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Southfields House Residential 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

Southfields House is a care home that provides accommodation for up to 16 older people who require a range of personal and care support. Some people were living with a dementia type illness and most lived independent lives but required support for example with mobilising safely and personal care support. At the time of the inspection 12 people lived there.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

There are two registered managers at the home who are also the home owners. 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 received care and support from staff who were kind and patient. They knew people well as individuals and understood their choices, likes and dislikes and were committed to ensuring people received good quality care. People's care plans reflected their individual needs and supported staff to provide good person-centred care. These were reviewed regularly and people were involved in planning their care. People were given the opportunity to take part in social activity if they wished to.

People were supported to maintain a balanced and nutritious diet of their choice. However, we received mixed feedback about food and meal choices. The registered managers were aware of this and working with people to resolve their individual concerns.

Staff received ongoing training and supervision and had the knowledge and skills to meet people's needs. Staff told us they were well supported. There were enough staff to meet the needs of people who lived at the home. There was a safe recruitment system to ensure staff employed were suitable to work at the home.

There were a range of risk assessments in place. These helped people stay safe and to retain their independence.

People's medicines were stored, administered and disposed of safely by staff who had received appropriate training. Some people had been prescribed 'as required' medicines. Information about why and when these should be given were in people's care plans.

Staff had a clear understanding of the procedures to safeguard people from abuse. They knew what actions to take if they believed people were at risk of harm or abuse.

The registered managers and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Staff sought people's consent before offering any support.

People were supported to maintain good health and had access to external healthcare professionals such as their GP when they needed it.

People had access to the complaints procedure and complaints were handled appropriately.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Staff knew how to recognise the signs of abuse and what they should do to keep people safe.

Risks to people were well managed.

There were enough staff, who had been safely recruited to meet people's needs.

Medicines were managed safely and people were given their medicines as prescribed.

Is the service effective?

Good ●

The service remains Good.

Staff were well supported with induction, training and supervision.

People were asked for their consent to care. Staff had a good understanding of the Mental Capacity Act (2005).

People were supported to have enough to eat and drink and had access to healthcare services when they needed it.

Is the service caring?

Good ●

The service remains Good.

People were supported by staff who were compassionate and caring. They treated people as individuals and respected their dignity and right to privacy.

Staff supported people to make their own decisions and choices.

Is the service responsive?

Good ●

The service remains Good.

People received care which was personalised to reflect their

individual needs and wishes.

Care plans included the information staff required to support people in a person-centred way.

Staff supported people to do what they chose throughout the day.

Is the service well-led?

The service remains Good.

The registered managers understood their roles and responsibilities and worked hard to ensure people received good quality care.

Good ●

Southfields 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 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.

This was an unannounced inspection by an inspector and an expert by experience, it took place on 22 and 23 May 2017. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, the provider completed 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.

We reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law.

We looked around the home and observed how people interacted with staff and each other and the lunchtime experience. We looked at individual care records and associated risk assessments for four people along with other relevant documentation to support our findings. We viewed other records including audits, maintenance records and policies related to the running of the home. These included staff recruitment, training and supervision records, medicine records, complaint records, accidents and incidents, quality audits and policies and procedures along with information in regards to the upkeep of the premises.

During the inspection eight people told us about the care they received. We spoke with seven members of staff which included the registered managers. During the inspection we spoke with one visiting health care professional, we contacted a further four healthcare professionals for their feedback.

Is the service safe?

Our findings

People told us they felt safe living at the home. They told us there were enough staff working at the home to ensure they were safe. They told us their needs were attended to in a timely way and they never had to wait long for staff. One person said, "They assist you, they're pretty prompt." There were enough suitably skilled staff to keep people safe and meet their needs. The registered manager was always available to work at the home if regular staff were absent. Staff told us they had enough time to spend with people throughout the day. Recruitment practices were safe and relevant checks were completed before staff worked on their own.

People were protected from the risk of abuse because staff had a clear understanding of the safeguarding process. Staff received training and regular updates in relation to safeguarding. They told us what actions they would take if they believed people were at risk this included informing the most senior person on duty or, if appropriate, reporting to external agencies such as the local authority safeguarding team.

People told us their medicines were managed "Efficiently." One person said, "They do medicines perfectly." Another person told us, "They're very regular with the medicine, on time I've no complaint." Medicines were managed safely in the home and people received their medicines in a timely manner and as prescribed. Medicines administration records (MAR) showed people received their medicines as prescribed. Staff did not give medicines unless they had been trained and there was a policy to support staff to safely administer medicines. When there had been a medicine error staff ceased giving medicines until they had received further training and competency assessment. The registered managers encouraged staff to report mistakes and emphasised a 'no blame' culture. Some people had been prescribed 'as required' medicines and there were protocols which provided guidance for staff about when these may be needed. There were body maps for the use of body creams. One person told us, "I always have my creams applied when I need them, it's important to me that it's done properly."

