Care Quality Commission

Contemplation Homes Limited

Southlands Nursing Home

Inspection report

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Ratings

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

Overall summary

This inspection took place on 16 July 2015 and was unannounced.

Southlands Nursing Home is registered to provide accommodation, nursing and personal care services for up to 32 older people and people living with a physical disability. There were two rooms for people who needed support to regain their independence following an illness or injury. At the time of our inspection there were 25 people living at the home. They were accommodated on two floors with a shared dining room and two shared lounges on the ground floor. There was an enclosed garden with shade for sitting out.

There was a registered manager in place. 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.

Staff administered medicines apart from skin creams according to people's prescriptions. However records kept did not demonstrate that creams were always administered according to people's needs.

Summary of findings

The service had arrangements in place to protect people from risks to their safety and welfare, including the risk of avoidable harm or abuse. Staff were aware of what to do to keep people safe, and care plans and risk assessments contained appropriate guidance.

Staffing levels were sufficient to support people safely and in a calm, professional manner. The service followed recruitment processes to make sure only workers suitable to work in a care setting were employed.

Staff were supported to obtain and maintain the skills and knowledge they needed to support people to the required standard. Staff were informed about the need to obtain people's consent to care and treatment, and they were aware of the legal requirements where people lacked capacity to make certain decisions. If people were at risk of being deprived of their liberty in order to keep them safe, the registered manager applied for authorisation under the Deprivation of Liberty Safeguards.

People's health and welfare were supported by access to appropriate healthcare services when required, and by the provision of a healthy diet with choices. People were supported to eat and drink enough.

People found staff to be kind and caring. They were encouraged to take part in decisions about their care and support and their views were listened to. Staff respected people's individuality, privacy and dignity, and helped them maintain as much independence as possible.

Staff assessed, planned and delivered care and treatment that met people's needs and took into account their choices and preferences. Care plans were individual to the person, and were evaluated regularly and in response to people's changing needs. People's care and support took into account their hobbies and interests. People were supported to participate in events in the local community.

Complaints were logged, responded to and followed up with the person making the complaint. Information in complaints was used to improve the service people received.

The registered manager had effective management systems and systems were in place to monitor and assess the quality of service people received.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the end of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe.

Staff could not demonstrate that people's prescribed skin creams were administered according to their prescriptions. Records for other medicines showed they were administered according to people's prescriptions.

People were protected against risks to their safety and welfare, including the risks of abuse and avoidable harm.

There were sufficient staff to support people safely, and the provider undertook checks to make sure staff were suitable to work in a care setting.

Is the service effective?

Good

The service was effective.

Staff were supported to maintain the skills and knowledge they needed by appropriate training, supervision and appraisal.

Staff sought people's consent to care and treatment. Where people were not able to consent, legal guidance was followed to make sure decisions were made in their best interests.

People were supported to eat and drink enough. They were able to access other healthcare services and providers if they needed to.

Is the service caring?

Good

The service was caring.

Staff had time to establish caring relationships with people.

People were supported to express their views and participate in decisions about their care and support.

Staff promoted people's dignity and respected their privacy.

Is the service responsive?

Good

The service was responsive.

Staff provided care, support and treatment according to assessments and plans which took into account people's needs and preferences.

The service took into account people's interests, hobbies and chosen activities.

The provider treated complaints as an opportunity to improve the service people received.

Summary of findings

Is the service well-led?

Good

The service was well led.

There was a relaxed, friendly culture in which staff showed concern and affection for people.

The service was managed effectively and efficiently. Feedback from people and other interested people was used to improve the service people received.

Southlands Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

The inspection took place on 16 July 2015 and was unannounced. The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we had about the service, including previous inspection reports and notifications the provider sent to us. A notification is information about important events which the provider is required to tell us about by law.

We spoke with ten people who lived at Southlands Nursing Home and five visiting relations. We observed care and support people received in the shared area of the home, including part of a medicines round and a shift handover.

We spoke with the registered manager and other members of staff, including four care workers, a care team leader, a registered nurse, a housekeeper, the activities coordinator, and the cook.

