

Southpark Residential Home Limited

South Park Residential Home

Inspection report

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Date of inspection visit:
02 May 2018
15 May 2018

Date of publication:
11 June 2018

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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This unannounced inspection took place on 2 and 15 May 2018.

South Park Residential Home is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The home does not provide any nursing care and specialises in supporting older people living with dementia. The care home can accommodate up to 11 people on either a permanent or temporary 'respite' basis in one adapted building across two floors. At the time of our inspection there were ten people permanently residing at the home who were all living with dementia.

The service had a registered manager in post. A registered manager is a person who has registered with the CQC. Registered managers like registered providers are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last comprehensive inspection of this care home in February 2017 we continued to rate them 'Requires Improvement' overall and for the three key questions 'Is the care home safe', 'effective' and 'well-led?'. This was because we found the provider had failed to appropriately check the suitability and 'fitness' of new staff, ensure staff were suitably trained and supported to carry out their duties and effectively manage and scrutinise the quality and safety of the service people living in the home received.

We undertook a focussed inspection in July 2017 and found the provider had followed their action plan to improve and met their legal requirements. However, we continued to rate the service 'Requires Improvement' overall because we wanted to be sure they could maintain what they had achieved over a more sustained period of time. In addition, we identified issues with their fire safety arrangements. Specifically, we found fire safety equipment used in the home was not always appropriately maintained, staff did not routinely participate in fire evacuation drills and fire safety risks were not always identified and mitigated.

At this comprehensive inspection we found the service continued to improve. We saw the provider had taken appropriate action to resolve the fire safety issues we identified at their last inspection. Specifically, we saw fire safety risk assessments were in place, staff had completed their fire safety training and they routinely participated in fire evacuation drills. In addition, we found the provider continued to appropriately check the suitability and 'fitness' of new staff, ensured staff were appropriately trained and supported and operated effective governance systems. We have therefore improved the service's overall rating from 'Requires Improvement' to 'Good' and for most of the key questions, 'Is the service safe, effective, caring and well-led?'

However, the service's rating for one key question, 'Is the service responsive', has deteriorated from 'Good'

to 'Requires Improvement'. This is because people did not have sufficient opportunities to follow their social interests and take part in meaningful recreational activities inside the home or in the wider community. We received mixed feedback from people living in the home, their relatives, professional representatives and staff about the availability of fulfilling social activities in the home. People were not engaged in particularly meaningful activities throughout our inspection. We recommend the service seek advice and guidance from a reputable source, about developing a more structured and dementia friendly programme of social activities which is based on the interests of people living in the home.

In addition, although people when they were nearing the end of their life received compassionate and supportive care at the home, people's care plans did not contain a section that people could complete if they wanted to record their wishes during illness or death and staff had not received any end of their life/palliative care training. We discussed these issues with the registered manager who agreed to support people living in the home make decisions about their preferences for their end of life care and arrange for all staff to complete end of life care training. Progress made by the service to achieve these stated aims will be assessed at our next inspection.

Finally, although we saw the provider continued to improve the interior décor of the home, there remained considerable room for further improvement of the home's physical environment. We recommend the provider seeks the relevant guidance and research on the design of the environment for people living with dementia.

Improvements described above the service still needed to achieve notwithstanding, people living in the home and their relatives told us they remained happy with the standard of care provided at South Park Residential Home. We saw staff continued to look after people in a way which was kind and caring. Staff had built up caring and friendly relationships with people and their relatives. Our discussions with people living in the home, their relatives and community health and social care professionals supported this.

There continued to be robust procedures in place to safeguard people from harm and abuse. Staff were familiar with how to recognise and report abuse and neglect. The provider continued to identify and manage risks to people's safety in a way that considered their individual needs. There remained enough staff to keep people safe. The environment continued to be kept hygienically clean for people and staff demonstrated good awareness of their role and responsibilities in relation to infection control and food hygiene. Medicines continued to be managed safely and people received them as prescribed.

People continued to be supported to eat and drink sufficient amounts to meet their dietary needs. The registered manager was aware of their duties under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff continued to seek people's consent before providing any care and support and followed legal requirements when people did not have the capacity to do so. They also received the support they needed to stay healthy and to access health care services.

