Thanweer Care Limited

Southlands Court Residential Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This comprehensive inspection took place on the 28 May 2018 and was unannounced. Southlands Court provides accommodation and personal care. Any nursing needs are met through community nursing services. The service can accommodate up to 25 people in a detached two storey building sat in beautiful grounds surrounded by countryside views on the Cornish border. There are two large lounges with small clusters of chairs for people to sit privately or with others and a separate dining area. People can access a courtyard at the centre of the building with a large pond which has been made safe so people can use this area as they choose. There were 25 people living at the home at the time of the inspection. Two of these were staying at the service for a period of respite.

Southlands Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

We had previously carried out an unannounced comprehensive inspection of this service in September 2017. That inspection was the provider's first inspection since they registered the service with CQC in October 2016. Following the inspection the service was rated as "Inadequate" overall and placed into special measures. Six breaches of legal requirements were found. We found concerns relating to people's health, safety and welfare. This was because people were not protected from unsafe and unsuitable premises. The provider's quality assurance systems did not effectively assess and monitor the quality and safety of the service. There were no systems to monitor fire safety and health and safety. There were not sufficient numbers of suitably qualified, skilled and experienced staff on duty at all times to meet people's needs. During the last inspection the provider increased staff levels after we raised our concerns with them. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

On 6 December 2017 we then undertook a focused inspection to check that the provider had followed their plan and to confirm that they now met legal requirements. We looked at the key questions, 'Is the service safe?' and 'Is the service well led?' to ensure people were safe and improvements were being made. At the focused inspection the provider had made improvements and was no longer in breach of Regulation 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This meant the rating has changed for the safe and well led question from Inadequate to Requires Improvement. We made that decision because we needed to ensure the improvements made were sustained over a longer period of time.

At this comprehensive inspection we found the provider continued to make improvements.
The service had a new registered manager who was registered with CQC in January 2018. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 said they were happy to approach the registered manager, staff and the provider if they had a concern, and were confident that actions would be taken if required.

People were protected from unsafe and unsuitable premises. Risks for people were reduced by an effective system to assess and monitor the health and safety risks at the home. Records contained accurate and up to date information and were stored in a locked office to protect people's information.

There were sufficient and suitable staff to keep people safe and meet their needs. Although there were times when staff were rushed. The registered manager had made changes to the shift times after consultation with the staff. They made us aware at the beginning of the inspection they had agreed with the provider to increase staff levels in the evening. The registered manager was also in discussion with staff and the provider regarding increasing the staff level during the lunchtime period.

Recruitment checks were carried out. New staff received an induction that gave them the skills and confidence to carry out their role and responsibilities effectively. The registered manager had been working with staff to complete the provider's mandatory training. Thirteen staff had a higher level qualification in health and social care and others were being supported to undertake a relevant qualification. The staff had a good knowledge of how to safeguard people from abuse.

People's needs were assessed before admission to the home and these were reviewed on a regular basis. Risk assessments were not always undertaken for all people to ensure their health needs were identified. The registered manager was aware of this and was working with staff to complete these as required. Care plans were in a new format which reflected people's needs. They were personalised and people had been involved in their development. People were involved in making decisions and planning their own care on a day to day basis. They were referred promptly to health care services when required and received on-going healthcare support.

The service had close links with healthcare professionals who gave positive feedback regarding the knowledge and cooperation of the registered manager and staff.

There was a complaints procedure in place and people knew how to make a complaint if necessary. There had been no complaints since our last inspection.

People received their medicines in a safe way because they were administered appropriately by suitably qualified staff and there were effective monitoring systems in place. The registered manager and staff were committed to ensuring people experienced end of life care in an individualised and dignified way.

Staff were polite and respectful when supporting people who used the service. Staff supported people to maintain their dignity and were respectful of their privacy. People's relatives and friends were able to visit without being unnecessarily restricted. Residents meetings were held where the registered manager sought people's feedback. The registered manager planned to send out surveys to ask people and relatives their views. People and staff spoke highly about the registered manager and management team.

Staff felt supported. The registered manager had started undertaking annual appraisals. They said staff supervisions had fallen behind but added they were a small team. This meant they monitored staff practice each day when they worked alongside staff. Staff meetings took place and staff felt able to discuss any issues with the registered manager.

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. Improvements had been made in relation to the Mental Capacity Act (MCA) 2005. Where people lacked capacity, mental capacity assessments had been completed. Not all staff had received training in MCA although this was planned. Best interest decisions had been made and involved relevant people but these had not always been recorded.

People were very positive about the food provided at the home. People had access to activities at the service and were encouraged to take part. Arrangements were in place for people who stayed in their rooms to have support to avoid social isolation.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some aspects of the service were not safe.

The registered manager had taken action to increase staff levels during the lunchtime and evenings. However this had not yet happened at the time of the inspection. Staff worked hard to meet people's needs.

Some risk assessments were not fully completed but the registered manager was working with staff to ensure health risks were identified. There was no negative impact for people living at the home.

People's medicines were managed so they received them safely and as prescribed.

Staff were aware of signs of abuse and knew how to report concerns and were confident these would be investigated.

Incidents and accidents were recorded and appropriate actions taken.

There were effective recruitment and selection processes in place.

The premises and equipment were managed to keep people safe.

There were effective infection control processes in place.

Is the service effective?

Requires Improvement

Some aspects of the service was not effective

The registered manager was working to ensure all staff had the knowledge and skills they needed to support people's care and treatment needs.

The registered manager had an understanding of the principles of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards but had not documented all best interest decisions.

Staff had received inductions when they started work at the service.

The registered manager was undertaking appraisals with staff. Formal supervisions had fallen behind but the registered manager monitored staff practice working alongside staff each day.

People were supported to eat and drink and had adequate nutrition to meet their needs. They were complimentary about the food at the home.

Is the service caring?

Good

The service was caring.

People and relatives gave positive feedback about the caring nature of the staff. They said staff treated them as individuals and with dignity and respect.

Staff were caring, friendly and spoke pleasantly to people. They knew people well, visitors were welcomed.

People were able to express their views and be actively involved in making decisions about their care, treatment and support.

Is the service responsive?

Good

The service was responsive.

People received support that was responsive to their needs. Their care needs were regularly reviewed, assessed and recorded. People's care needs were recognised promptly and they received care when they needed it.

Activities were arranged at the home which people enjoyed.

The provider had a complaints procedure to advise people how to make a complaint. There had been no complaints made since our last inspection.

Is the service well-led?

Good

The service was well led.

A lot of work had been undertaken by the provider to put in place

systems for the safe running of the service. There were quality systems in place which identified when improvements were needed. The registered manager said there was still more to be done.

The registered manager understood their responsibilities, and was in day to day control at the service. People, relatives and staff felt the registered manager was always approachable and effective, and they could raise concerns appropriately.

The providers visited the service regularly and actively sought the views of people and staff at the home. The provider planned to undertake a survey to ask people their views.

There were effective methods used to assess the safety of the service people received.

Southlands Court 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 comprehensive inspection took place on 24 May 2018. This unannounced inspection was carried out by two adult social care inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses services for older people.

Prior to the inspection we reviewed information we held about the service, and notifications we had received. A notification is information about important events, which the service is required by law to send us. We also contacted the local Healthwatch team to gain their views of the service provided. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also sought feedback from the local authority Quality Assurance Improvement Team (QAIT) to obtain their views as they had been working with the provider to implement new processes.

We met most of the people using the service and spoke with nine people to ask their views. We spoke with a visiting relative and looked at three peoples' care records. Our observations around the home enabled us to see how staff interacted with people and how care was provided. A number of people using the service were unable to provide detailed feedback about their experience of life at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager and with six staff which included senior care assistants, care staff, the cook and an activity co-ordinator. We looked at three staff records, which included staff recruitment,

supervision and appraisal records. We reviewed four people's care records and five people's medicine administration records. We looked at the provider's quality monitoring systems such as audits of medicines, policies, accident records, training records and at health and safety. At the inspection we spoke to a visiting community nurse.