We looked at the care plans and associated records of three people. We reviewed other records, including the provider's policies and procedures, internal checks and audits, accident and incident records, quality assurance survey returns, training and supervision records, staff rotas, meeting minutes and recruitment records for two staff members of staff who had started recently.

Requires improvement

Is the service safe?

Our findings

People told us they felt safe at Southlands Nursing Home and that there were sufficient numbers of staff to look after them safely and promptly. One person who thought "they could do with one or two more staff" said that their care and support were not affected by the number of staff available. People told us they received their prescribed medicines on time and they had access to "as required" pain relief when they needed it.

Medicines were stored and handled safely. We observed part of a medicines round. The nurse observed suitable hygiene practices. They encouraged people to take their medicines, explaining what they were and how to take them, for instance by saying, "This is the chewy one." They were aware of how people liked to take different medicines and offered them accordingly. If people required thickened fluids, they added thickener to the water their medicines were dissolved in. They made sure the person had swallowed their medicine. Tablets and capsules were administered from blister packs and were recorded appropriately, including medicines prescribed "as required".

However the same processes were not always followed where people were prescribed skin creams. Instructions how to apply creams included body maps, but they were not always completed to clearly show where the cream should be applied. Where people were prescribed a cream to be applied several times a day, records did not show this was done. One person should have had a cream three times a day, but it was not recorded more than twice a day in their records. Another person should have had a cream twice a day, but it was only recorded in the morning. A third person was prescribed a cream four times a day, but records showed it was only applied in the morning and evening. Staff were not able to show that people received their skin creams as prescribed. We found a skin cream prescribed for one person in another person's room, which meant it was at risk of being used for a person other than who it was prescribed for.

Failure to administer medicines as prescribed and to keep proper records was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider took steps to protect people from the risk of avoidable harm and abuse. Staff were aware of the types of abuse, the signs and indications of abuse, and how to report them if they had any concerns. None of the staff we spoke with had seen anything which caused them concern, but they were confident any concerns would be handled promptly and effectively by the registered manager.

The registered manager was aware of processes to follow if there was a suspicion or allegation of abuse. Training was in place to maintain staff knowledge about safeguarding. Suitable procedures and policies were in place for staff to refer to, including the local authority's multi-agency protocol for safeguarding and the Government guidance on protecting adults, No Secrets.

People were kept safe by appropriate risk assessments, for instance with respect to falls, the risk of choking, the use of moving and handling equipment and pressure injuries. Care plans took into account risk assessments and contained instructions for staff to reduce the risk and what to do if they were not able to prevent the risk entirely. Instructions for staff included how to keep both the person and themselves safe. Plans to prevent people developing pressure injuries included helping them to turn in bed regularly, instructions to staff to check people's skin regularly, and the use of equipment such as pressure cushions and air mattresses. Staff were aware of what they needed to do to reduce risks to people's safety and welfare. Staff undertook monthly assessments of risks to people including risks of pressure injuries, inadequate nutrition, and changes to their level of needs.

Procedures were in place to keep people safe in an emergency. The service had evacuation plans and business continuity plans. There were individual personal emergency evacuation plans which described how each person should be supported in the event of an emergency. These included arrangements for people's regular visitors. There was an action plan for use in the event of extremely hot weather which included the use of additional fans and fluids to keep people cool.

Equipment used in people's care and support was serviced regularly. Alerts issued by manufacturers of equipment and medicines used in the home were assessed and acted on if necessary.

There were sufficient numbers of suitable staff to support people and keep them safe. People were satisfied there

Requires improvement

Is the service safe?

were enough staff, and staff told us their workload was manageable. The registered manager said staffing levels were based on the number of people living at the home and their level of needs. We saw staff were able to carry out their duties in a calm, professional manner. They responded promptly to requests for assistance, and if two staff members were required to help a person safely, for instance to help them move or change position, there were enough of them to do so.

The provider carried out the necessary checks before staff started work. Staff files contained evidence of proof of identity, a criminal record check, employment history, and good conduct in previous employment. The registered manager told us they used interviews to identify and screen candidates who were not suitable to work in a care setting. Interviews were carried out by a panel of two including the manager. Where the service used agency staff to maintain staffing levels, the manager received a staff profile record from the agency with a photograph and confirmation the necessary checks had been carried out. Agency staff who were new to the service received an induction. The manager told us they preferred to use their own staff on overtime to cover absences where this was possible as this provided more continuity for people.