Staff continued to treat people with dignity and respect. They ensured people's privacy was maintained, particularly when being supported with their personal care needs. Staff communicated with people using their preferred methods of communication. This helped them to develop good awareness and understanding of people's needs, preferences and wishes. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People continued to receive person centred care and support which was tailored to their individual needs. Each person had an up to date and personalised care plan, which set out how their care and support needs should be met by staff. These were reviewed regularly. This meant people were supported by staff who knew

them well and understood their needs, preferences and choices.

People felt comfortable raising any issues they might have about the home with registered manager and staff. The service had arrangements in place to deal with people's concerns and complaints appropriately. The provider routinely gathered feedback from people living in the home, their relatives and staff. The provider also worked in close partnership with external health and social professionals and bodies.

The registered manager had a positive impact at the home and was highly regarded by people living there, relatives and staff. It was evident from the registered manager's comments they understood their registration responsibilities particularly with regards to submission of statutory notifications about key events that occurred at the service.

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 has improved from 'Requiring Improvement' to 'Good' and is now considered safe. This is because the provider has significantly improved their fire safety arrangements and continues to carry out robust staff recruitment checks.

There were robust procedures in place to safeguard people from harm and abuse. Staff were familiar with how to recognise and report abuse.

The provider assessed and managed risks to people's safety in a way that considered their individual needs.

There remains enough staff suitably deployed in the care home to keep people safe.

The provider had assessments and management plans in place to minimise possible risks to people, this included infection control and food handling measures. The care home was clean, free from odours and was appropriately maintained.

Medicines continue to be managed safely.

Good ●

Is the service effective?

The service has improved from 'Requiring Improvement' to 'Good' and is now considered effective. This is because the provider now ensures staff are suitably trained and supported. This meant staff had the right knowledge and skills to meet people's assessed needs, preferences and choices.

People and their relatives felt the care home was a comfortable place to live and we saw the provider continued to improve the interior décor of the home. However, the environment could be made more dementia friendly and therefore we recommended the provider seeks the relevant guidance and research on the design of the environment for people living with dementia.

The registered manager was knowledgeable about and adhered to the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards.

Good ●

People were supported to eat and drink sufficient amounts to meet their dietary needs. They also received the support they needed to stay healthy and well. People also had access to relevant health care professionals and services as and when they required.

Is the service caring?

Good ●

The service is caring and remains rated 'Good' for this key question.

People, their relatives and professional representatives all told us staff who worked at the home remained kind, caring and respectful.

Staff continued to be thoughtful and considerate when delivering care to people. They ensured people's right to privacy and to be treated with dignity was maintained, particularly when receiving personal care.

People were supported to do as much as they could and wanted to do for themselves.

Is the service responsive?

Requires Improvement ●

Some aspects of the service were not responsive and therefore their rating for this key question has deteriorated from 'Good' to 'Requires Improvement'.

This was because people did not have sufficient opportunities to follow their social interests and take part in meaningful recreational activities inside the home or in the wider community. We recommended the service reviews their social activities arrangements.

When people were nearing the end of their life, they received compassionate and supportive care at the home. However, end of life information in people's care plans was not always available and staff had not received any end of life training. We discussed these issues with the registered manager who agreed to review their end of life care arrangements.

People were involved in discussions and decisions about their care and support needs and care plans were routinely reviewed.

People had an up to date, personalised care plans, which set out how staff should meet their care and support needs. This meant people were supported by staff who knew them well and understood their individual needs, preferences and interests.

People and relatives knew how to make a complaint if they were dissatisfied with the service they received. The provider had arrangements in place to deal with people's concerns and complaints in an appropriate way.

Is the service well-led?

The service has improved from 'Requiring Improvement' to 'Good' and is now considered well-led. This is because the provider continued to ensure the effective management and scrutiny of the service.

The home had a suitably experienced and qualified registered manager in post.

The provider routinely gathered feedback from people living in the home, their relatives and professional representatives. This feedback alongside the provider's own audits and quality assurance checks was used to continually assess, monitor and improve the quality of the service they provided.

