

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:	September 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 cares for 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. Action is 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 07 - Safeguarding people who use services from abuse
- Outcome 10 - Safety and suitability of premises
- Outcome 12 - Requirements relating to workers
- Outcome 14 - Supporting workers

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 7 August 2012, observed how people were being cared for, talked to staff and talked to people who use services.

What people told us

We brought forward a planned inspection of Reside at Southwood because we had received information of concern. At this unannounced inspection we spoke with five members of staff including the operations manager, manager, permanent staff and one agency member of staff. We also spoke with four visiting relatives of people who lived at the home to obtain their views about the service.

The majority of people who live at Southwood Lodge were not able to talk to us about their experiences at the home due to their mental frailty, however we were able to talk to four of their relatives.

During our visit we observed how relaxed and calm the atmosphere in the home was and how people were being given their personal care in a friendly and respectful way. Staff told us the home had seen many improvements over the last year and staff moral was good. Staff told us they felt well supported by the management team and they receive one to one supervision meetings each month.

One relative we spoke to said the care at Southwood Lodge was "very good". They told us their relative was "very settled and happy and was always clean and shaved".

Another relative told us that the home had improved considerably over the last year and the staff were kind and knowledgeable. They told us the staff arranged for the doctor to visit whenever they felt their relative needed further professional support and this gave the relative considerable peace of mind.

Staff told us there was an ongoing problem with water pressure in the home that affected the hot water system, the manager told us the water board were investigating the problem.

People were supported by staff who had been recruited in a safe manner and people said there was always enough staff available to make sure they received the care they needed.

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

The provider was meeting this standard.

People who live in the home were involved in making decisions and choices about the care and support they needed. People were able to choose what they do and their privacy, independence and dignity is respected.

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

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Outcome 07: People should be protected from abuse and staff should respect their human rights

The provider was meeting this standard.

People who used the service were protected from the risk of harm because the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening.

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

The provider was not meeting this standard.

People who used the service, staff and visitors were not protected against the risks of unsafe or unsuitable premises. Until the planned upgrade of the 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

The provider was meeting this standard.

People were cared for, or supported by suitably qualified, skilled and experienced staff.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take. We will check to make sure that this action has been taken.

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.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

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

Because people with dementia and/ or complex needs are not always able to reliably tell us about their experiences, we spent most of the visit observing people and looking at some records. We observed how they interacted with staff members, other people who live in the home and their environment.

We observed that people were relaxed and happy in their environment. On the morning of our visit a pantomime was being conducted by an independent entertainment company. The people who lived in the home enjoyed the pantomime and were laughing, singing and clapping along with the act.

A relative we spoke to, said they were always made to feel very welcome when they visited and had found the staff to be "excellent". They told us they were always kept up to date and consulted with any changes in their relatives care. They said their relative's room was always at the correct temperature and the food in the home was very good.

One relative told us the home was arranging a birthday party for their relative with the local church. The relative said their relative would "love this" and it would be a lovely day out.

Other evidence

During the visit we tracked the care of four people. This involved meeting the person, observing staff interactions and looking at the individual's plan of care. We saw people or their representative had been involved in developing their care plan and where possible had signed the plan to indicate their involvement in drawing up the plan of their care.

The care plans had been completed in a person centred way and reflected their personal choices, for example recording the gender of carer that they would like to assist them with any personal care and any particular likes and dislikes.

People's religious and cultural needs had been recorded and where appropriate their preferred name had been recorded. We noted individual decisions had been recorded in a number of areas including; power of attorney arrangements, wishes not to be resuscitated, dietary preferences and religious beliefs.

Because the majority of the people who lived in the home were not able to talk to us about their experiences at the home due to their mental frailty we used a formal method to observe people during the visit to help us understand their experiences. This involved observing four people for an hour, recording their experiences at five minute intervals. We observed their mood state, how they engaged in tasks and activities, and interacted with staff members, other people and the environment. We observed people in the dining room at lunchtime and recorded good staff interactions with all the people who lived in the home.

Our judgement

The provider was meeting this standard.

People who live in the home were involved in making decisions and choices about the care and support they needed. People were able to choose what they do and their privacy, independence and dignity is respected.

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

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.

We spoke to four relatives of people who live in the home. One relative said "the staff do everything they can to help". The relative said they did not have any concerns or worries with their relative living at Southwood Lodge.

One relative told us that staff assisted their relative with their care at a time suitable for them. They were able to choose their own clothes and they were all very neat and presentable. They told us their relative had regular visits from the hairdresser if they wished.

One person told us their relative had regular visits from the podiatrists, opticians, doctors and other health care professionals when they were necessary.

We observed staff assisting people with their mobility aids and saw that the staff supported the person to stand and then walk behind before assisting them into their wheelchair.

We observed lunchtime and saw the dining tables were very nicely presented with, tablecloths, cutlery, condiments and napkins. People were offered a choice of meal and drink. People told us the food was "very nice".

We observed staff gently assisting people to eat, guiding the cutlery to their mouths whilst allowing them to maintain their independence by letting them choose what they ate. Staff also allowed people to eat at their own pace and eat as much of their meal as possible by themselves.

Other evidence

We looked at the care plans and other relevant documents for four of the people who live in the home, a system known as "pathway tracking". The documents we looked at included assessments of people's needs and potential risks to their health and wellbeing. We saw plans that detailed what action the staff had to take to ensure the person was given the correct amount of help with their daily routine. The documents that we examined indicated that assessments and care plans were reviewed monthly.

We saw that people had been given special diets where appropriate. People's records showed they were weighed each month and they received prescribed medication when they required it.

Where care plans referred to the use of special equipment or for specific action to be taken we saw that these were in place or had been done. For example using pressure mats, specific mattresses or a soft diet.