Accidents and incidents were monitored to identify any areas of concern and any steps that could be taken to prevent accidents from recurring. There was a monthly analysis of any accidents and incidents to identify any common trends or pattern. The analysis included, what actions had been taken, and reflected on their efficiency. As a result one person had been referred to the local falls prevention team to identify ways of supporting the person safely.

People's risks were well managed to keep them safe and help retain their independence. Individual risk assessments were in place for people and included those who were at risk of falls, skin damage or poor mobility. There was information about what staff should do to minimise risks. These were clear, appropriate and followed by staff in practice. This allowed people to stay safe while their independence was promoted as much as possible.

Possible risks to people's safety from the environment and equipment were well managed and staff carried out regular health and safety checks. This included regular servicing for gas and electrical safety. There were procedures to make sure that regular and ongoing safety maintenance was completed. A fire risk assessment had taken place and identified works had been completed. Personal emergency evacuation

plans (PEEPs) were in place to ensure staff and emergency services are aware of people's individual needs and the assistance required in the event of an emergency evacuation. The home was clean, tidy and well maintained throughout. Staff followed infection control procedures, there were adequate handwashing facilities throughout the home and staff used personal protective equipment appropriately.

Is the service effective?

Our findings

People spoke positively about the care and support they received. One person told us, "I get the care when I need it." Another person told us, "Staff know what they're doing."

People received care from knowledgeable staff who received regular training and updates that included moving and handling, first aid and mental capacity. They also received training specific to the needs of people which included dementia and end of life care. Staff were also supported to complete further training such as diplomas in care. This ensured staff continued to develop their knowledge and skills. All staff received regular one to one supervision sessions where they were able to discuss their learning and development needs. Supervision also took place when concerns with staff practice were identified. Issues were discussed and staff then wrote a reflective account to demonstrate their understanding of where improvements were required and how they would address these in the future. The registered manager told us that a lead in infection control would be introduced in the near future once staff had received the appropriate training.

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). Appropriate applications to restrict people's freedom had been submitted as per legal requirements when required. Mental capacity assessments were in place and there was information about who had the legal right to represent people when they lacked capacity. Staff told us everybody had the capacity to make their own day to day decisions. One staff member said, "Everybody can make their own decisions about what they want to do each day, they can all tell us." Throughout the inspection staff asked people for their consent before offering care and support.

People were supported to maintain a balanced and nutritious diet of their choice. However, we received mixed feedback about food and meal choices. Positive comments included, "The food is very good, excellent" and "I've been very happy with the food." Less positive comments included, "There is a choice some days, others not." We looked at the kitchen diary for 2017 and saw that meal choices were offered each day. During the inspection we saw people being offered choices and alternatives if they did not like what was on offer. One person said, "I didn't like what was on offer today so they made me something different." Another told us, "You only have to ask, they quickly make something I like." Where people expressed dissatisfaction with the food we discussed this with the registered managers. They were aware of the issues and working with people to resolve them.

When risks were identified these were reflected within care documentation. For example, records to monitor the intake of people who were at risk of not eating or drinking adequate amounts. People were weighed regularly so staff could identify if they were at risk of weight loss or malnutrition. Where people had been assessed as losing weight appropriate referrals to the GP had been made.

People were supported to maintain good health and received on-going healthcare support. They had access

to healthcare services such as the dentist or chiropodist. People told us, "I get to see the doctor when I like" and "I can see the doctor when I want to." Where needed staff accompanied people to attend their healthcare appointments.

Is the service caring?

Our findings

People were supported in a caring environment. They told us they were, "Very comfortable" living at the home. They said staff were, "Very caring and very helpful." One person said, "Staff are very kind and very friendly."

Positive and caring relationships had developed between people and staff. Interactions and conversations between staff and people were positive, staff smiled and listened to people whilst going about their day to day work. There was friendly chat and shared good humour. It was clear staff knew people well but equally people were familiar with staff and happy to approach them if they had concerns or worries. Staff approach to people was kind and caring. One person said, "Staff are very good, their manner, the way they assist you." People were supported to continue friendships with family and friends and people told us they regularly had visits from their family and went out with them. Friendship groups had developed at the home and people were supported to maintain these. We saw people sitting in their friendship groups, chatting and enjoying each other's company.

Staff promoted people's independence as much as possible and they were encouraged to do as much for themselves as they were able to. For example they ensured people had their walking aids when moving around the home and call bells were accessible. Care plans informed staff where people required support and people were able to talk to staff about the support they needed.

People were involved as much as possible in decision making about their care and treatment. They were involved in an assessment of their needs before they moved into the home. People were given the choice about whether they wished to be involved in regular reviews of the care. One person had stated they did not want to be involved but we saw they were offered the opportunity each month. Although they declined we saw, on occasions, they had discussed their care. Throughout the inspection this person was regularly asked about their care and support needs. Where appropriate, and the person was in agreement, family members were able to be involved in care plan reviews.

People's spiritual needs were recognised and those who wished to were supported to attend church. Other people had regular visits from ministers of their own faith and there were regular services held at the home for those who wished to attend.

