

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 well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

Southlands Court provides accommodation and personal care for up to 25 people. Any nursing needs are met through community nursing services. There were 18 people living at the home at the time of the inspection.

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 carried out an unannounced comprehensive inspection of this service in September 2017. The service had been rated as "Inadequate" overall and placed into special measures. This had been the provider's first inspection since they registered the service with CQC in October 2016. 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.

The CQC used urgent enforcement powers to impose conditions on the provider's registration under section 31 of the Health and Social Care Act 2008 to set out what actions we required the provider to take and the timescales required. We issued an urgent Notice of Decision to impose conditions on the provider's registration. We told the provider that they must not admit people to the service without the written permission of CQC. They must have a tool in place to determine the number of staff and range of skills required in order to meet the needs of the people using the service. We also said they must complete this assessment and keep it under regular review and send CQC the assessed numbers of staff identified each week. We also told the provider that they were required to undertake health and safety audits and send CQC each month the actions they were taking in response to these audits.

The provider had followed the imposed condition issued by CQC by sending in the required information. This included;

- □ A dependency tool which had been completed to assess people's needs and the staff levels required to meet those needs
- □ Weekly staff rota's to demonstrate the staff level was maintained.
- □ Each month the outcome of health and safety audits carried out and the actions taken.

Since the last inspection we have regularly spoken with the provider and manager and received further

assurances that people were safe. They made two formal requests for people to be admitted to the service, which CQC agreed.

This unannounced focused inspection took place on 6 December 2017. We undertook this 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 this inspection, we found improvements to the service, which meant the provider was working to meet the regulations. However, we could not judge that these were fully embedded and effective due to the short time since our last visit. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Southlands Court Residential Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk)"

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures. We have removed the Condition of Registration that was imposed following the last inspection.

The new manager was in the process of registering with CQC to become the registered manager of Southlands Court. 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. Since the inspection, the manager has undertaken a fit person interview and has been registered with CQC as the registered manager.

The manager had the support of the deputy manager. They were both very active within the service and worked alongside the staff. Since the inspection in September 2017, they had worked hard to implement the required audits and changes required by CQC as part of the condition of the provider's registration. They had recognised and prioritised areas of concern. Since our last inspection, the manager had been working with the local authority quality assurance and improvement team (QAIT). With their support the manager had produced a service improvement plan to identify and prioritise the concerns. Staff had been kept informed of the changes being made and said they had seen improvements. The provider visited the home most weeks and was available by telephone if there were concerns.

At the focused inspection in December 2017, we found people were having their needs met in a timely way. Staff said they had seen improvements at the service since the staff level had been increased. For example, people were being transported using wheelchairs and transferred onto appropriate chairs, for example soft comfortable chairs in the lounge rather than being left in their wheelchairs. Staff comments included, "It is much better, especially in the morning, it is not a production line anymore, we have the time to speak to them."

Systems had been put into place regarding fire safety at the service. A fire risk assessment had been completed, fire drills carried out and fire training for staff. The provider had an external company undertaking fire equipment checks. Personal emergency evacuation plans (PEEPs) had been put into place to ensure people were kept safe in the event of a fire.

The manager and deputy manager had completed general risk assessments, falls, manual handling and infection control risk assessments for individuals. They were putting in place skin integrity and nutritional

risk assessments as part of their new care records system.

Since our last inspection the provider has had a safety grill placed over the pond in the courtyard at the centre of the service. Along with the door alarms fitted during our last visit to alert staff, the grill had ensured people's safety when using the courtyard area. In order to protect people from the risk of scalds from hot water in the basins in their rooms an external plumber had fitted thermostatic controls to hot water taps.

An environmental risk assessment had been undertaken to ensure the environment was safe. Audits had been completed and systems had been put into place to undertake regular monitoring in order to mitigate further risks. These included monitoring checks in relation to bedrails and beds to ensure they were safe, checks to ensure window restrictors were in place and effective to keep people safe from falling out of windows.

The manager had ensured notifications had been reported to CQC in accordance with the regulations. They had also started to review the service's policies and procedures to ensure they were effective and reflected the practice at the service.

Medicines remained safely managed. We reminded the provider that action had not been taken to put in place photographs for all people on the medicine records. This is good practice to identify people to ensure they receive the correct medicines.

People were protected by staff that were aware of the signs of abuse and would report concerns. However not all staff had received training in adult safeguarding, this had been scheduled for staff to attend. There were safe recruitment processes in place. The manager monitored accidents and incidents and looked at patterns and trends to reduce the likelihood of a recurrence.