The provider also worked in close partnership with various external health and social professionals and bodies.

Good 

South Park Residential 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 was an unannounced comprehensive inspection which took place on 2 and 15 May 2018. This inspection was carried out by one inspector.

Before the inspection, we reviewed all the information we held about this service. This included previous inspection reports and notifications the provider is required by law to send us about events that happen within the service. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During this two-day inspection we spoke in-person to three people who lived at the home, the registered provider/owner, the registered manager and various members of staff including, a senior team leader, two care workers and the chef. We also observed the way staff interacted with people living in the home and performed their duties. During lunch on the first day of the inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. Records we looked at included five people's care plans, five staff files and a range of other documents that related to the overall management of the service.

As part of the inspection process we received telephone feedback from three people's relatives and email comments from a social worker whose clients lived at the home. We also looked at a 'Dignity in care' report produced by a representative of the Merton Seniors Forum following their visit to the home in 2017. Merton Seniors Forum is an organisation who campaign on behalf of older people living in the London Borough of

Merton.

Is the service safe?

Our findings

At our last focussed inspection of this service which we carried out in July 2017 we continued to rate them 'Requires Improvement' for this key question. This was because we identified a range of issues in relation to their fire safety arrangements. Specifically, we found fire safety equipment was not always appropriately maintained, staff did not routinely participate in fire evacuation drills, and fire safety risks people might face were not always identified and reviewed.

During this inspection we saw the provider had taken appropriate steps to improve their fire safety systems. We found fire resistant doors all closed flush into their frames and the automatic closure devices they had each been fitted with were well-maintained. Records indicated staff now participated in quarterly fire evacuation drills of the premises and they had all completed their fire safety training. This was confirmed by discussions we had with the registered manager and staff who all demonstrated a good understanding of their fire safety roles and responsibilities. In addition, the service continued to have an up to date fire safety risk assessment in place for the building and people's care plans included a personal emergency evacuation plan (PEEP). This ensured staff had clear guidance about what to do for each person in the event of a fire. The services fire alarm system continued to be tested weekly. The London Fire and Emergency Planning Authority (LFEPA) carried out a fire safety inspection of the care home in December 2017 and made a couple of good practice recommendations regarding the repositioning of some smoke detectors and fire exit signs, which we saw the provider had addressed.

The provider appropriately checked the suitability and 'fitness' of all new staff, which had been identified as an issue at their last comprehensive inspection in February 2017. During the service's last two consecutive inspections we saw the provider continued to follow robust staff recruitment procedures. This included checking all new staff's eligibility to work in the UK, obtaining references from previous employers and undertaking criminal records checks. The provider has also introduced three yearly criminal records checks on all existing staff, to assess their on-going suitability.

Medicines continued to be safely managed. Care plans contained detailed information regarding people's prescribed medicines and how they should be administered. We saw medicines administration records (MARs) were appropriately maintained by senior staff authorised to handle medicines on behalf of people living in the home. For example, there were no gaps or omissions on MAR sheets we looked at, and our checks of medicines stocks and balances, indicated people received their medicines as prescribed. Staff received training in the safe management of medicines and their competency to do this was routinely assessed.

A community pharmacist following a visit to the care home in 2017 wrote in their subsequent report that overall, they were satisfied with the way the service managed medicines. We saw the one recommendation they had made in relation to the service acquiring a separate fridge to store medicines that required refrigeration had been met. However, we found contrary to the National Institute of Health (NICE) current guidance, staff were not keeping daily records of the temperature of this new fridge where medicines that required refrigeration were now appropriately stored. We discussed this issue with the registered manager

on this first day of our inspection and saw by the time of our second follow up visit staff had begun appropriately maintaining an accurate daily record of the temperature of the medicines fridge.

The environment and specialist equipment used in the home continued to be well-maintained, which contributed to people's safety. Maintenance records showed environment and equipment checks were routinely undertaken by suitably qualified professionals and serviced in accordance with the manufacturer's guidelines to ensure they remained safe. These included checks in relation to electrical and gas, fire safety equipment, heating systems, water hygiene and monitoring of water temperatures, mobile hoists, and the passenger lift. During a tour of the premises we saw radiators remained suitably covered.

