Southfield House Limited

Southfield House Residential Care Home

Inspection report

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Date of inspection visit:
28 March 2018
29 March 2018
03 April 2018

Date of publication:
25 May 2018

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 28 and 29 March and 03 April 2018 and was unannounced on the first day.

We last inspected the service 13 and 15 July 2016 when we rated the service as Requires Improvement and there was a breach of regulation 18 in relation to staff training. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of Safe and Well-Led to at least good.

At this inspection we found the provider had taken remedial action to meet staff training requirements, however we found two new breaches of regulations in respect of safeguarding people from abuse and improper treatment and good governance. You can see what action we told the provider to take at the back of the full version of this report.

Southfield House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 consisted of a main building and an adjoining extension called Norwood. People who were more independent and required less support lived in Norwood. Staff referred to this part of the building as the 'assisted community.' At the time of our inspection there were 21 people living at the service with 15 people residing in the main building and six in Norwood.

We looked at records relating to people who were currently subject to DoLS and found timely applications for DoLS had not always been made appropriately when the indication was this was required, for example if the person had been assessed as lacking capacity.

Regular audits were carried out in a number of areas but had not always been effective in identifying and resolving some of the issues we found during the inspection in regards to timely applications for DoLS. These had not always been made appropriately when the indication was this was required, which meant some people were potentially being deprived of their liberty without authorisation.

These issues meant there had been a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safeguarding, because people must not be deprived of their liberty without lawful authority.

Because auditing systems had not identified this issue this meant there was also a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to good governance, as systems were not in place to assess, monitor and improve the quality of service delivery. You can see what action we told the provider to take at the back of the full version of this report regarding these regulatory breaches.

There was a registered manager in post, who was also the owner. 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 living at Southfield House told us they felt safe and said staff were kind and caring. Staff we spoke with told us they had completed training in safeguarding and were able to describe the different types of abuse that could occur.

There were policies and procedures to guide staff about how to safeguard people from the risk of abuse or harm. Staff had access to a wide range of policies and procedures regarding all aspects of the service.

Staff received appropriate induction, training, supervision and appraisal and there was a staff training matrix in place.

We saw there were individualised risk assessments in place to identify specific areas of concern. Care plans were person-centred and covered essential elements of people's needs and preferences. Staff sought consent from people before providing support. People's health needs were managed effectively and there was evidence of professional's involvement.

Equipment used by the home was maintained and serviced at regular intervals. The home was clean throughout and there were no malodours. The environment was suitable for people's needs.

There was evidence of robust and safe recruitment procedures.

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.

People told us the food at the home was good. There was a seasonal menu in use and this was displayed. People's nutritional needs were monitored and met.

People told us staff treated them well and respected their privacy and dignity. We observed positive interactions between staff and people who used the service.

When people had undertaken an activity this was recorded in their care file information and there was a range of activities available for people to choose from.

The service aimed to embed equality and human rights though good person-centred care planning and people were provided with a range of useful information about the home and other supporting organisations.

The service was supported by other relevant professionals when providing end of life care. Several relatives had commended the home for the quality of its end of life care provision.

There was a complaints policy and procedure in place. This clearly explained the process people could follow if they were unhappy with any aspects of their care. There was a service user guide and statement of purpose in place.

Formal feedback from people who used the service and their relatives was sought and there were regular meetings for people to attend.

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

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 safe.

Is the service effective?

Requires Improvement

Not all aspects of the service were effective.

Staff received the necessary training, supervision and induction to support them in their role.

Appropriate systems were in place to ensure people received good nutrition/hydration.

Not all principles of DoLS and the MCA were being adhered to.

Is the service caring?

Good

The service remains caring.

Is the service responsive?

Good

The service remains responsive.

Is the service well-led?

Requires Improvement

Not all aspects of the service were well-led.

We identified two breaches of the regulations which means this key question can only be rated as Requires Improvement.

Everybody spoke favourably about management and leadership within the home.

Staff told us they enjoyed their work and that there was a positive culture within the home.

Southfield House Residential Care 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 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 inspection took place on 28 March 2018 and was unannounced. This was followed by announced visits on 29 March and 03 April 2018.The inspection was carried out by one adult social care inspector from CQC.

Before the inspection, we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of the inspection, we spoke with four people who used the service and four visiting relatives. We spoke with the registered manager who was also the owner of the service, the deputy manager, the facilities administration manager, the chef and four other members of care staff.

We looked in detail at six care plans and associated documentation, supervision and training records, five staff records including recruitment and selection information, audits and quality assurance, a variety of policies and procedures, safety and maintenance certificates and medicine administration records (MAR's).

We reviewed other information we held about the home, including any notifications we had received from the provider about deaths or other incidents. This helped us determine if there were any particular areas to pursue during the inspection.

We undertook 'pathway tracking' of care records, which involves cross referencing people's care records via the home's documentation and establishing if care is being delivered as required. We observed care within

the home throughout the day in the lounge, dining room and communal areas.

We observed the medicines round and the breakfast and lunchtime meal. We toured the premises and garden areas and looked in various rooms. We also reviewed previous inspection reports and other information we held about the service; we used this information to inform our judgements.

Good

Is the service safe?

Our findings

When we last inspected this domain on 13 and 15 July 2016 we determined the service was safe, with no breaches of regulations identified and this domain was rated as good. At this inspection we found the service continued to remain safe.

People told us they felt safe. One person said, "I feel very safe here and I haven't a bad word to say and there are no problems." A relative commented, "Everything is fine here; every time I visit I have no concerns and the place is always clean." All of the relatives we spoke with confirmed that they thought their relatives and their belongings were safe at Southfield House.

People had a variety of risk assessments in place in order to keep them safe. These included assessments for falls, skin integrity, dietary needs, communication, memory and cognition, safety within and outside the building, moving and handling, bed safety, personal hygiene and bathing, malnutrition, medication, cardiac and respiratory issues. This helped ensure guidance was in place for staff on minimising risks to people's wellbeing and safety. The risk assessments were reviewed and updated when changes occurred.

We observed medicines administration on the third day of inspection and found medicines continued to be administered safely.

Medicines were stored securely, including checks on room temperatures being completed to ensure the effectiveness of medicines was maintained. MAR charts were all completed accurately and we saw the staff member administering medicines wore a red 'do not disturb' tabard and completed people's MAR charts correctly after they had administered the medicines.

Medicines due for disposal were stored safely and people told us they received their medicines as required. The service used the British National Formulary (BNF) book which is pharmaceutical reference book that contains information and advice on prescribing medicines. First aid boxes were checked and we saw all were well stocked.

Competency assessments for staff who administered medicines were carried out, which was confirmed by staff we spoke with. We saw Stockport Clinical Commissioning Group (CCG) had carried out an inspection of medicines on 16 February 2018 and this confirmed medicines were administered safely.

People and their relatives confirmed they thought there were enough staff to support their needs. The provider used a formal tool to identify people's dependency levels to ensure enough staff were on duty. We looked at the most recent staffing tool completed and saw that the staff on duty matched with the number required by the tool to support people fully. The registered manager was aware that people's needs could change over time and this could affect their dependency levels.

We looked at staff rotas and confirmed staffing levels remained consistent which meant the provider had systems in place to monitor staffing levels and ensure continuity and familiarity with people who used the

service.

We checked infection control procedures and observed staff practice. Our observations confirmed staff had access to personal protective equipment such as gloves and aprons. We saw all areas of the service were clean, and there were no malodours in any of the communal areas or bedrooms we checked. Staff used best practice infection control procedures when cleaning floors and used colour coded mops to ensure that cross contamination was minimised.

We checked the personal finances of one person who had their money secured with the provider. Records were checked and found to be correct and corresponded with the balance of their money which was securely stored in a safe. Receipts were also kept as a record of expenditure.

Safe recruitment practices were followed to ensure appropriate staff were employed at the service. All potential staff were required to complete an application form and attend an interview so that their knowledge, skills and values could be assessed. The provider undertook checks on new staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining references from previous employers and/or character references and Disclose and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Fire equipment was checked and practice fire drills were carried out. A fire risk assessment was in place and new fire doors were being fitted to communal area/corridor doors throughout the building; these purpose built fire doors had glass inserts that allowed staff to see down corridors which lessoned the risk of a person falling unobserved and also allowed more light to permeate the corridors.

Appropriate checks on the premises and equipment had been completed, including the mains electrical installations, gas supply, the working order of the lift, portable appliance testing (PAT), hoists, equipment and legionella. These checks ensured the building was safe for people living at the home.

The provider had a contingency plan in place for any emergency event, for example lift failure or loss of utility supplies.

Requires Improvement

Is the service effective?

Our findings

When we last inspected this domain on 13 and 15 July 2016 we determined the service was not consistently effective; there was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to staffing because staff had not always received refresher training and safeguarding training and this domain was rated as requires improvement.

At this inspection we found the service had taken remedial action regarding staff training and was now meeting the requirements of this regulation, however we found a new breach of regulations in relation to MCA/DoLS and this domain continues to be rated as requires improvement.

Staff told us they received enough training to help them support people effectively. We looked at staff training information and found they had received training in a range of topics, including safeguarding, infection control, diabetes care, pressure care, health and safety, fire safety, end of life care, dementia care, moving and handling and food hygiene. One staff member said, "As well as my induction training I've done safeguarding, moving and handling, fire, infection control and health and safety; the manager tells us in advance when refresher training is due." A second told us, "I feel we get enough training and [manager name] is looking at new ways of delivering training in a more practical way. We do fire drills and I've done moving and handling, safeguarding and health and safety as well as other training."

Newly recruited staff were required to undertake a probationary period before being offered a permanent position, which included observed practical assessments before confirmation in their role. Staff were required to familiarise themselves with the people using the service by reading care plans and spending time in their company. Induction also included a range of basic mandatory training and staff were required to read certain policies as part of this process. An induction checklist booklet was completed for each new staff member and this was used until the staff member was deemed competent. A new 'induction annual review 2018' document was in use and if a new staff member had not previously worked in social care, their induction was aligned with the requirements of the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

Staff now received regular supervision with their manager. There was a supervision matrix in place and all staff now received supervisions at least every two months and annual appraisals also took place; we saw staff had been fully involved in this process and personal goals had been developed jointly. Supervision and appraisal is a process used by management for meeting with employees to manage their performance and provide opportunities to develop and improve.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We looked at records relating to people who were currently subject to DoLS. We found timely applications for DoLS had not always been made appropriately when the indication was this was required, for example if they had been assessed as being unable to safely leave the premises alone, or when they had been assessed as lacking capacity, which meant some people were potentially being deprived of their liberty without authorisation and there was no tracker file in place that would assist the manager to monitor applications.

We spoke with the registered manager and deputy manager about this issue and determined this had been an oversight on the part of the previous manager who had left the home in October 2017 without submitting the applications. In response the manager and deputy manager took the decision to immediately re-assess everyone living at Southfield House and on the third day of inspection they had completed these assessments and submitted six new applications to the local authority; two of these were subsequently deemed to be urgent by the local authority which was a further indication of the need for timely referrals/applications. A tracker file was then created during the inspection with information for each person which allowed the service to subsequently monitor any applications and their outcomes.

These issues meant there had been a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safeguarding, because people must not be deprived of their liberty without lawful authority.

We saw that people's capacity to consent to their care was captured in their care files and where people were lacked capacity this had been signed by a relevant other person such as a family member. If people had a power of attorney (POA) or an advocate, this was captured in people's care files.

