

Review of compliance

Reside Care Homes Limited Reside at Southwood	
Region:	South West
Location address:	36-40 Southwood Avenue Southbourne Dorset BH6 3QB
Type of service:	Care home service without nursing
Date of Publication:	August 2011
Overview of the service:	Southwood Lodge is a care home registered to provide personal care for up to 32 adults. The home mainly looks after people with dementia care needs. A platform lift and stair lifts provide access between different floors of the home.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Reside at Southwood was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review because concerns were identified in relation to:

Outcome 04 - Care and welfare of people who use services
Outcome 05 - Meeting nutritional needs
Outcome 09 - Management of medicines
Outcome 10 - Safety and suitability of premises
Outcome 12 - Requirements relating to workers
Outcome 13 - Staffing

How we carried out this review

We reviewed all the information we hold about this provider and carried out a visit on 5 July 2011.

What people told us

The majority of people who live at Southwood Lodge were not able to give an account of what it was like to live at the home because of their mental frailty; however, we spoke with three people who were able to tell us what it was like to live there. They told us that generally their care needs were met by a kind and respectful staff team. They had no concerns about how their medication was managed and administered. They told us that there was a good standard of food provided. They told us they had no concerns about how the home was managed.

What we found about the standards we reviewed and how well Reside at Southwood was meeting them

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

Generally we found that people's care needs were set out in a plan of care and these were being followed through by the staff team, however; for some people there was little knowledge recorded about their life history, which could assist staff in meeting people's

welfare needs and not everyone had a photograph on their care plan for assisting new or agency staff in identifying people.

Leaving products harmful to people's health out and available to people with dementia poses potential risk to their health.

Overall, we found that Southwood Lodge was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

Outcome 05: Food and drink should meet people's individual dietary needs

People living at the home benefit from a good standard of food being provided and by their weight and nutritional needs being monitored.

Overall, we found that Southwood Lodge was meeting this essential standard.

Outcome 09: People should be given the medicines they need when they need them, and in a safe way

People living at the home benefit from medications being stored and administered appropriately.

Overall, we found that Southwood Lodge was meeting this essential standard.

Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare

Regular checks have not been completed to ensure the premises are safe and suitable.

Overall, we found that Southwood Lodge was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job

People living at the home benefit from the staff being recruited in line with the regulations and good practice.

Overall, we found that Southwood Lodge was meeting this essential standard.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

The personal care needs of people living at Southwood Lodge were being met; however more could have been done to meet their social and emotional needs. The home has taken action by appointing an activities co-ordinator who will shortly be starting work at the home.

Overall, we found that Southwood Lodge was meeting this essential standard.

Actions we have asked the service to take

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. Any regulatory decision that CQC takes is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

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**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

The three people living at the home we spoke with told us they were happy with the service that they received. They said that the staff were kind and respectful, and provided all the assistance they needed to meet their individual needs. One of the people we spoke with was concerned about the number of staff who had left the home as they liked the continuity of the same members of staff assisting them.

During the inspection we also had the opportunity to speak with three visiting relatives, one of whom told us that they visited the home every other day. Generally they were satisfied with the care and treatment that the home provided. We were told that when problems or issues had occurred, they were able to discuss these with the manager and have matters put right. They told us that there had been a lot of changes of staff but generally life had continued as normal at the home with no impact on their relative's care.

Other evidence

As part of this inspection we selected three people living at the home who were privately funded to track the care that they received against the documents and records maintained on their behalf. We saw that for each of them there was a plan for how their care was to be delivered that had been reviewed each month. We found that there was no photograph of the person concerned at the front of one of the care plans and this person had been resident at the home for over a month. It is good practice to have a photograph of the person concerned at the front of their care plan, so that new members of staff of agency staff can easily identify to whom the plan refers. The home

has recently had to use a significant amount of agency staff to meet staffing needs, so this is of particular significance.

We found that risk assessments had been carried out and recorded so as to reduce the risk of harm to people in meeting their care needs.