We sought feedback from three health and social care professionals who regularly visited the home. We received a response from none of them.

Requires Improvement

Is the service safe?

Our findings

At the comprehensive inspection in September 2017 we found concerns relating to people not being protected from unsafe and unsuitable premises, and receiving inappropriate and unsafe care. People's health, safety and welfare were also put at risk because there were not sufficient numbers of suitably qualified, skilled and experienced staff on duty at all times. We returned in December 2017 to look at the improvements the provider had taken and found they had met the both of these requirements. At this inspection we found the registered manager continued to work with staff and the provider regarding allocating sufficient staff at the right times of day. However further improvements were needed.

People felt safe living at the home and with the staff who supported them. Comments included, "Nobody gets through the front door without a member of staff noticing, and that makes me feel very safe" and "I do feel very safe and I like the people here, I just don't feel I should be here and I don't want to be here."

People were protected from the risks of unsafe and unsuitable premises. There were checks and audits undertaken to ensure the environment was safe. For example water temperature and window restrictor checks and environmental risk assessments. Staff ensured people were safe when they supported them to have a bath. They checked the water temperature using a thermometer to ensure the water was a suitable temperature to prevent people from being scalded. Staff recorded maintenance issues they identified in maintenance books. The provider used the services of an external self-employed contractor to undertake regular maintenance at the service. They used external companies to regularly service and test moving and handling equipment, fire equipment and lift maintenance. Wheelchairs were checked monthly to check footplates, tyres brakes. Any repair needed was carried out or the wheelchair was taken out of use.

A Personal Emergency Evacuation Plan (PEEP) was available for each person at the service. This provided staff with information about each person's mobility needs and what to do for each person in case of an emergency evacuation of the service. This showed the home had plans and procedures in place to safely deal with emergencies. The PEEP's were held in people's individual care folders and in the fire register. This meant that the emergency services would be aware of needs of all of the people at the home.

People were not always protected because risks for each person were not always assessed. Care records contained risk assessments for falls, nutrition monitoring and skin integrity. However these were not always completed, in particular nutrition risk assessments. This meant those people could be at risk because measures might not be put into place to protect them. The registered manager said they were working with staff to complete these for all people. We reviewed people's weights and found no significant weight loss; therefore this issue had not had an adverse impact on people.

Where people were identified as being at an increased risk of skin damage they had pressure relieving equipment in place to protect them from developing sores. This included, pressure relieving mattresses on their beds and cushions in their chairs. General risk assessments had been completed for each person regarding environmental risks. For example the use of a pressure mats and associated risks such as wires being a trip hazard.

Our observations and discussions with people and staff showed there were sufficient staff on duty the majority of the time to meet people's needs and keep them safe. However there were times when staff were very busy and would benefit from additional staff. One person said, "Even if the staff are busy they will always come and help." At the beginning of the inspection the registered manager said on the previous day they had agreed with the provider to increase staffing levels each evening. However this had not yet been implemented at the time of our visit.

At times during our visit staff seemed very busy and overwhelmed with what was required of them. They said this was because they were supporting a person who was very anxious and required additional support. The registered manager said they had been in touch with health professionals regarding getting additional support for this person. There had also been changes to the shift pattern which had left fewer staff on duty at lunchtime. The registered manager had worked with staff regarding changing shift times which had caused the lunchtime shortfall; and planned to discuss further with staff about resolving this.

People confirmed staff always responded to call bells quickly, which we saw throughout our visit. One person said, "I don't like to make a fuss and complain all the time but sometimes I need help. If I use the bell in my room, day or night, someone always comes to see what help I need."

The deputy manager or a senior care worker worked on each shift. They were supported by three care staff during the morning, two care staff in the afternoon and one care worker at night. There was also an activity person, a cook, a kitchen assistant and housekeeping staff.

The registered manager said they had been actively trying to recruit more staff. They had recruited a new cook and care worker and were awaiting their employment checks before they could start work. Regular staff were undertaking additional shifts to cover staff leave and sickness absence. The registered manager also continued to use agency staff. They explained they considered the impact on staff and staffing levels when admitting new people to the service.

Recruitment and selection processes were in place to help ensure staff were safe to work with vulnerable people. Staff had completed application forms and interviews had been undertaken. Pre-employment checks were done, which included references from previous employers, following up any unexplained employment gaps and Disclosure and Barring Service (DBS) checks were completed. This demonstrated that appropriate checks were undertaken before staff began work in line with the organisations policies and procedures.

Staff were knowledgeable about how to recognise signs of potential abuse and said they were confident any concerns raised with the registered manager and deputy manager would be dealt with. Staff had received safeguarding training. There had been no safeguarding concerns at the service since our last inspection. The registered manager was aware of their responsibilities if a safeguarding concern was raised.

People received their prescribed medicines on time and in a safe way. Senior care staff undertook the medicine administration at the home. They administered medicines in a safe way and had a good understanding of those medicines. Staff administering medicines had undertaken medicine training. They confirmed they had their medicine administration practice observed by the management team. They wore red tabards informing everyone that they were administering medicines and not to disturb them. This meant they were able to concentrate and reduce the risk of mistakes. There was a safe system in place to monitor receipt, stock and disposal of people's medicines. Medicines at the home were locked away in accordance with the relevant legislation. Medicines which required refrigeration were stored at the recommended temperature. Medicine administration records were accurately completed. Monthly audits of medicines

were completed by the deputy manager and records showed actions were taken to address issues identified. Staff had access to relevant medicine information via their pharmacy provider.

Learning from incidents and accidents took place and appropriate changes were implemented. Staff had recorded all incidents and accidents at the time of the incident. The registered manager had a system where they recorded the location, time and outcome of the accident in order to look for trends and patterns in accidents. This was to ensure appropriate action was taken to reduce risks.

People were protected by appropriate control of infection processes in place. The home was clean and homely. Housekeeping staff had a cleaning schedule which they followed. There was handwashing signage in communal toilets and bathrooms to guide people to wash their hands. Personal protective equipment (PPE's) such as gloves and aprons were around the home for staff to use. The provider had an infection control policy that was in line with best practice guidance. The deputy manager undertook infection control spot checks each month to ensure staff washed their hands appropriately and wore appropriate PPE's.

The laundry room was tidy. There was a system in place to ensure soiled items were kept separate from clean laundered items. One person said, "My laundry always comes back to me; clean and pressed and if I need a button put back on I just have to ask."

Requires Improvement

Is the service effective?

Our findings

At the last comprehensive inspection in September 2017 people were not adequately supported to make decisions about their care because staff had not acted in accordance with the Mental Capacity Act 2005 (MCA). People's needs were not met because staff did not have all the competencies, knowledge and qualifications needed. At this inspection improvements had been made and the requirement had been met.

The 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. Where people lacked the mental capacity to make decisions the registered manager and staff followed the principles of the MCA.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The Care Quality Commission (CQC) monitors the operation of DoLS and we found the home was meeting these requirements. The registered manager was aware of their responsibilities in relation to DoLS and had made applications to the local authority to restrict some people's liberties. They had increased their knowledge and implemented MCA assessments to assess people's capacity. The registered manager was aware that only two staff had received training on the MCA and training was scheduled. However staff demonstrated an understanding of people's right to make their own decisions. The registered manager had undertaken best interest decisions involving relevant people. However these had not always been recorded.

Staff ensured people's rights were upheld. Records showed if people had delegated power of attorney (POA) to relatives and friends, and the legal responsibilities they held (care and treatment, finance or both). A relative said, "My daughter and I have POA for my mother. The staff always talk to us. They know about the POA …they like to make sure that people's wishes are being respected even if they can't talk for themselves."

People were required to sign a consent form when they came to the service for personal care and support. This included a capacity assessment being undertaken to identify the person had the required understanding to make that decision. Formal consent was also sought in order to share relevant information with health professionals and for having a photograph of the person.

