

Bupa Care Homes (GL) Limited

Southlands Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected Southlands Care Home on the 3 and 14 August 2017. Southlands Care Home provides personal and nursing care for up to 70 older people. There were 68 people living at the service at the time of the inspection.

The inspection took place on 3 and 14 August 2017 and day one was unannounced. We told the provider we would be visiting on day two. At the last inspection in March 2015, the service was rated Good.

At this inspection we found the service remained Good.

Staff worked within the principles of the Mental Capacity Act in every aspect of their work with people. People were supported to have maximum 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.

Leadership of the home was positive and this had driven, developed and maintained a positive culture where people and staff felt they were listened to and fully involved in developing and shaping the service. The quality of the service was assessed regularly and improvements were made where required. A lessons learned approach was taken which meant the team worked together to continuously improve. This approach had seen the service consistently deliver good levels of care for people and people confirmed this to us.

We saw that people were safe. People and their relatives confirmed this. Staff had a good understanding of safeguarding and were aware of types of abuse and how to report incidents. They knew the people they supported extremely well which resulted in people feeling safe and behaving in a confident way around staff.

There were robust recruitment processes in place to assist the registered manager in making safe decisions about who they employed. Staffing levels were safe and ensured people's needs were met. Work was currently underway to ensure call bells were responded to quickly and in a timely manner.

Staff received a thorough induction when they started work at the service which gave them the skills and knowledge to care for people. They were supported through supervision and appraisal.

People's medicines were managed safely. Risks to people's health and safety had been identified and detailed risk assessments and management plans were in place to guide staff. These were linked to people's care plans.

People's nutritional needs were identified and supported by staff. Where further input was required by healthcare professionals the staff had requested referrals.

The environment supported people's needs and their personal space reflected their preferences and personalities. Specialist equipment was checked regularly to ensure it was safe. Regular servicing of equipment and checks of services such as gas, electric and water took place.

We saw that people mattered to staff and staff respected their privacy and dignity. People's preferences were taken account of when planning their care and they could choose how that care was delivered. Work to record people's preferences in their care plan had started. People had access to a wide range of activities to promote wellbeing and, development of activities for people cared for in bed had been initiated.

Complaints were managed effectively and people felt they could raise concerns and they would be listened to. Compliments reflected our 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? The service remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains good.	Good ●

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

The inspection took place on 3 and 14 August 2017. Day one of the inspection was unannounced and was carried out by one adult social care inspector, a specialist advisor in nursing and governance and two experts 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. We told the provider we would be visiting on day two. One adult social care inspector conducted the inspection on day two.

Prior to our inspection we checked all the information we held about the service including notifications which the provider had sent us. Statutory notifications tell us about specific events which occur at the service and about which the provider is legally required to inform us. In addition the provider had completed a Provider information return (PIR) prior to the inspection. A PIR is a form which asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from the local authority and clinical commissioning group and the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used this information to help us plan the inspection.

During the inspection we spoke with 22 people who lived at the service and nine of their relatives. We spent time in communal areas of the service and some people invited us to speak with them in their own bedrooms.

We spoke with 19 members of staff which included; the registered manager, the area director, the deputy manager, care workers, unit managers, nurses, activities staff, maintenance staff, kitchen staff and administrators. We also had opportunity to speak to two volunteers from a local library service who visited regularly.

We examined nine people's care records during the inspection. These included risk assessments and

medicine records. We also inspected four staff recruitment and training records, servicing and maintenance documents for equipment and the environment and the quality assurance systems.

Is the service safe?

Our findings

People told us they felt the service was safe. People said, "Oh yes I feel safe here" "Of course I feel safe, there are staff here if I want anything" "Yes I feel safe they [staff] tend to my needs" and "I like it here, there is always nurses around."

People and their relatives told us they felt more staff were needed at busy periods. They told us this was the case because they had to wait for assistance at such times. We looked at the provider's tool which identified each person's needs and determined how many staff were needed to support those needs. We looked at the rotas and saw the manager ensured this number of staff were on shift at all times. We looked at the call bell data and saw at times people had to wait longer than ten minutes for support. The manager ensured these cases were investigated to understand why a person had to wait. The manager had altered the staffing numbers in the past to prevent people waiting and they were currently reviewing staff numbers as new people had moved into the service. This meant the manager and provider responded well when staffing levels needed to change. We saw people were well cared for and this meant staffing levels were safe.

The provider followed safe recruitment procedures. Interview records demonstrated candidates had completed a thorough recruitment process. Checks into candidates' backgrounds had been completed before staff were appointed through Disclosure and Barring Service (DBS) and reference checks. DBS checks return information about any convictions, cautions, warnings or reprimands which help employers make safer recruitment decisions and prevent unsuitable candidates from working with vulnerable people. The provider's policy around recruitment did not ask managers to check staff's full work history. Therefore managers only ensured ten years of work history was recorded. We discussed this with the manager who told us the provider had explained they would review their policy. The manager ensured all nurses recruited had a valid registration to operate as a nurse.

Staff were extremely knowledgeable about safeguarding people and understood the processes for reporting concerns. Records confirmed staff had received training. We saw concerns had been investigated and reported appropriately to the local authority and CQC.

People received their medicines safely, when they needed them. We saw medicines were ordered, received, stored and administered safely. This included supporting people to take their medicines with dignity and was appropriate to their needs. Where people required medicines 'as and when required' we saw protocols were not always in place and that staff had not always signed to say creams had been administered. The audits carried out had already identified this issue and plans were in place to improve this element of staff practice.

Risks to people's health and safety had been identified. People's care plans included detailed risk assessments. These provided staff with a clear description of any identified risk. Where accidents or incidents had occurred these had been appropriately reported, recorded and investigated. We saw where changes to people's support were needed the information was recorded in the review section of the care plan but not always transferred to the description of care that staff must deliver. This meant staff might

overlook any change around how they must support or monitor people. The manager told us they would ensure this was monitored during audits in the future.

The environment and equipment were well managed and clean. Appropriate checks were completed both in house and by external contractors for areas such as gas, electricity and water maintenance.

Is the service effective?

Our findings

People and their relatives told us they thought staff were trained to be able to meet their needs. One relative said, "They [staff] must be trained they look after [Name of person] so well my family member can't sing their praises enough." A person told us, "Yes they are nice people [staff] here."

We saw training was up to date and that the service had achieved 93% compliance with training in topics such as first aid, safeguarding and moving and handling. Staff told us they received a good induction which included five days of training before shadowing more experienced staff for three days. An experienced member of staff told us, "Following this we then support new staff on shift by working alongside them until they feel confident."

The deputy manager was also the clinical lead and responsible for ensuring the nursing team received appropriate training and skills development to maintain their competence. The deputy manager attended a regional clinical meeting where they were supporting the development of clinical competencies. They told us the nurses received observation of their practice and that they used nurse meetings to reflect on their practice and discuss clinical support. We saw examples of these meetings which included reflection on medication records and people with swallowing difficulties.

The provider had recently changed the way line managers were expected to record supervision of staff. We received feedback from line managers that this change had not been successful and this had led to records not evidencing the full support the team were provided with. We looked at 12 months of records for four staff and saw prior to the change records were more robust and that good practice had been discussed in themed supervision, such as dignity and respectful language. The manager told us they were working with the team to improve records in this area. A member of staff told us, "I definitely feel supported, my supervision helps me reflect and improve if I can or need to."

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 looked at records relating to people who had capacity and those who did not. Records were not always completed to ensure it was clear people were able to consent or that a best interest decision had been made on behalf of a person. The manager told us they were working with the team to better use the documents available to evidence consent and best interest decisions.

Staff were aware of people's levels of understanding and they worked in such a way that people had their wishes and choices respected. Staff understood if a person refused support they must respect this and

report concerns to their manager. Staff could describe how they approached caring for people who did not want support to ensure their rights were protected but also their support needs were met and that they were safe. This meant staff worked within the principles of the MCA.

Each person had a detailed care plan explaining the support they needed to eat and drink and monitor their nutrition. We saw people had access to a menu which offered choice and that people could access snacks throughout the day. People told us they would like to see more choice and a better standard of food. One person said, "Food is as good as can be expected. Kitchen staff know my likes and dislikes."

We saw people were regularly asked their opinion of the food and that the manager had taken steps to make changes where possible to meet people's requests. For example, we saw people had asked for a coffee shop to be available in the lounge and this had been implemented. We observed people eating lunch and saw the environment was prepared to welcome people with tablecloths and water jugs. The atmosphere was quiet and calm. Staff took time to understand people's choices, portion size requests and the food looked appetising.

People were asked each day what option they would prefer for their next meal. One person told us, "I can have whatever I want; they [staff] want me to put weight on. I don't feel hungry and I don't always want cream cakes. I like melon and porridge and they [staff] give me that." We saw information about people's dietary needs was available in both their care plans and in the kitchen, so food could be prepared as required. This included specific food requirements due to their religious beliefs.