Good

Is the service effective?

Our findings

Staff were supported by training and supervision to deliver care and treatment according to people's needs. Staff regularly checked people consented to their day to day support. People were happy with their meals. They said there was enough to eat, the food was good to eat and they had choices. People said if they needed to see their GP, it was arranged "within a day or two".

Staff were satisfied they were supported to obtain and maintain the skills needed to provide care and support to the standard required. They said they received appropriate and timely training and had regular supervision meetings with senior staff. One member of staff said the training was "brilliant" and very thorough. It included regular updates on basic topics such as fire safety, first aid, and moving and handling. Training was also available in subjects such as dementia care, diabetes care, and end of life care. Staff were supported to study for relevant qualifications and maintain their professional registration. Induction for new staff reflected the requirements of the Care Certificate which defines a national set of common standards that health and social care workers adhere to. Records were kept of courses completed by staff and the registered manager tracked when compulsory refresher training was required.

Staff had annual appraisals with the registered manager, deputy manager or clinical lead, and supervision sessions every two months. Supervisions included the opportunity for staff to reflect on their practice in delivering care and support and to learn from their experiences. There were also themed supervisions which concentrated on subjects suggested by staff or the registered manager such as first aid, continence care and pressure area care. Staff said they felt supported by the registered manager and registered provider.

Staff sought people's consent for care and treatment. Where people were able to consent, this was documented in their care plans. One person's care plan stated "[Name] understands and can consent." Another care plan guided staff to "Ask [name] if he would like to participate." We saw this guidance was followed. Staff recorded people's consent to day to day support in their daily logs. Examples of this were, "[Name] consented to personal care by nodding" and "consented verbally". Where people had been assessed as needing bed rails or lap belts to keep them safe, their consent to this was recorded in the assessment records. We observed care workers explaining to people they supported what they were about to do and asking for consent before they went ahead.

Where people lacked capacity to make decisions staff were guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests. The Act provides the legal framework to assess people's capacity to make certain decisions, at a certain time. Capacity assessments and best interests decisions were recorded in people's care plans. These showed the local authority's toolkit for capacity assessments was used and staff were guided to follow the principles of the Act. The registered manager told us they explained mental capacity assessments to people's families, and informed other healthcare providers involved in their care if people were assessed as lacking capacity for particular decisions.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which apply to care homes. We found the service to be meeting the requirements of the DoLS. The registered manager was informed about when to apply for DoLS. Applications had been made to the local authority as the Supervisory Body to make sure that where people were deprived of their liberty this was done so legally, in their best interests and was the least restrictive way of keeping them safe.

People were supported and assisted to maintain a healthy diet. People were very complimentary about the food provided. One said the food was "first class". We saw lunch being served. Care was taken to make sure food was hot and presented in an appetising way. There appeared to be reasonably sized portions, and little was returned to the kitchen uneaten. Menus were on a four week cycle with two hot meals a day prepared fresh by the cook. There were two choices for the main course, and other options such as omelettes, sandwiches or homemade soup were available to people.

The cook was aware of people's food preferences and allergies and prepared their food accordingly. Information about possible allergy risks associated with standard menu items was available to people and to their visitors who were invited to eat with them. There were no people with dietary needs arising from their religious or cultural background, but some had specific needs, for instance pureed diets. People had been asked recently about any

Good

Is the service effective?

dishes they would like to see added to the menu, and the cook told us they had been able to adapt the provider's standard menu to accommodate these wishes. Staff made sure people had a drink in easy reach throughout the day.

If people needed assistance to eat, this was done in a sensitive manner. People had adapted cutlery, beakers and plates to help them maintain their independence. Staff made sure people had a drink in easy reach throughout the day. If people were at risk of not eating or drinking enough, their weight was checked regularly and records were kept of their intake. The cook was aware if people were at risk of putting on or losing weight and could adapt their meals accordingly.