Staff had undergone an induction when they started work at the service. New staff worked alongside a more experienced member until the registered manager was satisfied they had the skills to work alone. The registered manager said new staff undertook the care certificate which is recommended for new care

workers to ensure they have the skills required. They said five long term staff had undertaken the care certificate and others were going to undertake it. All staff were going to undertake the induction process as a refresher.

Staff had mostly completed training to ensure they had the right competencies, knowledge and skills to support people at the home. Thirteen staff had a higher qualification in health and social care. People said the staff had the skills needed to support them. One person said, "The staff do know what they are doing, and they make sure I have everything. The medicines were a worry for us before. Now that's all done for us because the staff know what we need and make sure we take it at the right time every day."

The registered manager had been working to make sure all staff had undertaken the provider's mandatory training. They had a training matrix which recorded training staff had undertaken. Where there were gaps, on the training matrix, the registered manager was working with staff to complete their training. Staff had access to a new e-learning training which they were very positive about. The North Devon care homes team had also provided training in documentation, urine tract infections (UTIs) and nutrition and hydration. Further training days for diabetes and Parkinson's were scheduled.

The registered manager encouraged and supported staff to undertake additional qualifications in health and social care and to extend their knowledge further. Staff were positive about the training they had received. One staff member said, "We have had training on completing a daily report for everybody. We are getting guidance. All the training is good now and it's face to face." Another said, "Most of us have done the care certificate since (registered manager) started. We are all offered training, it has improved 95%, look at our records and see how much training has been done."

Staff had received supervision with the registered manager although they said these had fallen behind. However, this had not affected people's care, as they were a small team and they worked alongside staff each day. The registered manager had started completing annual appraisals with staff. This provided staff with an opportunity to discuss their work and training needs and hear feedback about their performance. One staff member said, "(Registered manager) is going through supervision now and we have all been given a form to complete to identify issues we want to talk about…We get an annual appraisal and we can always go and talk to her."

People had been referred promptly to health professionals when required; this included the GP, district nurse team and the speech and language team (SALT). People had regular visits from the opticians and chiropodists. A nurse practitioner from the local GP surgery visited weekly to undertake reviews and support people's health needs.

One person said, "The staff make medical appointments for me and will arrange for the GP to see me if I'm not well. They are so good at getting things done. Even if the staff are busy they will always find time to help." Another said, "The staff keep us laughing and I would say they are magnificent. If I need to see a doctor or something they just sort it out, so I'm never worried about that sort of thing."

Health professionals said they had no concerns about the service and had confidence in the staff to make referrals promptly. Comments included, "Caring and quick to ring us. We visit one day a week."

People were supported to eat and drink enough and maintain a balanced diet. People and their relatives were complimentary about the meals at the home. Their comments included, "There isn't much choice but if I really don't want something they can always find an alternative. Cook knows what we like …we do eat well here", "The food is good and there's plenty of it" and "The menu is pretty standard but it's the type of

food I'd cook for myself if I could." The registered manager and cook after consulting with people had developed and new two week menu, with a choice of two meals.

We observed the lunchtime meal served in the dining room. Some people had their meals in their rooms and those who required staff assistance received it. When people came to the dining room they chose which table they would sit at; tables were laid up with clean table cloths, cutlery and condiments and decorated with a flower in a vase. Staff offered people protective aprons to keep their clothes clean whilst eating and respected people's decisions. There was a pleasant atmosphere with one staff member working hard to attend to people's needs and engage in conversation while undertaking tasks. However, some people did not receive their food promptly from the kitchen because the staff member was busy supporting others. Staff said there had been changes to the staff rota which meant less staff were on duty at lunchtime than previously. We discussed this with the registered manager, who confirmed they would discuss this further with staff and the provider to find a solution.

At the end of the meal the cook came into the dining room to ensure that everyone had received their meal. They also sought feedback about the meals and offered extra helpings or alternatives as appropriate. The cook was very knowledgeable about different people's dietary needs, such as who required a special diet and how they accommodated people's individual requirements.