The provider continued to have robust systems in place to identify report and act on signs or allegations of abuse or neglect. People and their relatives told us they felt the care home was a safe place to live. Staff had received up to date safeguarding adults at risk training. Consequently, staff were familiar with the different signs of abuse and neglect, and action they should take to immediately report its occurrence. We saw information about how to report abuse and neglect and the staff whistle-blowing policy was displayed on an information board near the office. The registered manager knew how to contact the local authority's safeguarding adults at risk team if required. Our records indicated no safeguarding concerns had been raised about this provider in the last 12 months, which was confirmed by discussions we had with the registered manager.

Measures were still in place to reduce identified risks to the health, safety and welfare of people living in the home. The registered manager assessed risks to people due to their specific personal and health care needs. People's care plans included risk management plans for staff to follow to enable them to reduce identified risks and keep people safe. These plans included details about the risks associated with needs such as malnutrition or dehydration, falls, mobility and safe transfer using a hoist, and skin care. Our observations and discussions showed staff understood the risks people faced and acted to mitigate them. A person's care plan made it clear some of their behaviours might be perceived as challenging. We found appropriate risk management plans were in place to help staff prevent or deescalate such incidents.

The registered manager told us they routinely analysed accidents and incidents to identify trends and learn lessons, from which they developed action plans for staff to follow and minimise the risk of similar events reoccurring. The registered manager gave us a good example of how staff had learnt to understand what caused an individual to become distressed. This meant staff had been able to take appropriate action and reduce the number of challenging behaviour incidents happening in the first instance. The registered manager also told us they regularly discussed these plans at meetings with her staff team.

The home was adequately staffed. Throughout our two-day inspection we saw at least one member of staff was visible in the main communal area, which meant people were able to get the attention of staff whenever they required it. The staff rosters indicated a minimum of two care staff were always on duty in the home 24 hours a day, with an additional third member of staff used to cover afternoon shifts three times a week. The registered manager gave us several examples of how additional staff described above were used to help people engage in meaningful social activities. The service operated an on-call system in the evenings and at night, which ensured staff would be able to contact the registered manager or the owner, who both lived nearby, for advice or additional assistance in the event of an emergency.

People were protected by the prevention and control of infection. People and their relatives told us the home always looked and smelt clean. One relative said, "Myself and my family are regular visitors to the home and we've never smelt any unpleasant odours in the home." Another relative told us, "The place always looks and smells very clean to me." We observed staff using appropriate personal protective

equipment. For example, we saw staff always wore disposable gloves and aprons when providing personal care to people. Appropriate systems were also in place to minimise any risks to people's health during food preparation, which included the use of colour coded chopping boards and the daily checking of fridge and freezer temperatures. We saw food was labelled and stored correctly and the kitchen area was very clean. The service's food hygiene practices had been rated level 5 (i.e. Very good) by the food standards authority in the last six months. Records indicated all staff had received up to date infection control and basic food hygiene training.

Is the service effective?

Our findings

When we completed our previous comprehensive inspection of this service in February 2017 we were concerned staff were not always suitably trained and supported to effectively carry out their duties. Specifically, we found not all staff had received up to date training in some key aspects of their role, such as dementia awareness, moving and handling, food hygiene and fire safety. We also found most staff did not regularly attend individual supervision or work performance appraisal meetings with the registered manager.

At the last focussed inspection in July 2017 and this comprehensive inspection, we found the provider continued to take appropriate action to ensure staff were well-trained and supported. We found staff now had the right knowledge, skills and experience to carry out their roles effectively. People and their relatives were complimentary about the staff who worked at the home. A relative told us, "I think the staff are excellent. They all know what they're doing. The training they get must be pretty good and I know the manager is very supportive of them." Training records indicated staff had recently refreshed their training in dementia awareness, moving and handling, food hygiene and fire safety.

All new staff were required to complete an induction and achieve the competencies required by the Care Certificate before working unsupervised in the home. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Staff spoke positively about the training they had received from their employer. One member of staff told us, "The training I've received since working here is very good", while another member of staff said, "I've been on lots of training in the last year. The manager makes she we keep our knowledge and skills up to date and complete all the refresher courses we can."

