we reviewed information available to us about this service. The registered provider had completed a Provider Information Return (PIR) in March 2018. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed any share your experience forms and notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law.

During the inspection, we spoke with four people and three relatives. We spoke with the registered manager, and four care staff. Additionally, we spoke with a local authority professional and two healthcare professionals as part of our inspection.

We reviewed five people's care records, looked at five staff files and reviewed records relating to the management of medicines, complaints, training and how the registered persons monitored the quality of the service. We used all this information to inform our judgement.

Good

Is the service safe?

Our findings

People and their relatives told us they trusted the staff and felt safe living at the home. One relative commented, "My gut feeling is it's a very small intimate caring establishment that is fantastic for [person name]. The first home wasn't suitable and Southlands took over after [person name] had a spell in hospital and it's been great; they have accommodated every need [person name] has and they have found a good balance of keeping [them] safe and maintaining [their] independence." A second relative told us, "I do not live in this area but the staff phone me up at least once every week to give me an update and keep me informed; I have no worries about [person name's] safety at all." One person told us, "I feel very safe living here; staff stop with me when I need them to do so and they have taken me to hospital appointments as well." A second person said, "I am not frightened living in this home and I have no fears about anything; in fact, I feel very safe."

Policies in relation to safeguarding and whistleblowing reflected local authority procedures and contained relevant contact information. Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them. One staff member said, "Signs of abuse might be things like a change in behaviour, financial abuse, family issues or not receiving medicines on time; I would speak to my manager but know I can also contact the local authority, CQC or the police." The registered manager was aware of their responsibilities regarding responding to safeguarding concerns.

Systems were in place to identify and reduce the risks to people living in the home. People's care plans included detailed risk assessments which provided staff with the information needed to help keep people safe. Risk assessments were individual to the person concerned and provided staff with a clear description of any risks and guidance on the support people needed to manage these risks. Staff understood the support people needed to promote their independence and freedom, whilst mitigating risks, and we observed several instances were staff followed these principles when assisting at mealtimes.

Accidents and incidents were managed appropriately and there was a log of any incidents, including the action taken to reduce the risk of a reoccurrence.

The provider had a system in place for determining safe staffing numbers. People told us and we observed during inspection there were enough staff available to meet people's needs and to keep them safe. This was also confirmed in discussion with relatives; one relative told us, "There's always someone around; very attentive and staff are always present so no-one is left unattended." A person told us, "There seems to be enough staff on duty and they're not rushed and everything is okay at night time as well." A staff member commented, "We've got enough staff and we don't like using agency staff because they don't know people well enough so we cover any gaps ourselves."

There was a safe recruitment and selection process in place and staff had been subject to criminal record checks before starting work at the service. These checks are carried out by the Disclosure and Barring Service (DBS) and helps employers to make safer recruitment decisions and prevent unsuitable staff being

employed. We saw detailed recruitment records were kept for each staff member.

We observed the administration of medicines and saw systems were in place that showed people's medicines were managed consistently and safely by staff. Medicines were being obtained, stored, administered and disposed of appropriately. Controlled drugs (CD's) were managed correctly and a CD book was fully completed. We compared four people's medicines against their medicine administration records (MAR's) and saw people were receiving their medicines as prescribed by their GP. Where people had been prescribed medicines on an 'as required' basis, protocols were in place including how to recognise signs of pain and identified the required gap between doses.

A recent check of medicines had also been carried out by a relevant healthcare professional, who visited regularly and worked alongside staff and they expressed no concerns regarding the management of medicines; they told us, "I have no concerns about the management of medicines; the managers are really good and do not over-order medicines, there are weekly deliveries and not much waste either, really good."

The environment was clean and free from any malodours; cleaning schedules were in place for all areas of the home and cleaning products were stored safely. Bathrooms had been fitted with aids and adaptations to assist people with limited mobility. There was an up to date fire policy in place; fire risk assessments were undertaken and each person had a personal emergency evacuation plan (PEEP) in situ.

Environmental and premises related audits were in place, including a daily 'walk around' of the building and checks on equipment, mattresses, building cleanliness, bedrooms and laundry. We saw evidence that all required equipment and building maintenance checks had been undertaken within the required timescales, with supporting certificates in place.

Good

Is the service effective?

Our findings

People's relatives told us staff had the knowledge and skills needed to provide an effective service. One relative said, "They are truthful with me and if you can be truthful with people that's a good start. I feel [person name] is in a fantastic place and [they] enjoy the garden area. Staff know what they are doing and are on the ball; they are constantly watching people if someone stands up or needs their walking frame." A second relative told us, "Every step of the way they are switched on." A person told us, "I ask for something and I get it every time; when I want to be left alone and spend time in my bedroom I tell staff and they follow this, they know me well and can see it in my face what mood I am in."