People identified as being at risk of unexpected weight loss were being regularly weighed and closely monitored. Staff and the registered manager demonstrated a good knowledge about the actions they needed to take when they identified a person at risk, which included contacting the GP and monitoring diet and fluid intake.

Good

Is the service caring?

Our findings

People and relatives praised the staff and said the care was good at the home. Comments included, "Everyone knows everyone here and, after a few of the previous staff left, there has been such a happy atmosphere. Everyone says 'hello' and although people are quiet and there isn't much going on, if [my relative] needs anything the staff will do their very best to help her" and "The staff are all very nice, caring people who do anything for me if I ask."

Staff were positive about the care provided at the service. Comments included, "People are safe and well looked after, we all do our best" and "Residents here are well looked after, it's like a family, not like a conventional care home. They are all moved into comfy chairs and they have a voice, they tell us what they want. The care is personalised."

Staff treated people with dignity and respect when helping them with daily living tasks. We observed staff hoisting someone in the lounge. They were constantly explaining to the person what was happening and reassuring them throughout the process. They used a screen to maintain the person's dignity. During our visit a person arrived in a communal area without an item of clothes, showing their underwear. A staff member quickly took action and escorted the person gently back to their bedroom to dress more appropriately.

Staff were skilled and were able to tell us how they cared for each individual to ensure they received effective care and support. They demonstrated through their conversations with people and their discussions with us that they knew the people they cared for well.

Staff gained people's consent and involved the person before they provided care. They listened to people's opinions and acted upon them. People could choose the times they went to bed or got up. People were consulted throughout our visit about what they wanted to do and where they wanted to sit. While supporting people, staff gave people the time they required to communicate their wishes. It was clear they understood people's needs well to enable them to provide the support people required. For example, one person had periods of agitation and could become distressed. Staff sat with the person and reassured them.

Staff addressed people by their name and personal care was delivered in private in people's rooms. Bedrooms, bathrooms and toilet doors were kept closed when people were being supported with personal care to maintain privacy. People were well presented and dressed in well laundered clothes. One staff member said, "We always knock on doors and ask if we can help them. We close curtains and doors when doing personal care. If I'm assisting someone to eat I always shut the door. We always cover them with a towel when doing personal care."

The registered manager and staff talked with us about individuals in the home in a compassionate and caring way. It was evident they had spent time getting to know the people and demonstrated a good knowledge their needs, likes and dislikes. One care worker said, "We can tell by their moods, agitation, if

they walk around a lot, body language. They might not be able to tell us but we can tell because we know them so well."

Care plans were focused on the person and their individual choices and preferences and contained personal histories. This enabled staff to have a good knowledge of people's past and people and events special to them.

Staff had a pleasant approach with people and were respectful and friendly. They were kind and caring towards people, talking to them in a pleasant manner. There was a good atmosphere in the home with banter and chatting between people and staff. Staff took time to check on people's comfort with some staff being particularly skilled at connecting with people who had difficulty communicating verbally.

Visitors were welcomed and there were no time restrictions on visits. They said they were always made welcome when they visited the home.

Good

Is the service responsive?

Our findings

At the last comprehensive inspection in September 2017, we issued two requirements. This was because care plans did not reflect people's care and treatment needs and there was no system established to manage complaints at the service. At this inspection we found these requirements had been met. The provider had a complaints procedure in place and a means to record complaints. No complaints had been made since our last inspection. The registered manager was clear about the provider's complaints policy and the actions they were required to undertake. The registered manager had implemented new care plans which were person centred and reflected people's needs.

The service was responsive to people's needs because people's care and support was planned and delivered in a way the person wished. Before people came to live at Southlands Court, the registered manager or deputy manager visited them and undertook an assessment of their care and support needs. People and their families were included in the admission process and were asked their views and how they wanted to be supported. This ensured the service could meet the person's individual needs fully. This information was used to develop a care plan.

New care plans were in place to meet people's care and support needs. They were written in the first person (from people's views) and identified people's care and support needs and how they wanted staff to support them. People's care plans included information about, personal care, communication, night needs, medicine management, mobility, nutrition and hydration. For example a communication care plan identified the person's level of understanding, and how they liked staff to address them. It said, "I like staff to ensure I have my glasses for reading and they are clean and in good working order."