We spoke to four members of care staff during our visit and they were able to tell us about the needs of the four people we were "pathway tracking". We observed staff helping and supporting people throughout the day during our visit. It was apparent the staff knew the people who live in the home well and could correctly anticipate their particular needs.

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

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 this outcome area.

We spoke with four relatives of people who lived in the home and they told us they felt their relative was kept safe in the home .

One relative told us they had confidence in the staff to keep their relative safe.

A visitor we spoke with said that they call in at the home two to three times a week and they have never seen anybody being mistreated and have no concerns about the safety of their relative.

Other evidence

The manager told us the correct procedure for informing the relevant authorities of any safeguarding incidents and notifications.

The three staff we spoke with were able to demonstrate a good understanding around what constituted abuse and knew what to do if they suspected or knew a person living in the home was being mistreated.

We saw evidence that staff have received Safeguarding Vulnerable Adults and protecting people training.

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of harm because the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening.

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

The provider is non-compliant with Outcome 10: Safety and suitability of premises. We have judged that this has a minor impact on people who use the service.

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 their premises.

Other evidence

Before this inspection took place, we received allegations that the home did not have adequate hot water. It was alleged there were pigeons in the loft and the water tanks in the loft were not maintained correctly. There were allegations that all the outside fire exits were padlocked.

During our visit we saw written evidence that the fire officer had visited the premises and that fire safety measures were being maintained in the home.

These allegations were discussed fully with the manager and the operations manager on the day of the inspection. The manager told us a specialist hygiene company had inspected the home on 8 May 2012. This inspection had covered a full water hygiene risk assessment. The tank inspection showed tanks to be clean and maintained within current industry guidelines. The company had issued a certificate to confirm compliance with relevant regulations which was seen at the inspection.

The inspection stated water temperatures in the home for both hot and cold water were within current industry guidelines although there were areas in the home where there was no hot water. The manager stated this was being investigated and the water board involved. The home has received quotes from the water board to conduct the work required to rectify the water pressure problems. The building works have been

authorised and will be completed by the water board in due course.

As part of this inspection we carried out a tour of the premises and conducted a check on the hot water at 11.00am. The hot water in the ground floor assisted bathroom was warm but not hot, however the water temperature in the wet room on the middle floor was at the right temperature.

Staff told us that people's hygiene needs were always met. They told us that people who required a bath or shower were taken to the assisted bathrooms where there was a suitable hot water supply. People only needing a wash, would be taken hot water in jugs to their room.

The manager told us that Dorset Fire and Rescue Service conducted an inspection visit at the home on Friday 3 August 2012. During our inspection we saw correspondence from the Fire Officer which confirmed that Southwood Lodge had completed all actions required of them from the last inspection.

The manager told us a Senior Environmental Health Officer visited the home on Monday 6 August 2012. The home was given some minor health and safety actions to take forward. We received a copy of the Environmental Health Officers' report following our visit which confirmed this.

The home has applied to vary their conditions of registration to accommodate up to 37 people with the provision of five new bedrooms and a staff office. The manager told us the wardrobes in these new rooms would be attached to the walls to eliminate the risk of these being toppled and window restrainers would be fitted to each window prior to any person staying in the rooms.

Our judgement

The provider was not meeting this standard.

People who used the service, staff and visitors were not protected against the risks of unsafe or unsuitable premises. Until the planned upgrade of the 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

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

Our findings

What people who use the service experienced and told us

We spoke to people using the service but what they told us did not relate to this standard.

Other evidence

We looked at the recruitment records of three staff who worked at Southwood Lodge. They showed that appropriate checks into their backgrounds had been done and references obtained before they started work in the home.

We saw that photo identification was held on their files and two references had been taken up for each member of staff. We saw that the home had undertaken a criminal records bureau check on each member of staff before they started their employment at the home.

We saw that the home had completed a check against the register of adults deemed unsuitable to work with vulnerable adults for each member of staff they employed.

We saw each member of staff had completed an application form and information concerning their qualifications had been obtained. These procedures showed the home had effective recruitment and selection processes in place.

Our judgement

The provider was meeting this standard.

People were cared for, or supported by suitably qualified, skilled and experienced staff.

Outcome 14: Supporting 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 competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us

We spoke with people who live in the home but what they told us did not relate to this standard.

Other evidence

We spoke with three of the staff on duty at the time of our visit and they told us that they had monthly formal one to one meetings with their manager. In these meetings they discussed their performance in their role, their future training needs and any concerns they may have with their daily work.

Staff told us the induction process was thorough and covered all area's needed for the staff to deliver good personal care to the people who lived in the home. They told us they felt well supported by the management team.

The staff told us they also have regular monthly staff meetings and they feel able to speak out at these meetings if they have any concerns or views about the home or any of the people who live in the home.

The staff said the home had improved since the new manager had been in post. They told us there were more activities for the people to participate in and the people who lived in the home are happy, settled and content. They felt there was enough staff employed to deliver the standard of care the people who lived in the home required and the home ran well as a team.

The manager showed us the staff training programme which is kept updated on a

yearly basis. The training programme in place was specific to the needs of the people living in the home and covered a wide range of topics such as; "fire safety", "infection control", "dementia awareness", "deprivation of liberty" and "first aid" as well as the standard "moving and handling", "safeguarding" and "medication".

The home has an equal opportunity policy that is available for all staff to read. The manager told us the home follows this policy with all of their recruitment procedures.

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Action we have asked the provider to take

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: Until the planned upgrade of the 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.</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 14 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.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. 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

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
Further copies from	03000 616161 / www.cqc.org.uk
Copyright	Copyright © (2010) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

Care Quality Commission

Website	www.cqc.org.uk
Telephone	03000 616161
Email address	enquiries@cqc.org.uk
Postal address	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA