

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:	January 2012
Overview of the service:	Southwood Lodge is a care home registered to provide accommodation and personal care for up to 32 adults. The home mainly looks after people with dementia care needs.

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

Our current overall judgement

Reside at Southwood was not meeting one or more essential standards. Improvements are needed.

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 01 - Respecting and involving people who use services
- Outcome 04 - Care and welfare of people who use services
- Outcome 10 - Safety and suitability of premises
- Outcome 12 - Requirements relating to workers

How we carried out this review

We reviewed all the information we hold about this provider and carried out a visit on 10 November 2011.

What people told us

We carried out a joint inspection of Southwood Lodge with a member of Bournemouth Social Services safeguarding team following receipt of two separate concerns brought to our attention before the inspection. The inspection took place between 7am and 1.30pm.

At this inspection we spoke with six members of staff; both day staff and night staff, as well as fulltime and agency members of staff. We also spoke with the registered provider, the newly appointed operational manager and other members of the management team. We observed the care and interactions between the staff and people living at the home. We were told that the home was kept warm and that the heating system was adequate, although there was a problem with the heating system in one part of the home. Staff told us that the needs of people living at Southwood Lodge were being met and that increased staffing at peak times of the day had improved things. They told us that they received adequate training in moving and handling and generally things were improving at the home.

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

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Owing to their mental frailty, people living at Southwood Lodge have limited capacity to be involved in the decisions about their care. We could not evidence that people were being got up very early in the morning contrary to their wishes and we found that people were involved where possible in decisions about their care.

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

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

Generally, people living at Southwood Lodge have their needs met through staff following care plans developed through assessment. The new format should make it easier for agency staff to get acquainted with each person's needs. The re-writing of care plans needs to be completed with improvements concerning fluid and food monitoring.

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

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

Although the provider has taken appropriate action to promote safety of people living at the home, this was the second inspection this year where people at the time of our inspection, were not protected from hot water outlets being below 43 degrees, and not protected by window openings being restricted. Until the planned upgrade of a pressurised hot water system is installed we cannot be confident that people living at the home will always have hot water available in all parts of the home.

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

Not all the requirements relating to staff recruitment had been taken, which could lead to inappropriate staff being recruited to work at the home.

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

Actions we have asked the service to take

We have asked the provider to send us a report within 7 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. When we propose to take enforcement action, our decision 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.

**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 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

Owing to their mental frailty, people living at Southwood Lodge were not able to tell us about how they were involved in decisions about their care and support.

Other evidence

Before the inspection we received allegations that people living at the home were being got up at 4:30am as there were not enough staff. We were also told that one person was not being bathed, as they were unable to access the bath provided at the home.

We spoke with members of both the day and night staff. They told us that people were never got up at 4:30am. They said the night staff checked people wearing pads during the night with the last check taking place at 5:30am. We were told that staff always allowed people to go back to sleep. On the day of our visit we arrived at the home at 7am and found only a few people up and dressed at this time.

The staff told us there was one person who did not have a bath and that it was their choice to have a strip wash assisted by the staff, in preference to a shower, which was available to them. The staff told us that this person had the capacity to make this choice. Part of the building refurbishment includes the provision of a shower wet room, which would provide further choice.

Our judgement

Owing to their mental frailty, people living at Southwood Lodge have limited capacity to be involved in the decisions about their care. We could not evidence that people were being got up very early in the morning contrary to their wishes and we found that people were involved where possible in decisions about their care.

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

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

There are minor concerns with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

Owing to their mental frailty, people living at Southwood Lodge were not able to tell us about how their care and welfare needs were being met at the home.

Other evidence

Before the inspection we received a concern that staff were being asked to write care plans, which was impacting on meeting the care needs of people at the home. Concerns were also raised that the home was admitting people with needs too complex to be met by the competencies of the staff team and that there was no 'hands on' supervision following staff receiving moving and handling training.

During the inspection staff told us that some new residents had been admitted to the home but they did not feel that these people's needs were too complex for the staff to manage and that people's needs were being met. They told us the deputy manager and manager had assessed prospective resident's needs before an offer of a placement was made to make sure that these needs could be met.

Staff told us that since the last inspection there had been changes in management and that the new operations manager was writing care plans with assistance from staff who knew the person's needs. We looked at a sample of four care plans. At the last inspection in July 2011 we made an improvement action that 'Life Histories' be developed for people, so that personalised care could be provided. We saw that action had been taken with relatives being contacted but work was still in progress. We also found that not everyone had had their care plan reviewed and written into the new

format. The new format will include a summary of each person's needs, 'This is me', to be kept in the person's room, providing staff with concise information on how to meet needs. We saw examples of these summaries in people's rooms we visited. In view of the high use of agency staff at the time of our inspection, this measure should make it easier for agency staff to meet people's needs.

Staff we spoke with all told us that they had received moving and handling training. One person told us that they had had recent training and that this had included a practical session using equipment such as hoists.

Some people at the home were having their food and fluid intake monitored using fluid and food charts. We discussed with management how fluid monitoring could be improved by a recommended intake of fluid being recorded and the daily input totalled at the end of each day to check that the person had had enough to drink. Should a person not have enough food or fluids this should then feed into on-going daily care planning.