Staff completed training as part of their probationary period and told us they completed a period of induction and shadowed other staff prior to completing their induction. Staff we spoke with told up they all felt ready and skilled enough to work with the people who used this service by the end of their induction period. One staff member told us "I had an induction and did a lot of training with the local authority including manual handling, safeguarding, infection control and health and safety. I shadowed other staff until I was competent." A second said, "We get regular updated and mandatory training like moving and handling, safeguarding, infection control and health and safety. I'm doing training on managing falls at the moment and have also done safeguarding training."

The provider had a system in place to record the training that care staff had completed and to identify when training needed to be repeated. Training provided included manual handling, first aid, medication, fire safety, health and safety, food hygiene, safeguarding, MCA/DoLS , infection control and dementia. At the time of the inspection, and in addition to training already provided face-to-face, the majority of the care staff were also undertaking distance learning with the Skills Network in the following subjects: falls prevention awareness, end of life care, infection control, dementia care and understanding behaviour that challenges. The Skills Network provides technology-enabled training and skills solutions. We saw these courses were carried out on paper via a workbook and usually took around twelve weeks to complete.

Staff continued to receive regular supervision and an annual appraisal. The areas discussed during supervision included a review of the previous supervision notes, personal development and training, any current concerns, teamwork and standard of work completed. One staff member said, " I get supervision with my manager as well as an appraisal every year. I think the manager is fair and listens to me when I ask for things." A second told us, "I have supervisions but the managers are always available and the office door is always open. If I wanted a 1-1 with my manager I could have one every day if I wished but I don't need to as we work very closely together here."

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw appropriate DoLS authorisations were in place to lawfully deprive people of their liberty for their own safety and a log of any authorisations was kept. Staff had a good understanding of these pieces of legislation and when they should be applied. One member of staff told us, "DoLS is needed for people who can't leave the building safely if they were alone; we would document the reasons why we think a DoLS is needed and this is done under the Mental Capacity Act if a person does not have the capacity to make decisions."

People had risk assessments in place regarding nutrition and hydration and were assessed so they were supported to eat and drink enough to meet their individual needs. People's food preferences and needs were recorded and menus planned to reflect this. Specialist diets were catered for based on health and cultural needs and personal preferences, and we observed staff asking people what they wanted to eat that day with different options being provided to people who didn't want what was on the menu that day. The kitchen was appropriately stocked with fresh food and dry goods. People were asked each day what they wanted to eat which we observed during the inspection.

Fridge temperatures were checked daily and food temperatures were also recorded. Measures were in place to avoid cross contamination in the kitchen. The home had recently been assessed by the local authority and had received a food hygiene rating score (FHRS) of five which is the highest score possible. One person told us, "The food is alright and I get a good choice of what to eat; this morning I had a toasted teacake and cereal." A second person said, "I've really enjoyed the food since being here and there's a good choice; I was neglecting myself before I came here and now I feel marvellous." A relative commented, "The food is good and I could sit down and eat every meal myself, it looks so good."

People continued to receive healthcare support as necessary and this was recorded in their care files. Visits from external professionals included, doctors, district nurses, social workers, advanced nurse practitioners, speech and language therapists (SALT), podiatrists and opticians. Health records were up to date and contained suitably detailed information. Staff implemented the recommendations made by health professionals to promote people's health and wellbeing.

We observed staff continued to seek verbal consent from people prior to providing support to them, which ensured people had given consent to the care being offered before it was provided. We also saw consent to care and treatment had been sought prior to people receiving support which was recorded in people's care files.

We found work had been carried out to improve the overall living environment since the last inspection. This included new flooring to lounges and bedrooms, two new fully equipped bathrooms with an assisted bath and shower, new furniture and redecoration of the lounges and new external windows.

At the time of the inspection a new 'treatment' room was near completion which would be used by staff and visiting healthcare professionals; this had been designed in partnership with infection control professionals.

Two new awnings were also being fitted to the external terraced area adjacent to the building in order to provide additional shade; this area was surrounded by mature trees and shrubbery and provided a pleasant area in which to sit and enjoy the sunshine and fresh air. A relative commented, "The environment suits [person name's] needs very well as [they] just want calm company around [them] and others can move around if they wish."

Good

Is the service caring?

Our findings

Comments received from people and their relatives about staff attitudes and approach remained overwhelmingly positive; one relative said, "Southlands staff do all they can to keep people independent and I was so reassured that the home does everything I would like to be done. I am thrilled at having found them and they have embraced [person name's] needs very well; there isn't anything I would change, it's fantastic." A person told us, "This place to me has been marvellous and I can't speak highly enough of staff, they are devoted to their jobs and can't do enough for me. I think there's a very homely and friendly atmosphere here and I'm able to do the things I like."