We found a continued breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 related to good governance. There had been improvements at the service, although the provider and management team recognised further work was needed to embed the new quality assurance systems they had put in place. We will carry out a further inspection within the next six months to check the remaining requirements have been met.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

We found action had been taken to improve safety and was no longer inadequate but still required improvement.

We found that action had been taken to improve safety. Staff had completed some individual risk assessments for people to assess how to reduce risks as much as possible. They had not yet completed nutritional and skin integrity assessments.

Medicines remained safely managed. We reminded the provider that action had not been taken to put in place photographs for all people on the medicine records.

There were sufficient numbers of suitably qualified, skilled and experienced staff on duty at all times.

People were protected from unsafe and unsuitable premises.

There were systems in place to make sure the service was meeting the fire regulations. A fire risk assessment had been completed to identify areas of concern within the service in relation to fire risks.

People were protected by staff that were aware of the signs of abuse and would report concerns. However not all staff had received training in adult safeguarding.

People were protected by safe recruitment processes.

Accidents and incidents were recorded in the accident book by staff and the actions taken at the time. The manager monitored these to reduce the likelihood of a recurrence.

**Requires Improvement** ●

### Is the service well-led?

We found action had been taken to improve the governance, quality assurance and leadership and was no longer inadequate but still required improvement.

The manager had submitted their application to be the registered manager. Since the inspection their application has been accepted and they have been registered with CQC as the

**Requires Improvement** ●

registered manager.

The manager had started to review the policies and procedures to ensure they were effective and reflected the practice at the service.

The provider had implemented quality monitoring arrangements which were ensuring the safe running of the service.

The manager had held a residents and family meeting to give opportunities for people and their relatives to share their views about how the service was run.

Accidents and incidents were monitored to identify risks and look for patterns and trends.

Notifications had been reported to CQC in accordance with the regulations.

Staff views were sought and taken into account to influence how the service was run.

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

We undertook this unannounced focused inspection of Southlands Court residential home on 6 December 2017. The inspection was carried out by an adult social care inspector. This inspection took place to check that improvements had been made and people were safe. We checked the provider's planned improvements had been made to meet legal requirements. This was because when we previously inspected the service in September 2017, we found the service was not meeting six legal requirements and we placed the service into special measures.

Due to the level of concern regarding people's safety, we inspected the service against two of the five questions we ask about services: is the service well led and is the service safe? This is because the service was not meeting some legal requirements in these key questions.

We had also identified concerns in the remaining key questions during our previous inspection but did not review these as they were a lower risk. We will review these at our next comprehensive inspection. The ratings from the previous comprehensive inspection for these key questions were included in calculating the overall rating in this inspection.

Before the inspection we reviewed information we held about the home. This included notifications sent to us. A notification is information about important events which the service is required to send us by law.

We met eight of the people who lived at the service and received feedback from four people who were able to tell us about their experiences. Some people at the home had a dementia type condition. We spent time

in communal areas observing the staff interactions with people and the care and support delivered to them. 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 living with dementia.

We spoke with five staff, including the deputy manager, senior care worker, care workers, and one of the providers. The manager was not at the service on the day of our visit, we spoke to them the following week to feed back our findings.

We reviewed information about people's care and how the service was managed. This included two people's care records. We reviewed records relating to the management of the service, which included staff training, two staff employment records, fire records and quality assurance audits. Before our visit we sought feedback from the local authority safeguarding team and local authority Quality assurance Team (QAIT) to obtain their views of the service provided to people. We also contacted health and social care professionals who visited the service to ask for their views. We received a response from one health and social care professional.

## Is the service safe?

### Our findings

We inspected this key question to follow up the concerns found during our previous inspection in September 2017. We had previously made two requirements for breaches in regulations about people's safe care and treatment and staffing. There were not enough staff to meet people's needs and people were not protected from the risks of unsuitable premises and equipment. In particular we raised concerns about the fire safety checks at the service and hot water temperatures which were so hot they posed a scald risk to people. There had been no environmental risk assessments undertaken to assess the safety of the service. We were particularly concerned regarding a pond in the courtyard at the centre of the service which posed a risk to people and flammable furniture and a fridge in an area which was a means of escape in the event of a fire. Therefore potential hazards to people's safety had not been mitigated.

We found at this inspection the provider 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 question from Inadequate to Requires Improvement. This is because we need to ensure good practice remains consistent over time. We will check this during our next planned comprehensive inspection.