Our judgement

Generally, people living at Southwood Lodge have their needs met through staff following care plans developed through assessment. The new format should make it easier for agency staff to get acquainted with each person's needs. The re-writing of care plans needs to be completed with improvements concerning fluid and food monitoring.

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

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 moderate concerns with Outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us

Owing to their mental frailty, people living at Southwood Lodge were not able to tell us about the suitability of the premises.

Other evidence

Before this inspection took place, we received allegations that the home was cold, particularly in the mornings, as the heating did not work properly. It was also alleged that there was an inadequate hot water system and that the lift was not working. There had also been some previous concerns that some of the fire exit systems were not accessible and therefore compromised fire safety.

We carried out a tour of the premises at this inspection. On the day of our visit the home was warm in all areas of the home and staff we spoke with told us that the heating system was capable of maintaining a warm environment throughout the premises. They told us that in one section of the home the hot water system provided sufficient hot water but in the area of the home above the kitchen, there were problems with the hot water. They told us that occasionally the hot water ran out and in addition there was very often insufficient pressure to maintain a reasonable flow from hot water outlets. The staff told us that they took hot water to people's rooms for them to have a wash if there was not enough hot water.

We spoke with the registered provider who told us that she was aware of these difficulties and that a new hot water system was to be installed in that part of the building. We were told that if the hot water did run out, this was usually due to someone leaving the hot tap running in the kitchen. We were told that the new hot

water system would be a pressurised system to make sure that there was good flow of hot water to all parts of the building. Following the inspection we received written confirmation that quotes were being sought for the installation of a new boiler for the part of the building affected and that a new system would be installed as soon as possible. We asked that in the meantime a risk assessment be carried out for the taking of hot water to people's rooms.

On the day of our inspection the platform lift and the stair lifts were in working order. Following the inspection we received written confirmation from the home about servicing of the lift and stair lifts. At the last inspection in July 2011, we made an improvement action that a risk assessment be completed for the new platform lift that was being installed. We received an action plan, informing that the risk assessment had been completed and that people living at the home would not use the lift without supervision from the staff.

Concerning the fire exits, we received written confirmation that the fire officer had visited the premises and that fire safety measures were being maintained.

At the last inspection of the home carried out in July 2011 we found that the thermostatic mixer valve in one of the bathrooms was not working and hot water in one of the baths was above 43° C. We tested the hot water temperature for the downstairs bathroom at this inspection and found that the hot water was above 50°. Staff told us that they made sure that the temperature of the bath was below 43° before they bathed people. Following the inspection we received written confirmation that the thermostatic mixer valve had been adjusted to make sure the hot water outlet was set at the correct temperature.

On touring the premises we identified other hazards. Two new Velux windows had been fitted as part of the refurbishment of the building and window restrictors were not fitted, thus posing a risk to people at the home. We were told at the time of the inspection that the restrictors were being fitted that day as part of the scheduled work. Following the inspection, the provider sent us confirmation that the restrictors had been fitted. We also had discussions about one area of the refurbishment where fire doors leading to a small landing adjacent to a flight of stairs could pose a hazard to people. Following the inspection the registered provider informed us that following a risk assessment, it was agreed that a gate would be fitted at the top of the stairs to make this area safer for people to use. We also saw that in some communal bathrooms, the staff were not always taking people's personal washing effects, such as razors and soaps, back to bedrooms and these could pose an infection control risk. The manager agreed to remind the staff of this.

Our judgement

Although the provider has taken appropriate action to promote safety of people living at the home, this was the second inspection this year where people at the time of our inspection, were not protected from hot water outlets being below 43 degrees, and not protected by window openings being restricted. Until the planned upgrade of a pressurised hot water system is installed we cannot be confident that people living at the home will always have hot water available in all parts of the home.

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

There are minor concerns 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 the staff recruitment files for two members of staff who had been recruited to work at the home since our last inspection. We found in respect of the first person that there was no photograph of them held on file as required under Regulations. Concerning the other person, their records were not held in the home at the time of our inspection and these were sent on to us after the inspection. For this person two references had been taken up but only one had been returned. In other respects, all the required checks had been carried out, including a full employment history with gaps in employment explained, the taking up of a Criminal Record Bureau check, a health declaration and satisfactory evidence of conduct in previous employment.

Our judgement

Not all the requirements relating to staff recruitment had been taken, which could lead to inappropriate staff being recruited to work at the home.

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

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>Generally, people living at Southwood Lodge have their needs met through staff following care plans developed through assessment. The new format should make it easier for agency staff to get acquainted with each person's needs. The re-writing of care plans needs to be completed with improvements concerning fluid and food monitoring.</p>	
Accommodation for persons who require nursing or personal care	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 12: Requirements relating to workers
	<p>Why we have concerns:</p> <p>Not all the requirements relating to staff recruitment had been taken, which could lead to inappropriate staff being recruited to work at the home.</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 to us within 7 days of the date that the final review of compliance report is sent to them.

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

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
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>How the regulation is not being met: Although the provider has taken appropriate action to promote safety of people living at the home, this was the second inspection this year where people at the time of our inspection, were not protected from hot water outlets being below 43 degrees, and not protected by window openings being restricted. Until the planned upgrade of a pressurised hot water system is installed we cannot be confident that people living at the home will always have hot water available.</p>	

The provider must send CQC a report that says what action they are going to take to achieve 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 to us within 7 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance 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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