In addition, we found staff had more opportunities to review and develop their working practices. There was now a rolling programme of individual and group supervision meetings and annual appraisals. This enabled staff to reflect on their work practices and training and development needs. Records showed most staff had formally met with the registered manager at least three times in the last 12 months for an individual supervision or work appraisal discussion. A member of staff told us, "I've had a supervision with the manager this year and I'm booked in to have another one with her next month."

People and their relatives told us the home was a "comfortable" place to live. A relative said, "The owner seems to have put a bit more money into the place lately to make it feel more homely." As discussed with the registered manager at the time of our last comprehensive inspection we saw the home's interior décor, furniture and soft furnishings had been significantly improved with a new walk-in shower/wet room created on the first floor and a ground floor toilet refurbished. Furthermore, we saw the provider was in the process of replacing the old rather thin drapes that let in the light in people's bedrooms, with new heavier style curtains.

The improvements made to the home's interior described above notwithstanding, we saw some of the walls in the communal areas looked scuffed and worn in places. In addition, although we saw some signage was

used in the home to help people orientate and to identify important rooms or areas such as their bedroom, bathrooms and toilets, the provider's approach was inconsistent. For example, although we saw some people's bedroom doors had photographs of the occupant, most lacked any visual clues to help people identify their room. We also saw communal areas such as the lounge/ dining area, hallways and bedroom doors had all been painted similar colours, which meant they looked similar and were difficult to distinguish from one another.

We discussed these environmental matters with the registered manager who agreed to speak with people living there and those acting on their behalf about how they might make South Park Residential Home a more dementia friendly space to live. In addition, the registered manager told us they were planning to put up easier to understand dementia friendly signs and visual clues throughout the home, such as memory boxes near people's bedroom doors. These boxes can be used to display family photographs and objects familiar to an individual. The registered manager also told us they would ask the owner about repainting the interior of the home in more dementia friendly colour scheme. We recommend the provider seeks the relevant guidance and research on the design of the environment for people living with dementia.

We checked whether the service was working within the principles of the Mental Capacity Act (2005) and DoLS. The MCA (2005) provides a legal framework for making specific 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 make 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. We found applications made to deprive people of their liberty had been properly made and authorised by the appropriate body. Records showed the provider was complying with the conditions applied to the authorisation.

People's ability to make and consent to decisions about their care and support needs was routinely assessed, monitored and reviewed. We saw staff prompted people to make decisions and choices and sought their permission and consent before providing any support. Records indicated staff had been booked to attend training in Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff were clear from their comments they understood their responsibilities under the Act.

People were supported to have enough to eat and drink. People and their relatives typically described the quality of the meals offered at the home as "good". Staff ensured people, who needed support and encouragement to eat, received it. This was particularly important for people living with dementia who had their dietary needs met by staff in a patient, re-assuring and encouraging way. For example, we saw staff assisting people to eat their meal did so by sitting down and making good eye contact with them whilst patiently explaining to people what they were eating during the course of their meal. This made mealtimes an enjoyable experience for people. We saw outside of meal times people were offered regular drinks and snacks.

People's care plans included detailed nutritional assessments which informed staff about people's food preferences and the risks associated with them eating and drinking. Staff monitored the food and drink intake of people who had been assessed as being at risk of malnutrition or dehydration to ensure these people continued to eat and drink adequate amounts. If they had any concerns about this they sought appropriate support from the relevant health care professionals.

People were supported to maintain their health and wellbeing. Relatives spoke positively about the way the

staff supported their family members to remain healthy and well. One relative told us, "Staff had done an amazing job getting their [family member] to start eating and drinking properly again after they had lost a lot of weight in hospital." Care plans set out how staff should be meeting people's specific health care needs. Staff carried out regular health checks and recorded daily the support provided to people including their observations about people's general health. This helped them identify any underlying issues or concerns about people's wellbeing. When staff became concerned about a person's health they took prompt action to ensure they received appropriate support from the relevant health care professionals. Records indicated a GP from a local surgery and district nurses regularly visited the home and we saw an optician and dentist had recently held a clinic at the home. Staff we spoke with confirmed arrangements had been made for them to attend training in recognising vital signs and symptoms of people being unwell, sepsis awareness and urinary tract infection training to improve their health care knowledge and skills.