The service continued to have a visible person-centred culture and we observed people were treated with kindness and dignity during the inspection. Staff took time to stop and speak to people on an individual basis and held conversations that were relevant to each person, for example about what clothes they wanted to wear that day or what they wished to eat.

Staff understood it is a person's human right to be treated with respect and dignity and to be able to express their views. We observed them putting this into practice during the inspection. For example, one person was feeling tired and wished to have a rest in their own bedroom and we saw staff respected this choice and supported the person to their room. People confirmed staff were always very polite and included them when making decisions about how they wanted their care provided. One person told us, "I wanted to have a walk around the gardens today so I told staff and they assisted me, it was beautiful. There's a personal touch here and I can't find fault." A second said, "Staff are kind and caring and always speak to me in a nice way; they always ask me what I want to do and always listen to me. Staff are respectful and always smiling; they talk to me about my care but sometimes I can't be bothered."

Staff were respectful when talking with people, calling them by their preferred names. We observed staff knocking on people's doors and waiting before entering. We saw staff spoke with people while they moved around the home and informed people of their intentions when approaching people. Staff also informed people of the reason for our visit so that no-one would become alarmed or concerned.

During our observations we saw many positive interactions between staff and people who used the service. Staff spoke to people in a friendly and respectful manner and responded promptly to any requests for assistance. We saw staff communicated well with one another and passed on relevant information to each other regarding the care they were providing. We observed people using the service appeared clean and well-groomed and everyone was wearing fresh clothing of their choice.

A relative told us, "They (the staff) are very supportive of me as well as [person name]. In the early days I was upset that [person name] needed to come here, but we all sat down and had a natter and now [person name] calls it home. They are very efficient and caring and they do their best for all residents."

We looked to see how the provider promoted equality, recognised diversity, and protected people's human rights. We found the service aimed to embed equality and human rights through good person-centred care

planning. Support planning documentation used by the service enabled staff to capture information to ensure people from different groups received the help and support they needed to lead fulfilling lives, which met their individual needs. For example, if people had been referred to the home who required an alternative diet the service had responded appropriately.

We found there were appropriate policies in place which covered areas such as equality and diversity, confidentiality, valuing diversity, privacy and dignity.

People's care plans included information about their needs regarding age, disability, gender, race, religion and belief. Care plans also included information about how people preferred to be supported with their personal care. We found people's care files were held in an office where they were accessible but secure and staff records were also held securely. Any computers were password protected to aid security.

Good

Is the service responsive?

Our findings

People's care plans confirmed an assessment of their needs had been undertaken by the service before their admission to the home. People and their relatives confirmed they had been involved in this initial assessment, and had been able to give their opinion on how their care and support was provided. Following this initial assessment, care plans were developed detailing the care, treatment and support needed to ensure personalised care was provided to people.

One relative commented, "They [the service] don't put an act on and no-one tries to be something they are not. I have been fully involved in planning my care and got all information on how to make a complaint. We have talked about end of life care needs and documented all this; they took us to a quiet area and everyone dealt with this with a smile on their face." One person told us, "It was my choice to come here and I've always known it had a good reputation; if I wasn't happy I wouldn't stop. The manager is always available and this place is a 'family concern' and it shows. I'm involved in my care planning and staff also take me to visit my previous house whilst it is being sorted out and I work through my post with staff. I know how to complain but have never had anything to complain about; they look after me and I have no worries, I'd say they are very responsive to my needs."

We found the provider was meeting the requirements of the Accessible Information Standard (AIS) by identifying, recording and sharing the information and communication needs of people who used the service with carers/staff and relatives, where those needs related to a disability, impairment or sensory loss.

People's care plans provided information to staff on how to manage specific health conditions or acquired conditions such as chest infections. Individual care plans had been produced in response to risk assessments, for example where people were at risk of developing pressure ulcers. Records of professional visits were kept in people's care files, including doctors, nurses, specialist nurses and other healthcare professionals.

Care plans contained information about how to provide support to people, what they liked and disliked and their preferences. People told us staff adapted care to suit their individual preferences. For example, some people preferred to get up late and others liked to get up early and some people preferred to sit in the same familiar lounge each day; this was known and respected by staff and was observed during the inspection.

A range of activities were on offer for people to take part in including board games, dominoes, exercise, and outings. Local churches regularly visited to conduct services for those who wished to join in. There were seasonal events celebrations and parties were held for celebrations such as people's birthdays and coffee mornings took place occasionally. Individual newspapers were provided for people and we saw some people were engaged in completing quiz words. Other people sat in a lounge of their choice with familiar friends and we saw everyone took an interest in each other, and chatted about their welfare. We observed several people freely accessing the adjacent landscaped garden areas in a secure patio area that was protected from the glare of the sun.