Staff were observant and attentive to people's needs and understood the principles of privacy and dignity. Staff knocked on people's doors and waited before entering. They closed doors and curtains when supporting people with personal care and recognised some people preferred to maintain their own personal care in private. People's continence needs were supported discretely and helped ensure people's dignity was maintained. People were called by their preferred name.

When required, staff provided end of life care for people. They had received appropriate training to ensure they had the knowledge and skills they needed. There was information about people's end of life preferences in their care plans. When people had expressed their wish regarding resuscitation this was

appropriately recorded. At the time of this inspection no-one required end of life care.

Is the service responsive?

Our findings

People told us staff were responsive to their needs. They were able to spend the day as they chose and received the care and support they chose and required.

People received personalised care that reflected their likes, dislikes and preferences about food, activities, routine and communication. These were regularly reviewed and updated. People's care plans included information about their preferences, for example what they liked to eat and drink and what was important to them in relation to personal hygiene. They contained guidance for staff to ensure they understood people's needs and choices. There was evidence of how support from staff had enabled one person to improve their mobility and general health. There was information that helped staff understand individuals such as their life history and what was important to them. Daily notes showed what people had done each day, this included their mood and general well-being. They also demonstrated the care people had received for example pressure area care and personal care. Staff kept up to date with changes to care plans and supported people to receive the care they needed and chose.

There was a range of activities and visiting entertainers and people told us they particularly enjoyed the visiting pets. They told us about a recent visit which had included lambs and previously chicks. One person who remained in their room told us, "It was lovely, they brought them in to see me. They always do that." People were able to choose what they did each day. People spent time talking with each other in friendship groups, watching TV and reading. People who were able went out on their own. Other people went out with friends and family and some people were supported to go out with staff. One person told us, "One of the carers took me out about a couple of weeks ago."

The providers had recognised in the PIR that some people were less inclined to engage with other people and could become isolated. They told us they were working with people to help identify what they would like to do. The activities co-ordinator told us how she worked with people to ensure they were able to take part in activities they enjoyed. This included spending time with people on a one to one basis and encouraging people to participate in group activities. We were told, "Everybody does something, sometimes it's limited but it's what people want to do. It's always their choice." People and staff told us about a resident who had recently moved into the home. This person had started to read poetry to people. This was something everybody had clearly enjoyed. The activities co-ordinator told us a lot of activities took place as and when people wanted them. She gave an example of a recent occasion when people had started talking together and this had developed into a two hour reminiscence session. Staff recognised the importance of spending time talking to people. One staff member said, "There's an awful lot of talking that goes on but I don't suppose it's always recorded."

The registered managers had developed links with the local community. Children from a nearby school visited the home once a week. They spent time playing games and talking with people in the communal areas and in people's bedrooms (supported by staff). This was something both people and the children were seen to participate in keenly.

People were regularly asked for their feedback about the service. This was done on a day to day basis, through key-worker reviews, meetings and feedback surveys. One person said, "Someone comes around and asks if you are happy once a month." Minutes from meetings showed people were regularly asked about the meals and activities. Responses showed people were happy living at the home and with activities provided. There was a complaints procedure which people were aware of. When issues were raised these were addressed appropriately in a timely way. Minor issues were dealt with before they became formal complaints. Staff told us people discussed issues with them as they arose. One staff member said, "People here aren't scared to tell us what they want."

Is the service well-led?

Our findings

There were two registered managers in post. They were also the owners of the home.

People told us they knew the registered managers / owners. From our observations we saw people were comfortable in their presence and freely approached them to ask questions or discuss issues. Both registered managers knew people well, they understood their individual needs and wishes. One of the registered managers was responsible for the day to day running of the home and worked there most days. The other registered manager was responsible for administrative duties and both were a visible presence throughout the day. The registered managers had employed a deputy manager and were working together to improve and develop the service. There was a quality assurance system which included health and safety checks, medicines audits and standards of cleanliness. Any areas identified for improvement were addressed, this included ensuring daily mattress checks had been recorded as being completed.

Staff told us they were supported by the management and their colleagues. One staff member said, "We're well supported, you can ask anybody anything." Another staff member told us the registered managers were supportive and added, "They're not only supportive, they're kind."

A positive person-centred culture was promoted. People's individual needs, moods and wishes were effectively discussed to ensure continuity of personalised care. One staff member told us, "All care staff are very attentive, people's idiosyncrasies are always passed on."

The registered managers promoted an open and transparent culture. A staff member had made an error with medicines. The staff member promptly sought professional advice and the staff member themselves raised an alert about the incident. Following this other staff members had reported similar incidents which had occurred. These were minor incidents and did not have an impact on people. The staff members were taken off the administration of medicines until they had been reassessed in terms of competency. The registered manager told us, "At first we were worried about the errors but then realised it was our 'no blame' culture which had enabled staff to be open and honest. Analysis of the incidents had taken place to identify themes and prevent a reoccurrence. This demonstrated accountability and responsibility and an open culture within the home."

Records were clear and up to date, accurate. They were kept securely. All of the registration requirements were met and the registered managers ensured that notifications were sent to CQC when required. Notifications are events that the provider is required by law to inform us of.