We found care staff had received training in MCA/DoLS and staff we spoke with were able to explain why people may be deprived of their liberty. One member of staff said, "MCA/DoLS is when a person is deprived of their liberty; the MCA addresses issue of capacity and protects the rights of the person." A second told us, "We assume everyone has capacity unless proven otherwise and if needed we contact the local authority for an assessment."

We found the service acted in the people's best interests, for example one family had been involved in the decision making process and had complimented the home on their actions; they stated, "My sister and I both feel that [staff name] acted professionally in calling the on-call medical team but also took a common sense approach when the ambulance didn't arrive. In our opinion [staff name] made an exceedingly well-judged decision and acted with mum's best interests in mind. This just reinforces our view that we couldn't have had a better place for mum to live."

We observed the breakfast and lunchtime meals which were very sociable and there was a calm and peaceful atmosphere. We heard people chatting with each other and staff during mealtimes and there was a good range of food options available, including hot and cold food, a variety of desserts and other snacks at various times of day. The dining room was light and airy and tables were nicely laid with cloths, napkins, cutlery, condiments and fresh flowers.

People's dietary needs were considered and nutritional action plans were in place. Information about any allergies people had were highlighted in their care records and in records held with in the kitchen. Additional allergy information was posted in the dining room and there was advice for people to speak to the chef if

they had any concerns. People's weights were monitored closely and additional strategies were put in place to help people who had lost weight or were at risk of losing weight. The kitchen which was clean and saw cleaning schedules were followed. The chef knew people well and was able to describe which people liked particular foods and showed us a list of food allergies that people had.

People commented positively about the food, one person said, "There's always a choice of food and I can eat most things, they cater for special diets too." A relative told us, The food is marvellous and I'd happily eat it myself."

We noted that the service had received a 5 star food hygiene rating from the local authority environmental health department, which is the highest rating possible and meant that they were satisfied with levels of food hygiene at the service.

Everyone we spoke with said that they had access to and were supported by staff to see healthcare professionals such as doctors, specialist nurses, speech and language therapists, chiropodists, and dentists. People's records showed they were referred to other relevant professionals when necessary and advice provided by these professionals was used to plan their care.

The service was adapted to support people with additional mobility needs, including those who used wheelchairs and an extensive programme of refurbishment was underway at the time of inspection, including redecorating throughout, new doors, a new nurse-call system, new carpets and furniture. We toured the internal and external areas of the service, including the large garden area which had greenhouse facilities. Access to the garden was good and enabled people who were less mobile to move around the home, including the garden with minimal support. There was signage for toilets/bathrooms, with appropriate hand rails/grab rails.

People were able to personalise their bedrooms with individual items such as family photographs, bedding and personal objects and there was adequate space and seating in each bedroom for visitors to use and spend private time with their relative

Good

Is the service caring?

Our findings

When we last inspected this domain on 13 and 15 July 2016 we determined the service was caring, there were no breaches of regulations and this domain was rated as good. At this inspection we found the service continued to remain caring.

The people we spoke with were positive about the care provided and told us they received good care from caring staff. One person told us, "I already knew people living here before I came and it had a good reputation. Confidentiality is totally respected and staff are very careful about my dignity when helping with personal care." A relative said, "I think the staff are caring and I haven't seen anything that would worry me so far."

During the inspection we observed staff interacting with people in a compassionate and respectful manner and our observations showed staff had a caring attitude towards people. We noted frequent, appropriate discussions between staff and people which was natural and symbolised the familiarity and relationships that had developed between people and staff. We found the atmosphere across the service was calm and organised.

People were encouraged to maintain relationships with people that mattered to them and there were no prescriptive visiting times, and we saw several relatives visited the home during the inspection. We saw people chatting with relatives or staff or amongst themselves in dining and lounge areas and communication between people who used the service was constant, with people enquiring about other people's welfare or what they were doing that day.

The home was welcoming and people had personalised their own rooms with items of their choice such as photographs/pictures, personal keepsakes or furniture. During the inspection we observed people moving throughout the home freely and people were encouraged to spend time in communal areas; some people told us personal time in their rooms was equally respected.