Is the service caring?

Our findings

People said they remained happy living at South Park Residential Home. People's relatives were equally complimentary about the care home and said they were "satisfied" with the standard of care and support their family members received there. They also typically described the staff who worked there as "compassionate" and "kind". Feedback included, "I can't speak highly enough of them [staff]...They are so caring and supportive of my [family member]", "They [staff] go beyond what is expected of them...I couldn't wish for a better home for my [family member] to live in" and "The staff look after my [family member] so well...I'm very happy with the care provided."

We also saw the service had received numerous written compliments in the last 12 months from people's relatives. This included, "My family cannot express enough thanks about the fantastic care and compassion my mum has received whilst living at South Park", while another commented, "Thank you for looking after my mum so well." Written feedback provided by various community health and social care professionals was equally positive. Typical comments included, "This is an exceptional service...Staff have an excellent rapport with all my patients that live at South Park", "Following my clients review I am very satisfied with the level of care my client receives from staff" and "Very impressed...The service has improved a lot since my last visit. My client is happy here."

We observed positive relationships had been developed between staff and the people living in the home. In the main communal area we observed staff always greeted people warmly and were friendly and chatty. Staff also responded positively to people's questions and requests for assistance to have drink or to stand. People looked content and relaxed in staff members' company. Staff knew how to support people if they became anxious or distressed so that this was done in a caring and considerate way.

People's relatives continued to be made to feel welcome at the home and were able to visit without being unnecessarily restricted. The atmosphere in the home felt congenial and relaxed throughout our two-day inspection, which helped reinforce its homely and welcoming feel.

People's privacy and dignity continued to be respected. Relatives told us staff always treated their family member with dignity. A representative of the Merton Seniors Forum was equally complimentary about the way staff treated people who lived at the home. They wrote in a Dignity in care report following a visit they carried out at the home in 2017, "People living there were appropriately dressed and staff appeared to have a good relationship with them, listened to what they had to say and addressed individuals respectfully by their preferred name." Personal care was attended to in the privacy of people's bedrooms, bathrooms or toilets, and staff were observed offering support discreetly in order to maintain people's dignity. We saw curtains hung on ceiling tracks were now available in both the service's double occupancy bedrooms. This ensured staff were able to respect people's privacy and dignity when they were providing personal care to individuals who shared a bedroom.

People were actively supported and encouraged to get involved in making decisions and choices about the care and support they received at the home. Relatives also told us they remained actively involved through

regular discussions with the registered manager and staff about the care and support their family member received at the home. One relative said, "They [staff] involve the whole family in any discussion about my [family members] care."

On both days of our inspection we observed staff communicate with a person in their first language who was unable to speak English. For example, on one occasion we saw a member of staff take appropriate and timely action to reassure a person who had become anxious by calmly speaking to them in their first language. People's care plans contained detailed information about people's personal communication styles and preferences and how they communicated choices and decisions about the care and support they received. The registered manager told us they had responded to this communication need by creating an ethnically diverse staff team who spoke a range of languages that matched those spoken by everyone living in the home.

People were enabled to get involved in decisions across the service, such as developing the menu. On the first day of our inspection we observed the chef invite people to choose what they wanted for their lunch. Staff told us they actively encouraged people to choose what clothes they wore in the morning, what activities they participated in and what time they went to bed.

Staff continued to understand and respond appropriately to people's diverse cultural and spiritual needs. Information about people's spiritual needs were included in their care plan. For example, one person's care plan contained clear guidance for staff about what they could and could not eat on religious grounds and how they needed to support them to pray and practice their faith in accordance with their wishes. On both days of our inspection we observed the chef prepare meals for people that reflected their specific religious dietary needs. The registered manager told us religious leaders representing various faiths and denominations regularly visited the home including, Roman Catholic, Protestant Christians and Muslims.