People told us they saw healthcare professionals whenever they needed them. Staff told us they had good relationships with the GP surgery and other community health resources such as the tissue viability nurses. We saw all advice was recorded in people's care plans and that staff followed this to support people to maintain good health. The provider offered a physiotherapy service to promote people's physical health and to support their mobility. One person told us, "They have a physio here which is good and I see them and this helps me keep independent."

Is the service caring?

Our findings

People told us they felt well looked after. They explained that if they thought a member of staff had not been courteous they would tell the manager and felt confident this would be dealt with. People told us, "Staff are good, I have not heard an unkind word, the staff that helped me this morning was lovely, I've got no complaints at all" "Staff are very kind" and "Staff are very helpful, anything I want, they just get it." A relative said, "The staff are very caring they are amazing and look after my family member so well, I can't praise them enough."

Staff described their care of people proudly and it was clear that meeting people's needs was their priority. One member of staff told us, "We smile, people have a tidy appearance, we spend time talking to people and we are gentle natured, all the carers I work with do this, we are a good team." A member of staff told us they felt confident enough in the care provided they had arranged for their family member to move to the service. People confirmed they liked to talk to staff. People said this was important to them and felt at times less inexperienced staff took a while to understand this, but they eventually learnt to be more confident in communicating.

We saw staff interacted with people in a gentle, kind and courteous way. All interactions were polite and appropriate. Staff clearly knew people well and we saw some staff having a joke and people smiling as they enjoyed the fun. We saw people were offered choices and that staff took time to wait whilst people told them their requests. This included the whole staff team, everyone worked as a team to make people's experience a positive one.

People were free to enjoy all parts of the building and gardens or to spend time in their own rooms. Visitors told us they were encouraged to visit and were always made to feel welcome and that staff worked with people and their families to ensure they were delivering the best support based on people's preferences and needs. For example one person enjoyed being independent and accessed the local community alone. We also saw staff helping one person access the internet, and another person who was a keen reader chose to retire to their room following lunch to read their latest novel. This meant people were empowered to live a life they chose.

People's privacy and dignity was respected by staff. One person's care plan identified they preferred female support for their personal care and we saw this was respected. People told us staff always asked them for consent before carrying out personal care and we observed staff knocking on people's doors before entering. One person told us how kind and caring a member of staff had been when carrying out personal care during day one of the inspection.

Staff had received training in palliative and end of life care and had the skill and knowledge they needed to support people appropriately. Care plans contained details to ensure people's end of life wishes would be respected. A person who required end of life support when we inspected had appropriate plans in place to ensure they were comfortable and pain free.

Is the service responsive?

Our findings

People who chose to join in the activities were pleased with the variety and were able to be involved in choosing what was to be included in the programme. One person told us, "I am looking forward to the Paris night planned". This was an initiative the provider had started to advertise. It was called the 'Big 12 initiative' and involved staff organising themed nights from around the world, for which people were to be given virtual passports to be stamped to evidence nights they had attended. The first night to be planned was a Paris night.

There were two activities workers who supported the activities on offer and they gave people an advertised programme each week so they knew what time activities were starting. This was also displayed in the communal areas. Relatives were invited to join activities and we saw relatives arrive for the church service held on day one of the inspection. A relative had nominated an activity staff for an 'Everyday hero' award. This was an initiative the provider had put in place to celebrate where people/ relatives and colleagues felt staff had worked 'over and above' their duties. The relative had written, '[Name of staff] lights up the room with their cheerfulness and smile, they interact with every resident. They care for each person individually, nothing is too much trouble.'

We saw thought had been put into supporting people with similar interests to spend time together, for example, everyone who was over 100 years old met regularly to reminisce. There were a number of retired nurses who lived at the service and staff had organised an event where nursing over the ages was discussed and the nurses talked about their careers. We were told staff had practised and presented an event about the 12 days of Christmas to people the previous Christmas. The manager told us about events throughout the year to celebrate Christmas, bonfire night, BBQ's in the summer, garden parties, kite flying and children visiting from local schools to spend time with people. The manager also told us they organised takeaway nights for the younger people in the service to spend time together.

We saw the experience for people who were cared for in bed was different and the manager explained this was something they had recognised. They told us an initiative to record people's specific likes and wishes had begun to be implemented. They believed this would enable activities staff to work on a one to one basis with people more closely, to prevent them becoming socially isolated. We saw an example of this work, the records evidenced valuable interaction had occurred and whether the person had enjoyed it. The plans included supporting people to access the garden and communal areas more often.

We looked at nine peoples care plans and saw they contained all the information needed to care for each person safely. When we spoke with staff they knew details of how people liked to be supported and their preferences. Where people refused care, staff were aware of what approach worked best to promote the person they were engaging with to accept interventions needed. This meant people received person centred support. We discussed with the manager how such details needed to be recorded in people's care plans to ensure they received person centred support consistently. The manager agreed they would look to ensure details were captured.

People and their relatives told us they were involved as much as they preferred in developing the care plans and that staff kept them up to date with what was happening and any changes required. One person told us, "I choose my own routine. I have my newspapers delivered, I do my crosswords before lunch and then I go downstairs."

Complaints were dealt with appropriately and in line with the provider's policy. We saw those received in 2017 and could see they had been taken seriously and people had received a response to their concerns. People and their relatives told us they knew how to raise concerns and felt confident they would be listened to. One person said, "I've not needed to complain but I would talk to my family and staff if I need to."

We saw compliments were recorded when received and one person had sent a card to say, 'Thank you for a lovely birthday'. All staff were very keen for people to have a positive experience of living at the service.

Is the service well-led?

Our findings

A registered manager was in post at the time of the inspection. 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. The registered manager understood their responsibilities and kept themselves up to date with developments in provider policy and good practice initiatives. They also understood their role in sending statutory notifications to the CQC of events when needed. People told us they felt the service was well led, one person said, "It runs on its wheels alright."

Staff told us the registered manager was involved and visible at the service. Staff said, "I would see the manager if I had a problem, I really don't have to wait, I just go into her office" and "The manager is very supportive and encouraging." We saw the manager's objectives for the year which were all based on ensuring people and staff received a good experience and good levels of satisfaction at Southlands Care Home. When we spoke with the manager they described how they worked to try and make this happen by reflecting, listening, improving all the time. This meant they actively sought and acted on feedback through working with the team to look for innovations and to be creative when seeking solutions. An example of this was seen when the manager was working alongside the activities staff to develop social support for people cared for in bed. The manager had taken time to understand the constraints and look for solutions to make it happen for people. This meant the manager consistently put clear vision and strong values into practice.

We spoke with the regional director who visits the service regularly on behalf of the provider to ensure safety and quality. They told us the manager had a good working relationship with the provider and that they engaged with initiatives, changes and developments the provider asked to be implemented.

There was a clear management structure within the service and staff understood their responsibilities and took them seriously. Staff described the culture of the service as positive and explained the manager was an effective role model. One member of staff told us, "[Name of manager] is a good manager, if I have a problem they will try to sort it out and will help as much as they can, they are very approachable. There are initiatives to make you feel you can stay, such as rewards on line. It is a really good home and I am really happy here." Staff were respected and listened to. We saw the manager delegated effectively to staff who were keen to take responsibility. Staff were excited to be the best and evidence they delivered good care to people. One member of staff explained this had led them to feel motivated to develop and possibly seek promotion. They told us, "I am being supported to be a senior. This has made me confident and stronger, I am building my knowledge." The leadership skills of the manager had been recognised through nominations for manager of the year at the provider's internal awards; other team members also received nominations for nurse of the year and activities of the year.

Staff had access to regular staff meetings to discuss their views and ideas. The manager used the provider's initiative 'Everyday heroes' to recognise the good work staff carried out and identify where staff had gone 'over and above' what was expected of them. People, relatives and staff could nominate any member of staff

for this award. We saw one recent nomination for an ancillary worker from a colleague said that stated, '[Name of staff] is an excellent worker and gets the job done. They are always respectful and happy'. The excellent leadership of the service was recognised in the recent staff survey results, where staff had reported they felt content, connected, engaged, calm, warm, appreciated, peaceful and relaxed.

We saw quality assurance systems were effective. Regular checks were completed on all areas of the service for example; medicines, care plans, health and safety, to ensure it was safe and of good quality. All of the areas for development we noted during this inspection had already been identified and the staff team had an action plan in place to improve. When any incidents or safeguarding issues occurred the manager reflected on these with staff to encourage learning and development. This demonstrated the team's commitment to continuous improvement.

People and their relatives had regular opportunities to meet the manager and staff team at meetings four times per year. They could speak openly and present ideas to improve the service. We saw ideas were listened to; one example was where people had requested a hat and umbrella stand in reception. We saw this had been purchased. People and their relatives had received an opportunity to formally provide feedback in December 2016 via a survey. The results showed high levels of satisfaction with the service. The survey identified the strengths of the service were that people were treated with dignity and respect as individuals and that people felt safe and secure. Areas to improve further were the quality of the food, activities provision and the decoration and refurbishment of people's personal bedrooms. All of these areas had programmes for improvement in place when we inspected which demonstrated people had been listened to.