People were continued to be supported in making decisions about their care and treatment. People were given information in a manner they understood to enable them to make decisions in matters that affected their lives.

During the inspection we observed staff speaking to people, asking them what activity they wanted to participate in and subsequently respecting their decisions, for example if people wanted to engage in a scheduled activity or return to their room to watch television/listen to the radio or rest.

Staff took time to check on the welfare of people who preferred to stay in their own room or to provide them with information, for example in the mid-afternoon we saw one staff member knock on a person's bedroom door before entering and saying, "Good afternoon [person name] how are you this afternoon. I've brought you a drink and I'll see you later on." In the morning we saw another staff member entering a room after knocking and saying, "Good morning my lovely [person name] how are you this morning." A lengthy

conversation then took place and we saw the staff member took time to listen to the person patiently until they had finished.

People's privacy and dignity continued to be maintained. People told us staff would knock on their room doors and await permission to enter before doing so. One person said, "Staff are very respectful and always knock on my door." A relative told us, "I have come for [relative name] birthday and staff have done a great job creating a special table for the family. [Relative name] has no concerns and is generally happy. The staff are a good lot and I am very pleased with the care provided here. Staff treat [relative name] with dignity and respect; you can see that she is well."

Staff we spoke with were aware of how to respect people's choices, privacy and dignity, one staff member said, "I assisted someone today with a body wash as they didn't want a full shower; the first thing is to ask people what they want and then explain what you are doing. I cover up any parts of the body with a towel that might be exposed and ask people what they want to wear that day; it's the same with meals because people change their mind all the time." A second commented, "If you haven't got a love for people and compassion you shouldn't work in care."

Discussion with the staff revealed there were no people living at the service with any particular diverse needs in respect of the seven protected characteristics of the Equality Act 2010: age, disability, gender, marital status, race, religion and sexual orientation. If people had any religious needs these were adequately provided for. We saw no evidence to suggest that anyone that used the service was discriminated against and no one told us anything to contradict this.

People were encouraged to maintain their independence, because the provider had embedded a culture of empowerment. One staff member told us, "The first thing is to get consent from the person, then explain what you are doing and encourage their involvement in decision making and in the actual task. By communicating properly with people we are respecting them and ensuring their rights are respected."

The service had a 'suggestions box' in which people who used the service, their relatives and visiting professionals could post any comments each day. We saw several complimentary comments which included, 'We hope the existing staffing levels remain constant; they turn the house into a home,' 'Mum feels secure and loved and she has improved dramatically since moving to Southfield House,' 'So glad we were able to move mum to Southfield House, it has made a huge difference to her life.'

Good

Is the service responsive?

Our findings

When we last inspected this domain on 13 and 15 July 2016 we determined the service was responsive, there were no breaches of regulations and this domain was rated as good. At this inspection we found the service continued to remain responsive.

People we spoke with said they felt staff were responsive to their needs and we saw staff updating people's relatives about their care when they visited the home. One person said, "I got a brochure about this place before I came here and it had a good reputation. I know how to complain but I've never had to because staff always listen to my problems. If you call them staff will come immediately; I once asked them to leave a small light on in my bedroom at night and they did it that day."

Prior to people moving into Southfield House, an assessment of their care needs was carried out. The assessment included mobility, eating and drinking, communication, capacity, cognition, medication, personal care, respiration, skin integrity and moving and handling. Each person also had their own personal care plan which detailed their care needs and the kind of support they required from staff; these included support with personal care, nutrition, senses and communication, mobility, oral health, podiatry, personal safety, cognition, social interests and family involvement. If people's care needs had changed, we saw these were updated to reflect things that were different. This meant staff had access to important information about people's care requirements.