People's health and wellbeing were supported by access to healthcare services when needed. People told us, and staff confirmed, that visits were arranged in a timely fashion. These included people's GP, chiropodists and podiatrists. Records showed people were supported to attend out-patient appointments such as at an eye screening clinic. Staff consulted with GPs, speech and language therapists and specialist nurses, such as specialists in Parkinson's disease, skin care and end of life care.

Good

Is the service caring?

Our findings

There were caring relationships between people and staff who supported them. People described staff as "cheerful and always ready to help", and "brilliant, very, very helpful". One person said, "Everyone here is so friendly." They said one member of staff was "very, very gentle" and "always asks me first" before assisting them. Another person's partner told us, "Everyone here is lovely, wonderful."

People were treated with kindness and respect. Staff explained what they were doing, and why, and made sure the person was happy before they went ahead. They communicated with people respectfully, getting down to the person's level if they were sitting so they could make eye contact. They spoke slowly and clearly and used people's preferred names. We saw friendly, joking interactions between people and staff and one person said, "The staff are a good laugh." Other visitors said their relation had been "treated like a superstar", and they described the service as "caring, responsive and aware".

The service operated a "named nurse" system which meant each person knew a nurse who was identified as their main contact. Staff knew all the people they supported well, including their preferences and life stories. Staff said they found time to chat with people, especially when they were administering their medicines or assisting them at mealtimes. Staff engaged with people at other times, for instance by sitting down and discussing the daily newspaper with them. They said they involved peoples' families in understanding their personal profile and preferences. Staff made sure people with limited mobility could reach the items they might need. We heard one staff member say, "There's your colouring; there's your tissues. What would you like to drink?"

People were able to express their views about their care and participate in how the service was run. One person said, "I like to choose what I wear each day." Where people had difficulties communicating, staff had tools such as picture boards available to help people communicate about frequent activities. One person's care plan showed they liked to wear their football shirt, and they were wearing a football shirt on the day of our visit. Staff were aware of people's choices, for instance they told us one person "loves to get up early". Other people often chose to have "duvet days" when they stayed in bed or in their room. One person's daily notes recorded they "declined to get up today".

People told us they were treated with dignity and respect, and that staff knocked on the door to their room before entering. They said staff made sure they had privacy by closing the door when supporting them with personal care. If people wanted a private space during visits, there was a quiet lounge which could be used for this purpose. Where people were accommodated in a shared room, this was done with their consent or following a best interests process. One double room was occupied at the time of our visit by a person who lacked capacity to make the relevant decision. Although they were the only occupant at the time, there were curtains which would allow staff to give them a degree of privacy if required. The decision had been made to change their room in their best interests as the double room had more space for the equipment needed to assist them to move about as their mobility had decreased.

Staff told us nobody living at the home had particular needs or preferences arising from their religious or cultural background. They were aware of some of the adjustments to people's care that could arise from this, and there was a module on equality and diversity in the provider's training programme.

Good

Is the service responsive?

Our findings

People received assistance and support that met their needs and took into account their preferences and wishes. One person said, "I get treated well. Somebody usually turns up in a few minutes when I call them." Another person said, "They try to accommodate everyone." People appreciated the activities and entertainments that were provided.

People's care plans took into account their preferences as well as their needs and medical conditions, such as cerebral palsy, seizures, diabetes and skin care where people were at risk of pressure injuries. Care plans were individual and contained information about people's life stories, and family and social relationships which could be used as memory prompts. Where people's care included treatment for particular conditions, guidance from specialist healthcare professionals such as physiotherapists was used to make sure people's care met their personal needs. Where people could not communicate verbally, guidance included how to assess if they were in pain by their facial expression. Staff recorded the care and support they provided in daily logs and other records which showed people received care in line with their care plans. These included checking the condition of people at risk once an hour and helping them to turn in bed regularly if required. If people were being treated for a pressure injury or other wound, this was recorded in a wound care book and their progress was monitored by means of a monthly wound and pressure injury audit.

Care plans were reviewed and evaluated monthly and in response to people's changing needs. These evaluations took into account the results of regular checks on people's weight, pulse, blood sugar and blood pressure, and screenings for risks such as poor nutrition and skin breakdown. Records showed that people's medicine prescriptions had been reviewed and changed as their condition changed, and other people's diet had been adapted. Another person's family told us the service had responded to their relation's changing needs by moving them into a more suitable room. Staff were kept up to date on people's current condition by means of a detailed handover at the start of shift.