One of the people who we tracked through this inspection was spending a lot of time in bed and so turning charts had been put in place to minimize the risk of their suffering from pressure sores. We saw that turning charts that were kept in the person's bedroom. We found that staff were recording changes to the person's position at the specified time periods as advised in the care plan.

We found a document in people's personal files for recording information about their life history; however, two of these had very little information recorded.

We found within the bedrooms of two people who had dementia that potentially harmful products were left out and accessible to them; a mint mouthwash in one bedroom and a prescription cream in another.

Our judgement

Generally we found that people's care needs were set out in a plan of care and these were being followed through by the staff team, however; for some people there was little knowledge recorded about their life history, which could assist staff in meeting people's welfare needs and not everyone had a photograph on their care plan for assisting new or agency staff in identifying people.

Leaving products harmful to people's health out and available to people with dementia poses potential risk to their health.

Overall, we found that Southwood Lodge was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

Outcome 05: Meeting nutritional needs

What the outcome says

This is what people who use services should expect.

People who use services:

* Are supported to have adequate nutrition and hydration.

What we found

Our judgement

The provider is compliant with Outcome 05: Meeting nutritional needs

Our findings

What people who use the service experienced and told us

The three people living at the home we spoke with all told us that the food was of a reasonable standard and that they were provided with a choice of main meal every day. One relative told us that their parent who was resident at the home had lost a lot of weight but the home had done everything possible with the assistance of outside health professionals in addressing this problem.

At 11.00 two members of staff brought round a drinks trolley offering residents a choice of a hot or cold drink.

At lunchtime we sat in the reception area where we were able to view people having lunch in the dining room and also three people who were assisted with eating by members of staff in the reception area. We saw good practice of people being asked what they would like to eat from a choice of meals, staff sitting next to residents eating with them, or in the reception area, staff assisting those three people to eat their lunch. Overall, there was a calm and unhurried approach to the lunchtime period providing a positive experience for people living at the home.

Other evidence

We found that the three people we tracked through this inspection were being weighed each month and that a nutritional assessment, using the malnutrition universal screening tool (MUST) had been carried out.

We saw in the case of one person that when they had lost weight over a couple of months, the home had sought the expertise of speech and language therapists to assist

in treating this person.

We saw that the menu of the day was displayed in the dining room to inform people of what choices of menu were available that day.

Our judgement

People living at the home benefit from a good standard of food being provided and by their weight and nutritional needs being monitored.

Overall, we found that Southwood Lodge was meeting this essential standard.

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Outcome 09: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

- * Will have their medicines at the times they need them, and in a safe way.
- * Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

The provider is compliant with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us

The three people we spoke with told us that they had no concerns about how their medication was managed and administered.

Other evidence

Although we did not carry out a full medication review, the senior member of staff responsible for medication that day showed us where medications were stored and told us about how they were administered. We saw that the home had suitable storage facilities for prescribed and controlled drugs and a small fridge for medications that need refrigeration was also available. We were told that there were two sets of keys, one for the person in control of medication that day and a spare set that was kept in the office. We looked at the medication administration records for one area of the home. We saw that there was a sample of signatures of those members of staff trained to administer medication. We also saw that there was a photograph and information about any allergies for the person concerned at the front of their administration records. These medication administration records were being maintained to the required standard. We saw that the home had a controlled drugs register and we audited one person's controlled drugs. We found that the records tallied with the amount of medication being stored.

Our judgement

People living at the home benefit from medications being stored and administered appropriately.

Overall, we found that Southwood Lodge was meeting this essential standard.

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Outcome 10: Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

* Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

There are minor concerns with Outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us

On this occasion we did not speak to people about this outcome area.

Other evidence

As part of this inspection we carried out a tour of the premises. We identified several hazards that needed attention. We found the windows in bedroom 17 and 19 had been opened wide with window restrictors disabled, constituting a risk for people falling from the window. In the bathroom opposite bedroom 17 we found that hot water from the bath hot water tap was above 43°centigrade, and although a liquid soap dispenser, paper towels and a waste bin provided, the hot and cold taps on the sink did not function. We reported these hazards to the operational manager and whilst we were at the home he made sure that the windows were made safe and the hot water supply to the identified bath disabled. We were notified on the 6 July 2011 by the operational manager that the sink taps had been replaced and the bath taps disconnected.