Person centred reviews were held as necessary if the person experienced any health changes. Where issues were identified such as changes to the person's care these were noted and follow up actions were recorded. We saw staff had undertaken an 'emotional mapping exercise' for one person who had reduced cognition functioning, which was used to record any events that took place in the person's daily life and the emotions associated with them; this helped staff to understand how the person responded to different situations and the actions required to respond and support them appropriately. We found the service maintained a policy on person-centred care which staff confirmed they had read.

We asked staff about their understanding of person centred care, one staff member said, "Person centred care is making sure care is specific to that person and we include families to achieve this." A visiting health care professional told us, "I don't have any concerns about this home; I'm here to visit [person name] which I do every four weeks as a pro-active and preventative measure regarding [their] skin integrity. Staff are friendly and welcoming and listen and act on my instructions."

We saw examples of where the home were responsive to people's care needs and requirements. For example, one person required a crash mat because they were at risk of hurting themselves if they fell from bed and we observed this to be in place during the inspection. Another person's care file stated they needed to have 'their memory aids with them at all times' and we saw these were provided. This helped us determine that people were continuing to receive care in line with their assessed needs and personal preferences.

People living at Southfield House had a wide range of activities to choose from and participate in which included visits to places of interest such as garden centres, live entertainment, arts and crafts, themed events, birthday celebrations, cake decorating, hairdressing, gardening. One person showed us a landscape painting they had recently done which was posted on a communal corridor wall and chatted to us enthusiastically about the paintings they did at the home, which they found very enjoyable.

We observed a 100th birthday celebration taking place which was attended by the person's relatives and we saw other photographs of previous birthday celebrations that had been celebrated. The kitchen staff held a list of all birthdays and baked a special birthday cake for each celebration. Activities were organised by an activities coordinator who consulted people about their preferences during residents meetings before completing the activities programme. Records of people's involvement were kept in care plans, detailing any activities they had taken part in.

People were able to freely walk around the home and access the secure enclosed garden areas which we observed one person to do frequently and there were established gardens with raised beds for people to take part in gardening activity. A new hairdressing salon had also recently been completed. We saw one person liked to read a specific newspaper and this was provided and ready for the person to read when they got up in the morning.

People were clean and well-presented and we observed staff holding conversations with people about what they wanted to wear that day.

A complaints policy and procedure was in place which allowed people to express if they were dissatisfied with any aspect of the service they received. We looked at the log of complaints maintained and saw an appropriate response had been made to any complainant. People we spoke with told us they knew how to make a complaint if they had any concerns and guidance telling people how to make a complaint was displayed throughout the building. People who we spoke with and their relatives all confirmed they knew how to make a complaint but had not had any reason to do so. One relative told us, "I would know what to do to make a complaint and I have the information on that but there's nothing I can think of to complain about."

An end of life policy was in place. The deputy manager told us that no-one using the service required end of life care at the time of the inspection, however if a person was nearing end of life the relevant palliative care professionals would be involved including the district nurses and the person's GP and an appropriate individual support plan would be implemented. We checked care files and saw end of life wishes had been recorded where the person had been open to discussing this, and the service used an end of life checklist to ensure all areas had been considered.

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We found the provider was meeting this requirement 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.

Requires Improvement

Is the service well-led?

Our findings

When we last inspected the well-led domain on 13 and 15 July 2016 it was rated as requires improvement and although there were no breaches of regulations identified we noted that competency checks were not always recorded on staff records or elsewhere and that staff training was not always up to date. We also noted a number of policies needed to be updated.

At this inspection we found the provider had taken remedial action in regards to staff training and competency checks but some policies were still out of date and needed updating. We also identified breaches of the regulations within the Effective domain, which means the Well-Led key question can only be rated as requires improvement.

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, care plans, medication, health and safety, complaints and staffing levels. We found these quality systems had not been fully effective however, due to the concerns we had identified during the inspection regarding MCA/DoLS; people living at the home were not always being referred to the relevant local authority in a timely way when concerns regarding their capacity had been identified. If quality assurance systems had been fully robust, these concerns would have been acted upon in a timely manner.