The provider had increased the staffing levels during the last inspection. As required by the NoD, the manager and deputy manager completed a dependency tool. They assessed the needs of people staying at the service and the required support they needed and therefore the amount of staff needed. This demonstrated that the staff level which had been put into place at the last inspection was adequate to meet people's needs. At this inspection the deputy manager confirmed they continued to use the dependency tool to assess people's needs to ensure they had sufficient staff on duty. People said they were happy there were enough staff. People said they felt safe; people were no longer left in wheelchairs all day, they sat in comfortable chairs and were supported to move as they chose. One person said, "Oh yes there is always someone around." Staff also said they had seen improvements since the staff level had been increased. Their comments included, "It is much better...have time with the residents. We don't feel under pressure, have time to do the job", "Residents get the time...enough time to have a chat, not rushing around all of the time" and "It is much better, especially in the morning, it is not a production line anymore, we have the time to speak to them. People are getting better care, less sore areas, no issue with skin integrity."

The manager and deputy manager had completed an environmental risk assessment and taken action where they identified concerns. This included assessing all window openings at the service to ensure they did not pose a risk to people. They had put in place monthly checks to ensure they continued to monitor the environment. Individual risk assessments for each person had been completed, these included manual handling risks, falls risks, infection control and general risk assessments regarding any specific risks to them. For example, a mattress being placed on the floor next to a person's bed could be a trip hazard. These risk assessments were reviewed monthly to ensure they accurately reflected changes.

As part of the redevelopment of the care records there were blank nutrition and skin integrity risk assessments in people's folders which the deputy manager said were scheduled to be completed. This had not impacted on people as staff knew people well and ensured they had good nutrition and skin care.

During our last visit the local fire officer undertook a visit to the service and discussed areas of concern which needed to be addressed. The manager and deputy manager had addressed these concerns and put in place a personal emergency evacuation plan (PEEP) for each person and had completed a fire risk assessment. They had also made improvements to the fire information which would be used in the event of a fire. For example, a residents' list which included which room they used and which zone it was located in and the location of fire equipment in the home.

Staff had also received fire and evacuation training. The provider had increased the role of an external contractor to undertake regular checks of the fire doors, emergency lighting and the fire panel at the home. The contractor had undertaken a visit since our last inspection and had identified the need for new smoke detectors and replaced others. They had also serviced the nurse call bell system service. The report showed various units had initially failed checked, which had now been repaired. The deputy manager confirmed the external contractor would be doing quarterly checks.

At the last inspection, temperatures in sinks throughout the building exceeded the maximum of 44 degrees centigrade recommended by Health and Safety Executive for vulnerable people. This posed a risk of scolding for people. The provider had taken action and a plumber had fitted thermostatic controlled valves. Water temperatures were checked regularly to ensure they remained within the recommended range.

Previously, we were also concerned that a pond in the courtyard at the centre of the building posed a risk to people's safety. The provider had assessed this risk and a safety grill had been fitted across the top of the pool to protect people from falling in.

The deputy manager said they had started putting together a control of substances hazardous to health (COSHH) folder in place. This included risk assessments and data sheets to advise staff of chemical risks and the action to take if exposed. Portable appliance testing (PAT) had been scheduled to be undertaken.

People were protected from potential abuse and avoidable harm. All staff said they could report any concerns to the manager or deputy manager and were confident they would be dealt with. However only seven out of 21 staff had received training in safeguarding vulnerable adults to ensure staff were clear about the signs of abuse and how to report concerns to external organisations. The manager confirmed safeguarding training was being arranged. No safeguarding concerns have been raised since we last visited.

A new member of care staff was being employed at the time of our last visit. We reviewed their recruitment checks and found the manager had a safe recruitment process in place. They had interviewed the staff member, sought appropriate references and a police and disclosure and barring check (DBS) had been completed. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who use care and support services. The manager confirmed they intended to review all staff recruitment files completed before they took up position to ensure the correct checks had been made for all staff.

Infection control monitoring forms had been put into place for staff to complete. These considered people's personal care needs, handling of soiled bedding, reminded staff to ensure they washed their hands and wore gloves and aprons. The manager as part of their service improvement plan was reviewing all of the services policies, which would include the infection control policy. Since our last visit, paper towel dispensers had been placed around the service to aid people and staff to dry their hands with clean paper towels. There were gloves and aprons available for staff to use when they were delivering personal care.

Medicines remained safely managed. The pharmacist who supplied medicines to the service had

undertaken a review of the medicine management at the service the week before our visit. They had raised no concerns. However, we reminded the provider that action had not been taken to put in place photographs for all people on the medicine records, which we highlighted at the last inspection. We received assurances that this would be completed.

## Is the service well-led?

### Our findings

We have inspected this key question to follow up the concerns found during our previous inspection in September 2017. The concern was there was no quality monitoring systems in place at the service. Therefore it was not possible for the provider to effectively assess and monitor the quality and safety of the service. The provider had also not ensured there were sufficient numbers of suitably qualified, skilled and experienced staff on duty at all times to meet people's needs. During the inspection in September 2017, we raised concerns about staffing levels and the provider immediately increased them. After the last inspection, the Care Quality Commission (CQC) used urgent enforcement powers to impose conditions on the provider's registration under section 31 of the Health and Social Care Act 2008 to set out what actions we required the provider to take and the timescales required. We issued an urgent Notice of Decision to impose conditions on the provider's registration.

The provider had followed the imposed conditions issued by CQC by sending in the required information. This included; a dependency tool which had been completed to assess people's needs and the staff levels required to meet those needs; weekly staff rotas to demonstrate the staff level was maintained; the outcome of health and safety audits carried out and the actions taken. Since the last inspection, we have regularly spoken with the provider and manager and received further assurances that people were safe.

At this inspection we found improvements had been made in the quality monitoring systems at the home. However, we could not judge that these were fully embedded and effective due to the short time since our last visit. The provider had not yet written their own quality monitoring policy. Work was also still needed to ensure all staff had received safeguarding training. The manager had also started to review the service's policies and procedures to ensure they were effective and reflected the practice at the service. Therefore we have changed the rating of well led from inadequate to requires improvement as work is ongoing.

This is a continued breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager had submitted an application to register with CQC as the registered manager of Southlands Court. Since the inspection the manager has completed a fit person interview and has been registered with CQC as the registered manager. The manager had the support of an experienced deputy manager. Staff were very positive about the management team and the work they had undertaken. Comments included, "I love it, I enjoy coming to work. (Manager and deputy manager) are hot on everything... always accessible. They have worked very hard"; "They are doing it right, we are on the right track"; "Things are improving, it is quite visible. Paperwork and training is better and is improving, things are being done as they should. It was on the edge here"; "Manager is very nice, very directive, tells us what needs to be done" and "Manager and deputy manager are approachable."

Since the inspection in September 2017, the manager and the deputy manager have worked hard to implement the required audits and changes required by CQC as part of the condition of the provider's registration. The manager had been working with the local authority quality assurance and improvement

team (QAIT) to improve their quality assurance processes at the service. For example, they had developed a service improvement plan and improved the quality monitoring systems. QAIT had shared several new audit tools, which were being used at the service. The QAIT officer had visited the day before our inspection and told us about the hard work and improvements being made at the service and the willingness of the provider and management team to engage with them. The provider continued to visit regularly and was available by telephone if required. They were visiting the service on the day of our inspection

The manager and deputy manager had completed an environmental risk assessment to ensure the environment was safe. This included, looking at the security of the service, manual handling equipment, fire and kitchen and water temperature checks. Audits had been completed and systems had been put into place to undertake regular monitoring in order to mitigate further risks. These included monitoring checks in relation to bedrails and beds to ensure they were safe, checks to ensure window restrictors were in place to reduce the risk of people falling from windows. New monitoring paperwork had also been put into place for staff to complete so the manager could monitor processes were being completed. For example, night checks which recorded that staff checked people regularly throughout the night.

The manager had ensured notifications had been reported to CQC in accordance with the regulations.

The provider as part of the condition placed on their registration could not admit people to the service without the permission of CQC. The manager had contacted CQC and presented evidence and assurances that they should be able to admit one person for a period of respite stay and another for a permanent stay. CQC had agreed the placements based on the information we received regarding the assessed needs of the people. We also checked regularly with the manager that the placements were safe and successful.

A residents and relatives' meeting had been held to inform them of the outcome of the last inspection and to ask people their views about the service. An activity committee was also in place where people could suggest things they would like to do, activities or outings. A Christmas party had been held at the service the week of our visit. A staff member said that approximately 80 people attended. The deputy manager said the manager had handed out feedback forms which they would review and collate the responses.

Staff meetings had been held to keep staff informed about the changes and to ask for their views. The manager and deputy manager had been working to engage all staff in the changes being made and were making steady progress in this area. Staff were positive about the improvements which had been put into place. Comments included, "It's calm, the whole atmosphere, no panic, no racing around, chilled and quiet"; "I am pleased those things have been highlighted and things have been sorted out it was really quite risky here" and "We are picking up and getting things done."

The CQC rating poster about the last CQC inspection in September 2017 was not on display at the home when we visited. We raised this with the owner and they immediately put a copy of the last report on display and had the rating added to their website.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The providers systems were not fully established and operated effectively to assess, monitor and improve the quality and safety of the services provided.  17(1)(2)(a)(b)