People's rooms were made personal with their own belongings, photos and memorabilia. From the outside there was just the person's name on the door to identify the room as theirs.

People were able to take part in a variety of group and individual leisure activities according to their own preferences. These included garden parties, open days, musical entertainment, visits by a Pets as Therapy dog, and religious services. People were supported to take part in events outside the home, for instance a football match, Remembrance Day service and visits to a local arts centre café. People were supported to vote in elections if they wanted to. Photos of events such as a recent open day were available to act as memory prompts for people.

Staff told us they had moved away from a rigid timetable for activities and now responded to what people asked for each day, although they had kept three exercise sessions a week. People told us they particularly enjoyed the exercises and would like more. People were knitting, painting and having their nails done. Magazines, puzzle and activity books, and other reading material were available if people wanted them. People were supported to make greetings cards and decorations for the home. Paintings done by one of the people living in the home were also on display. There were regular meetings for people where they could make suggestions or raise concerns about the service they received.

The service listened to complaints as a means of improving the quality of service people received. There was a complaints procedure which was clearly displayed near the entrance to the home. We looked at the three most recent complaints in the complaints folder. They had all been discussed with the person making the complaint and the person affected. Appropriate action had been taken and people were satisfied with the outcome.

Good

Is the service well-led?

Our findings

People told us there was a happy and relaxed atmosphere. People's families and friends could visit at any time, and were made welcome. Visitors told us they enjoyed coming to the home. Staff told us the service was "homely" and people liked living there. Staff described people in a way that demonstrated their affection and pride in the service. One said, "The residents are all lovely." Another said, "I love Southlands."

The service had a philosophy of care which was available near the entrance to the home. It included values, privacy, independence, security, dignity, choice, respect and equality. The registered manager told us they were supported in working to this philosophy by the registered provider and their peer managers within the provider organisation. The registered manager appreciated the support they received from staff, and in turn staff considered the home to be well managed and found the manager approachable and supportive.

There was a structured management system which included regular staff meetings for registered nurses, care teams and kitchen staff. These meetings were opportunities to discuss changes, for instance to menus, and identify additional training requirements. The registered manager told us suggestions had been made for additional training in catheter care and care for people who needed a feeding tube. There were also opportunities for informal two way communication between the manager and staff. The manager said they were "hands on", and staff said they were asked every day if they had any concerns about people's care. Some tasks were delegated by the manager. For instance, the clinical lead undertook inductions for new staff, and care team leads carried out checks on people's rooms.

The registered manager attended meetings for all managers and deputy managers across the provider organisation. They said these were useful for sharing experiences and communicating examples of good practice. The manager submitted a weekly report to the registered provider which included the status of clinical and environmental audits, staffing issues, and any visits and audits undertaken by head office.

Accidents and incidents were logged and followed up for any learning points and common factors. There was a central falls register which was audited monthly, as were records relating to wound and pressure injury treatment. People's care plans were audited monthly. Regular checks were made on equipment including slings and mattresses, dates for equipment servicing, fire safety equipment and alarms, medicine records, catering arrangements, fabric maintenance and electrical equipment.

The provider had carried out an unannounced inspection of the home approximately four months before our visit. The registered manager carried out frequent spot checks of aspects of people's care. These included a check on night shift care, and checks on the kitchen and meal times. The manager also reviewed infection control audits, training status and carried out dignity audits which checked that staff were polite and courteous, and addressed people properly.

People, their families, staff and visiting health and social care professionals were encouraged regularly to give feedback on the quality of service provided by means of questionnaires. These were administered and analysed by head office and the registered manager received a consolidated report based on the individual returns. They told us they were waiting for the report on the most recent surveys carried out, but feedback from previous surveys had resulted in changes and improvements to the menus available at weekends and to the process of handing out the questionnaires themselves.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: Care and treatment were not provided in a safe way for service users. The registered person did not ensure the proper and safe management of all medicines. Regulation 12 (1) and (2) (g).