During December 2010, the home experienced some difficulties with the central heating and hot water supply because of boilers breaking down. We were told that this problem had been rectified. One member of staff told us that there was still a problem with the hot water supply to some people's bedrooms.

The home has a platform lift to provide access between floors. We discussed the potential risks of people living at the home getting stuck in the lift between floors. The lift is activated by pressing and holding down a button in the lift. Releasing the button stops the lift and there is therefore a potential for a person with dementia to get stuck between floors if they accessed the lift on their own. We were told that this had never

occurred and that there was a manual override that the staff could activate in this eventuality. The home is currently building a new extension and the plan is to install another platform lift.

Our judgement

Regular checks have not been completed to ensure the premises are safe and suitable.

Overall, we found that Southwood Lodge was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

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Outcome 12: Requirements relating to workers

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

The provider is compliant with Outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us

On this occasion we did not speak to people about this outcome area.

Other evidence

We looked at how the last two members of staff had been recruited. The organization has robust recruitment procedures with staff completing an application form, attending an interview with a record made of the interview, the taking up of two references (one from their last period of work with vulnerable adults or children) and completion of a health declaration. We also saw that before people started work at the home a criminal records bureau check had been undertaken as well as a check against the register of adults deemed unsuitable to work with vulnerable adults.

Our judgement

People living at the home benefit from the staff being recruited in line with the regulations and good practice.

Overall, we found that Southwood Lodge was meeting this essential standard.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

As part of this inspection we spoke with the newly appointed manager, the operations manager, two members of staff who had worked at the home for a number of years, two members of staff who were fairly recently employed and with an agency member of staff who was working at the home that day. All these members of staff told us that they were satisfied that the staffing levels met the assessed needs of people living at the home. We were told that because of many recent staff vacancies, the home had had to rely heavily on the use of agency staff. They told us that they had continued to meet the needs of people living at the home.

All of the staff told us that they had received good levels of training. They told us that as well as core mandatory training, they had received training in caring for people with dementia and the Mental Capacity Act 2005. The newly appointed member of staff told us that they had received induction training.

The three people living at the home who we spoke with also told us that they felt that although the staff were busy, there were sufficient members of staff to meet their needs.

Other evidence

In April 2011 the registered manager of Southwood Lodge was dismissed by the organisation and shortly after this four members of the staff team left the home without notice. The organization informed us of these events and wrote to us about how they were going to maintain staffing levels to meet the needs of the people living at the

home.

With the exception of the period of time spent discussing developments at the home with the manager and operational manager, we spent our time-reading documents in the lounge or touring the premises speaking to people in their bedrooms. We noted that for much of the time in the morning staff were engaged in tasks such as assisting residents with drinks, taking them to the toilet and assisting with medication administration. We did see one member of staff engaged in a social activity with a resident, taking them out into the garden to put bread on the bird table, but generally there were not many social activities where staff were engaged with residents. We were told that there was currently a vacancy for an activities coordinator; however, a member of staff had been recruited and would be starting in this post the following week.

Our judgement

The personal care needs of people living at Southwood Lodge were being met; however more could have been done to meet their social and emotional needs. The home has taken action by appointing an activities co-ordinator who will shortly be starting work at the home.

Overall, we found that Southwood Lodge was meeting this essential standard.

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Action we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p>Why we have concerns:</p> <p>There is a risk that people's welfare needs will not be met if their life histories are not known.</p> <p>There is a risk of people ingesting products harmful to their health if these are left out available to them.</p> <p>Without a photograph at the front of a person's care plan, there is a risk that staff will attribute the plan to the wrong person.</p>	
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 10: Safety and suitability of premises
	<p>Why we have concerns:</p> <p>Regular checks have not been completed to ensure the premises are safe and suitable.</p>	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent within 28 days of this report being received.

CQC should be informed in writing when these improvement actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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