An in-depth assessment tool was used to calculate each person's staff support needs. This looked at people's physical, psychological and spiritual needs. This calculated the support required to meet the needs assessed. The registered manager said they found the assessment very useful because it looked at all areas and their level of need. Staff used the care plan information, as well as information from shift handovers; to alert them to people's changing needs

People's care plans and risk assessments were reviewed monthly and more regularly if people had a change in their needs. There was a keyworker system where all care staff had two people they were responsible for. They were required to take a particular interest in these people, ensure they had all they needed, review their care plans and complete the 'This is me' document. One staff member said, "The residents are involved in their care planning and if they lack consent we ask the family." A relative said "I have had a yearly review of the Care Plan with the Manager which never used to happen before."

We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People had information about their communication needs in their care plans to guide staff how to ensure they had the information required. Staff ensured people had their hearing aids in place and had their

glasses cleaned. The registered manager said some information was provided to people in accessible formats where needed, to help people understand the care and support available to them. They said this would continue to be developed.

There were two people receiving 'end of life' care at the time of our visit. Their care plans reflected the changes in their needs and the support they required in order to guide staff. Staff had consulted with people's families and their GP to ensure they were kept informed. Medicines had been prescribed should the person require them for pain management. People had Treatment Escalation Plans (TEP) that recorded their wishes regarding resuscitation in the event of a collapse. Relatives had sent thank you cards to the team thanking staff for the care they had given their loved one.

People were supported to take part in social activities. The activity person employed at the service delivered nine hours of activities a week. They had retired the day before our inspection. The registered manager was actively recruiting for this role and in the interim; a care worker had taken responsibility for activities.

External music entertainers visited regularly. Arrangements were in place for people to access the local community where possible. A staff member said, "Wednesday is 'bus day' we take seven people out every week, we stopped in a little village square and all had an ice cream."

People and visitors were positive about the activities at the home and said they had the opportunity to join in if they wanted to. Two people told us about the importance of their faith. They said they had been very active in their local churches and really appreciated that the church visited and a priest offered communion at the service occasionally. They said, "It's nice that I can still have that connection, even though I can't attend church."

People's bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home.

People knew how to share their experiences and raise a concern or complaint. The provider had produced a new complaints procedure giving people information about how to make a complaint. It included information about external organisations they could contact if people were not satisfied with how their complaint was dealt with. There had been no complaints since our last inspection. People and relatives said they would be happy to raise a concern and were confident the registered manager would take action as required. Comments included, "I only have to ask, and things get done straight away. For example, I asked if my relative's bed lined could be changed every day as she soils at night sometimes. This happened the next day and every day since as far as I can tell."

Good

Is the service well-led?

Our findings

At the comprehensive inspection in September 2017 we found concerns at the service relating to absence of quality monitoring systems at the service. After that inspection, the Care Quality Commission (CQC) used its urgent enforcement powers to impose conditions on the provider's registration under section 31 of the Health and Social Care Act 2008. The conditions set out what improvement actions we required the provider to take and the timescales required. We returned in December 2017 to undertake a focused inspection. We looked at the improvements the provider had taken regarding quality monitoring and found they had made progress but these were not embedded, so we issued a requirement. We removed the condition of registration. At this inspection we found the provider had continued to monitor the quality of the service and the requirement had been met.

The service had a registered manager who had managed the service since August 2018 and registered with the Care Quality Commission (CQC) in January 2018. A registered manager is a person who has registered CQC 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 was clear at the beginning of the inspection that a lot of work had been undertaken but felt there was still more to be done. She said, "I think we have improved from where we were the challenge is to keep on top of paperwork… It has taken a lot for the staff to trust me."

People and relatives said they had confidence in the registered manager and would be happy to speak to her if they had any concerns about the service provided. One relative said, "I became worried some time ago as things seemed to have gone down and nobody was really running the service well or making sure the staff did their jobs. Since then things have definitely improved again, especially recently with the new manager and owner."