People who used the service were supported to follow their interests and hobbies, for example, one person liked to watch particular films in a quiet lounge and we saw that staff encouraged the person to do this. A physiotherapy activity session also took place twice each week, which people told us was both enjoyable and therapeutic. One person said, "We do exercises which I like and get singers; I do reading in the library lounge and like doing crosswords and every day I do a colour pictures book which I enjoy doing." A second person told us, "I'm happy to be on my own watching TV in my room or the quiet lounge; some ladies group together and chat about things but that's not for me. I have a good view of the gardens and love to watch the squirrels and birds that come to my window."

The provider took account of complaints and compliments to improve the service. A complaints log, policy and procedure were in place and people told us they were aware of how to make a complaint and were confident they could express any concerns; we saw no complaints had recently been made.

People were asked about where and how they would like to be cared for when they reached the end of their life and this was recorded in their care files. We found a number of people had been asked about their end of life wishes but did not want to complete their end of life plan and this was recorded. A number of staff at the home had completed the Six Steps Programme, which is the North West end of life programme for care homes which enables people who are nearing the end of their life to remain at the home to be cared for in familiar surroundings by people they know and could trust.

Relatives were complimentary about the provision of end of life care and one relative told us, "We have been fully involved in end of life planning and staff know what they are doing with this; they have been proactive in contacting the doctor and recognised when [person name] wasn't eating well and a fortified diet was introduced. We can see repositioning charts are also being used and they're filled in so [person name] doesn't have any skin problems. They told us they would take care of [person name] till the end and this is exactly what they are doing and we really appreciate this."

Good

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection we found staff supervisions and annual appraisals had not been held for a significant length of time and staff meetings were not held regularly. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to staffing. At this inspection we found remedial action and had been taken and the provider was now meeting the requirements of this regulation.

Staff meetings were now held approximately every three months and notes of meetings were provided to staff who were unable to attend. We looked at the notes from the previous meetings and saw discussions included uniforms, medication, the use of mobile phones, the mealtime experience, new residents, laundry, hand-hygiene and policies and procedures. All staff had now received an annual appraisal and regular supervisions were held, with notes being stored confidentially in the staff members' own personnel file. Training and development needs were identified at these meetings and goals and objectives set for the future, which were then reviewed at the next meeting.

In addition, a daily handover meeting was held where staff had the opportunity to update the manager and other staff about people's welfare. Staff told us they felt they now received the appropriate level of support and guidance from their manager.

Staff we spoke with told us management were always present and visible in the home and said management supported them well. Our observations throughout the inspection confirmed this view and we observed the management team were involved in supporting and advising staff and people who used the service throughout the inspection.

One staff member said, "I really enjoy working here though it can be busy at times. We get supervisions and appraisals now and have team meetings plus the daily informal meeting. I feel we are working more like a team now and other staff listen to me when I tell them things; you can speak to the manager at any time as well." A second staff member told us, "I feel we all work together as a team and we're like a family because we discuss things together; I'm having my supervisions and we can speak to the managers at any time about anything; the office door is always open."

The manager was proactive throughout the inspection in demonstrating how the service operated and how they worked to drive improvements. Feedback was obtained from people who used the service and their relatives at different times whilst people were receiving care and support, for example via annual surveys/questionnaires and as part of the process of care file evaluations. We looked at feedback received from the most recent annual questionnaires and found it was all positive.

We found the manager attended forums and development groups in the local area; for example, the home had engaged with the local authority 'excellence programme' and had received funding for the development of a new treatment room. The manager was also a member of the 'care home excellence team' operated through the local authority and attended monthly meetings and network events; they had also engaged with a Clinical Commissioning Group (CCG) initiative aimed at ensuring individual homes were registered with a local GP practice. The manager had been proactive in engaging with clinical professionals and each week two healthcare professionals visited the home to check on people's welfare and identify any issues as a pro-active measure; this helped to ensure people's welfare was maintained.

We looked at the systems in place to monitor the quality of service being provided to ensure good governance. Audits and checks included staff competencies, medicines, the environment and equipment, care files, infection control, complaints and safeguarding.

Notifications had been received by CQC as required. Confidential information was being stored securely and we saw records such as care plans and staff personnel files were stored in the office when not in use.

As of April 2015, it is a legal requirement to display performance ratings from the last CQC inspection. We saw the last report was displayed within the home in the dining room and was available for all to see . At the time of the inspection the provider did not have a website