We looked at policies and procedures and found that although some policies had been updated since the last inspection, others such as MCA/DoLS and self care and treatment were dated 2014 and/or referenced regulations that are now out of date. We spoke with the registered manager about this who agreed all policies would be reviewed and updated as necessary to ensure they captured the latest changes to legislation and reflected the latest guidance.

This was a Breach of Regulation 17(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because appropriate systems were not in place to assess, monitor and improve the quality of service delivery.

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. Each staff member had an individual electronic 'log-in' to access the electronic care planning system called CareDocs; this was personal to each staff member and the system automatically 'logged-out' following a small period of inactivity, ensuring that information was not visible to others who did not need to see it. This meant that people's personal information was kept safe and confidentially was protected.

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 told us, "The manager is very approachable and everyone gets along. Staff meetings are happening and we get the notes of the meeting if we can't attend. I feel management are very fair and they support me to do my job and they get stuck in on the shop floor. CareDocs is a good system, it's very clear and easy to use." A second staff member said, "I think the manager is fair and we continue to 'gel' as a team. We're all supportive of each other and this comes from the manager downwards; I'd say the culture is supportive and we do all we can to try and help people feel at home."

It was clear that the managers we spoke with had a very good understanding of each person who used the service without the need to refer to care planning information.

In order to ensure the views of people who used the service were adequately captured the provider had sent out questionnaires to people who used the service and their relatives in September 2017. These surveys asked questions about people's experience of the service such as if they felt listened to by staff and if staff treated people with dignity and respect. We saw responses were overwhelmingly positive with all people scoring the service highly in all questions asked.

Similarly our review of relatives responses to questionnaires also indicated a high satisfaction level and comments included, 'Throughout the time my father has been at Southfield House the staff have been excellent and always conduct themselves in a professional manner, whilst at the same time being friendly to individuals and family/carers,' 'The atmosphere that has been created by the manager and staff is a benefit. The leadership at all levels has been first class,' 'Your leadership team of [staff names] are excellent; they create a lovely environment whilst always putting the residents first.'

We looked at notes from the last two residents and relatives meetings which were attended by managers and other staff and saw discussions included meals/cutlery, entertainment and activities, car parking, hairdressing salon. We found that issues identified by people and their relatives at these meetings had been acted upon and implemented by the provider, for example a new minibus had been purchased in response to discussions about activities and new cutlery, a new hairdressing salon was in place and tableware had been obtained following comments made about people's experience of mealtimes. Notes from meetings were available in large print format for those requiring them. This showed us the provider questioned their own practice in order to improve the quality of the service.

Staff meetings were also held regularly and separate meetings were held for night staff, care staff, kitchen staff and senior staff which ensured all staff groups received information as necessary. We saw previous discussions included health and safety, training, CareDocs, care plans, moving and handling, activities and uniforms. Staff confirmed they found these meetings useful and were given notes of the meetings if they did not attend.

We found the providers of Southfield House sponsored Woodford Community Council Website which is a local on-line resource for people in the area with information on neighbourhood policing, events in the area and other local information. The home had also forged strong links with Brookdale Community Centre and people who used the service told us they accessed this centre for activities; one person said they had heard about the home as a result of previously attending this community centre. This meant that the provider worked in partnership to support the local area and community in which they were situated.

We reviewed the business continuity plan for the home; this set out what plans were in place if something significant occurred to affect the running of the home such as a building fire, an infectious outbreak or loss of utilities. This meant that systems were in place to protect the health and safety of people who lived at Southfield House in the event of an emergency situation.

As of April 2015, it is now a legal requirement to display performance ratings from the last CQC inspection. We saw this were displayed within the home and clearly displayed on the provider website for people to see. We saw the website was well developed and gave a range of useful information about the home and provider to people who may be considering occupancy.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment A service user must not be deprived of their liberty without lawful authority. Regulation 13(5)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not in place to assess, monitor and improve the quality of service delivery. Regulation 17(2)(a)