Staff also said they had confidence in the registered manager and the management team and recognised the difficulties they had faced. Comments included, "I have confidence that if I had a concern and went to the manager it would be sorted", "Things are a lot better, the manager listens and works well with the deputy, they are a good team… It's a happier place to be, it's better led. The manager listens to staff and implements ideas. The manager is accessible and approachable. The culture is transparent" and "It has been turbulent for the past six months. It's now absolutely better. I can feel the difference, its more organised. (Registered manager) is competent and if there is an issue I'm confident she would sort it."

The registered manager was supported by a deputy manager, senior care staff and care staff and an activity person. There were also ancillary staff that included housekeepers, cooks and kitchen assistants. The registered manager was very passionate about people at the service receiving good care. They were actively involved with the day to day running of the shifts and knew people's needs.

The registered provider undertook weekly visits to the home to support the registered manager and to assure themselves the service was running safely. The registered manager said the provider was available by

telephone at all times and were very supportive. As part of their visits the provider observed and spoke with people at the home and dealt with any issues raised. They also met with the registered manager to ascertain how things were going and offer their support. They recorded these visits in emails to the registered manager and any action they required the registered manager to undertake. A relative said, "I like the way the service provider comes (to the service) two days a week and will take the time to talk to us. If I e-mail the service provider about anything they always reply and often the manager knows about it the same day."

The provider had a number of quality monitoring systems in use which were used to review and monitor the service. The management team continued to undertake regular audits. These included monthly medicines audits, care record audits, environmental audits, wheelchair checks, bed audits (including bedrails, profiling, and mattress checks) and infection control audits. Actions were taken when necessary. For example, identified that a profiling bed required a new motor which had been ordered. The registered manager had identified through their quality monitoring that risk assessments had not always been completed and that staff levels needed to be increased.

The registered manager had developed a service improvement plan (SIP) with the local authority quality assurance team. This was linked to the findings of the comprehensive inspection in September 2017. The provider looked at the SIP regularly with the registered manager and signed when things were completed. The registered manager had also reviewed most of the provider's policies to ensure they reflected current legislation and best practice, and reflected systems at the service.

The registered manager encouraged open communication with people who used the service and those that mattered to them. People and their relatives were invited to resident's meetings every six months. The registered manager said they planned to send surveys out to relatives or people's representatives to ask their views. They regularly spoke with people and visitors to the home to seek their views. There was also a suggestion box in the main entrance and information cards to guide people to provide a review on a website.

Staff had a staff handover meeting at the changeover of each shift where key information about each person's care was shared. A handover sheet was completed each day by staff about changes in people's needs and relevant information which needed to be communicated. For example, appointments. A communication book was used for staff to record information; in particular we noticed people's dietary intake needs were recorded. A staff member said, "We have a comms book and as soon as we arrive, we look in the book." This meant staff were kept up to date about people's changing needs and risks.

The registered manager worked to ensure staff were consulted and involved in the running of the home and in making improvements. Staff had been consulted about the new uniforms they wore. One staff member said, "I think they are making a lot of changes, things are getting better... they listen to our ideas. There is a lot more paperwork." Staff meetings were held regularly.

The registered manager and staff had improved the food standard rating to the highest level of five. This rating is given by an environmental health officer in relation to food hygiene and safety. They had previously scored three in April 2017 and had worked to implement the required changes. This showed that the registered manager and cooks had taken action to improve the food safety at the service.

There were accident and incident reporting systems in place at the service. The registered manager reviewed all of the incident forms regarding people falling. They looked to see if there were any patterns with regards to location or themes. Where they identified any concerns or reoccurrence they took action to find ways so further falls could be avoided.

The provider is required by law to send CQC notifications about important events at the service. For example, deaths, serious injuries or safeguarding concerns. Since our last inspection, the registered manager and provider were meeting their legal obligations. They notified the CQC as required, providing additional information promptly when requested. The provider had displayed the previous CQC inspection rating at the service and on the provider's website, in accordance with the regulations.