People were supported to be independent. Although most people living in the home were dependent on the care and support they received from staff with day-to-day activities and tasks, staff still encouraged people to be as independent as they wanted and could be. Care plans reflected this approach and included detailed information about people's dependency levels and more specifically what they could do for themselves and what help they needed with tasks they couldn't undertake independently. For example, it was clear in people's care plan who could travel independently in the wider community, attend local church services on their own and liked to help staff with household chores, such as folding laundry or some light dusting. Staff demonstrated a good understanding of what people were willing and capable of doing for themselves, and what they were not. A member of staff gave us several good examples of how they actively encouraged and supported several people with minimal assistance to wash their own face and hands or pour their own drinks.

Is the service responsive?

Our findings

People did not have sufficient opportunities to follow their social interests and take part in meaningful recreational and leisure activities in the home or in the wider community. We saw a weekly timetable of activities people could choose to participate in displayed on an information board in the main communal area. This included gentle exercise classes, pampering sessions, sing-alongs led by a visiting entertainer, bingo, puzzles, knitting and trips out to a local park and cafes.

However, we received some mixed feedback from people living in the home, their relatives, professional representatives, Merton Seniors Forum and staff about the availability of social activities in the home and the risks associated with people becoming socially isolated there. Whilst one person told us, "I like to have my nails painted and sometimes I go to the park with staff", most people felt opportunities to take part in fulfilling activities inside or outside the home could be significantly improved. Typical comments we received included, "It does get boring here at times...There's usually not much to do part from sit in the lounge and watch TV", "My client doesn't get out much and there's a real danger that they will become increasingly socially isolated and frustrated at the home" and "A more structured activity programme needs to be developed by the provider to stimulate people." In addition, a member of staff said, "We do try our best to do activities with people every day, but we don't always have enough staff to do anything really meaningful and the activities coordinator is only here two days a week."

Furthermore, although we observed a visiting beautician paint people's nails, another person reading a book given to them by the registered manager on a subject that interested them and staff continually encouraging people to sit outside in the warm weather during our two-day inspection; most of the time we saw people were not engaged in particularly meaningful activities. Instead, people tended to sit in the communal lounge or their bedroom with the television on, which people did not seem interested in watching.

We discussed this issue with the registered manager who agreed people living in the home would benefit from having greater opportunities to take part in more structured dementia friendly social activities. The registered manager told us they planned to increase the number of hours the part-time activities coordinator worked at the home and were also in the process of recruiting new staff that would primarily be responsible for supporting people to take part in activities in the local community. Progress made by the service to achieve this stated aim will be assessed at their next inspection. We also recommend the service seek advice and guidance from a reputable source, about developing a more structured and dementia friendly programme of social activities which is based on the interests of people living in the home.

When people were nearing the end of their life, they received compassionate and supportive care at the home. It was clear from comments we received from the registered manager that the death of a person using the service had been dealt with in accordance of the wishes of this individual and their family. We saw Do Not Attempt Cardio-Pulmonary Resuscitation (DNAR) forms in some of the care plans we looked at.

However, people's care plans did not contain a section that people could complete if they wanted to record

their wishes during illness or death. In addition, staff had not received any end of their life care training, which the manager confirmed. We discussed these issues with the registered manager who agreed to support and involve people in making decisions about their preferences for their end of life care, and record those decisions in their care plan. The registered manager also agreed to arrange for all staff to complete end of life care training within the next three months. Progress made by the service to achieve these stated aims will be assessed their next inspection.

People received personalised care and support which was tailored to meet their individual needs. Relatives told us the care their family member received at the home was person centred. One relative said, "I think South Park being such a small home is an advantage for my [family member] because it means staff have more time to treat them as an individual." Another relative remarked, "My [family member] is definitely better off in a small home like South Park where the staff can get to know her better as a person...They're [staff] are always so attentive towards her."

We saw people's care plans were written in a person centred way and contained detailed information about each person's specific needs, abilities, likes and dislikes, life history, and people and places that were important to them. They also included information about how people preferred staff to deliver their personal care. For example, people's daily routine set out for staff when people liked to wake up, how they wished to be supported with getting washed and dressed and when and where they would like to eat their meals. This gave staff good information about what was important to people so that they could tailor support to meet people's individual needs and wishes. Staff were knowledgeable about the people they were supporting, knew what was important to them and provided support in line with people's needs and expressed wishes. For example, staff were able to tell us who required assistance at mealtimes, what level of help was needed, where they preferred to eat their meals and what food they liked to eat.

Care plans were kept up to date. We saw people's care plans were reviewed at least bi-annually and updated as and when required if there had been any changes to a person's needs and/or circumstances. Where changes were identified, people's care plans were updated quickly and information about this was shared with staff through shift handovers and staff meetings.

The service had suitable arrangements in place to respond to people's concerns and complaints. Relatives said they knew how to make a complaint and told us they were confident that any concerns they had would be dealt with appropriately. During a tour of the premises we saw the provider's complaints procedure was conspicuously displayed on an information board in a communal area. A process was in place for the registered manager to log and investigate any complaints received, which included recording any actions taken to resolve any issued that had been raised.

Is the service well-led?

Our findings

At our last comprehensive inspection of the service in February 2017, we found the provider to be in breach of the regulations because their management oversight and scrutiny of their service was inconsistent and not continuous. After the focussed inspection we carried out in July 2017 to follow up what action the provider had taken to meet their legal requirements, we found they had made the necessary improvements and now operated effective governance systems. However, we continued to rate them 'Requires Improvement' for this key question because we wanted to see they could maintain these improvements over a more sustained period of time.

At this May 2018 inspection we found the provider continued to operate good governance systems to monitor and improve the quality and safety of the service people received at the home. Records indicated the registered manager continued to routinely check the accuracy and effectiveness of the services arrangements for care planning and risk assessing, medicines management, staff recruitment, training and supervision, fire safety, food hygiene and infection control, complaints, accidents and incidents. The home's maintenance records also showed us equipment was routinely serviced and maintained to reduce possible risks to people, which included mobile hoists and the fire alarm system. During our inspection we saw the registered manager was very "hands on" and spent a lot of their time outside of their office observing staff's working practices.

The registered manager told us they had recently created a new deputy manager post which they were in the process of interviewing suitable candidates to fill the post. They told us the new deputy manager would be jointly responsible alongside herself for supervising staff and implementing the provider's relatively new governance systems. The registered manager also told us sharing her staff support and management oversight responsibilities with a deputy manager would help her to focus on maintaining the improvements she had already achieved since our last inspection.

The registered manager was suitably qualified, had been managing the home for over two years and clearly knew the people who lived there well. Relatives spoke positively about the way the registered manager ran the care home. One relative said, "I can't speak highly enough about the manager...She's extremely approachable and easy to talk to", while another relative remarked, "I have a lot of time for the manager... She's very good and always at the end of the phone if you need her."

The registered manager demonstrated a good understanding of their role and responsibilities particularly with regard to meeting CQC registration requirements and for submitting statutory notifications of incidents to us. This was important as we needed to check that the provider took appropriate action to ensure people's safety and welfare in these instances.

The registered manager promoted a culture within the service that was open, supportive and willing to make changes when needed to improve the quality of support provided to people. People, their relatives and professional representatives were all encouraged to share their experiences and views about the quality of the service provided at South Park Residential Home through regular face-to-face and telephone contact and satisfaction surveys.

The provider also valued and listened to the views of staff working in the home. Staff told us the registered manager was supportive. Several staff frequently described the registered manager as "friendly". One staff member told us, "The manager is always here and rarely stays in her office...She's very hands-on and is always helping out on the shift." Staff said they regularly attended team meetings where they could contribute their ideas to improve the care home. Records of these meetings showed discussions regularly took place which kept staff up to date about people's changing care and support needs, as well as developments in the care home. Staff also shared information through daily shift handovers.

The registered manager worked in close partnership with other agencies and professionals to develop and improve the delivery of care to people. A relative told us, "I think the manager must have a really good working relationship with the local GP surgery because the doctor always comes straight away as soon as she calls them." The registered manager told us they routinely discussed people's changing needs and/or circumstances with the relevant professionals and bodies including, GP's from the local surgery, district nurses, occupational therapists and social workers, which records indicated were regular visitors to the home.