

**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Reside at Southwood

36-40 Southwood Avenue, Southbourne, BH6  
3QB

Tel: 01202422213

Date of Inspection: 19 February 2013

Date of Publication: March  
2013

We inspected the following standards in response to concerns that standards weren't being met. This is what we found:

<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Meeting nutritional needs</b>	✓ Met this standard
<b>Staffing</b>	✓ Met this standard

## Details about this location

Registered Provider	Reside Care Homes Limited
Overview of the service	Reside at Southwood Lodge is a care home registered to provide accommodation and personal care for up to 38 adults. The home mainly looks after people with dementia care needs. Nursing care is not provided.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

	Page
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
<b>Our judgements for each standard inspected:</b>	
Care and welfare of people who use services	6
Meeting nutritional needs	7
Staffing	9
<b>About CQC Inspections</b>	10
<b>How we define our judgements</b>	11
<b>Glossary of terms we use in this report</b>	13
<b>Contact us</b>	15

## Summary of this inspection

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### Why we carried out this inspection

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We carried out this inspection in response to concerns that one or more of the essential standards of quality and safety were not being met.

This was an unannounced inspection.

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### How we carried out this inspection

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We carried out a visit on 19 February 2013, observed how people were being cared for, talked with people who use the service and talked with carers and / or family members. We talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

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### What people told us and what we found

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We conducted this unannounced inspection visit because we received information of concern about; staffing levels within the home and the support and care provided to people who lived there. We looked at these areas as part of our inspection. We did not find any evidence during our inspection to indicate that these issues were ongoing.

At this inspection we spoke with the operations manager, three members of staff, four people who lived in the home and one of their relatives.

The majority of the people who lived at Reside 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 four people who were able to tell us what it was like to live there.

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

The relative we spoke with said they were "Happy" with the care provided to their relative and said the staff were "Friendly and caring".

People were protected from the risks of inadequate nutrition and hydration. One person we spoke with told us the food was, "Lovely".

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

You can see our judgements on the front page of this report.

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## More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Care and welfare of people who use services

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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People we spoke with told us that staff assisted them with their care at a time suitable for them. People were clean and tidy and well presented in clothing of their choice. One person we spoke with told us, "I have had a good day today but I'm quite tired now, I'm just having a cup of tea then I'll be going up to my bedroom".

We observed staff assisting people with their mobility aids and saw that the staff supported the person to stand and then walked behind the person and assisted them into their chair.

We observed care workers assisting people to the dining room. The care workers supported people calmly, kindly and patiently. Care workers asked the people where they would like to sit to eat their meal, and then gently guided them to their seat.

We saw one person became anxious and distressed; this was due to their mental frailty. We observed the care workers managed the situation well, calming the person by talking and encouraging them. The care workers then spent time with the person ensuring they were calm and content before moving on to assist with the meal time.

After the evening meal we observed people sitting in the lounge watching television and talking with each other. The atmosphere in the home was calm and settled.

Throughout our visit we observed staff helping and supporting people. Care workers understood the help people wanted or needed. We observed care workers used people's names when addressing them and supported individuals appropriately throughout the inspection.

**Food and drink should meet people's individual dietary needs**

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

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**Reasons for our judgement**

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We spent a majority of the visit observing the evening meal time. We noted the home gave a choice of main meal and dessert for every meal during the day. The menu for the day was written clearly on a large wipe clean board in the dining room.

An example of the menu for the day of our visit was;

Lunch; lasagne with garlic bread or honey roast ham, parsley potatoes, peas and carrots.

Dessert; fruit pie with custard or milk pudding.

Supper; leek and potato soup, fish fingers and chips and bread and butter or sardine salad or egg mayonnaise sandwiches.

Dessert, melon medley and cream or ice cream.

The operations manager told us people could have a vegetarian option if they wished. We were also told that people's specific dietary requirements were met, for example if they needed a pureed diet, if they were diabetic or they had specific cultural dietary requirements. During a previous inspection we had seen that people's dietary wishes were recorded correctly on their care plans. We did not look at people's care plans during this visit.

The home had a large well equipped kitchen that was staffed by a full time chef and a kitchen assistant.

We noted the home had recently received a food hygiene inspection from Bournemouth Environmental Health Team. We saw the health hygiene certificate that had been awarded on 15 January 2013 and noted the home had been awarded a top level grade 5, compliant rating for all areas of food hygiene.

The operations manager told us in addition to the three main meals of breakfast, dinner and supper; snacks were served at 11.00am and 3.00pm. We were told snacks comprised of cakes, biscuits and fruit. We had seen evidence of these snacks during previous inspections at the home. The operations manager told us hot and cold drinks were available for everyone at all times.

We noted the dining room was attractively laid out with tablecloths, place settings, cutlery and flowers placed on the tables.

The dining room was clean, bright and free from clutter. Quiet music played in the background.

The operations manager told us the evening meal was managed in two shifts. Specific care workers assisted those people who wished to eat in their bedrooms whilst the remaining care workers supported the people who wished to eat in the dining room. This ensured people were supported to be able to eat and drink sufficient amounts to meet their needs.

We observed the majority of people who were eating in the dining room were able to eat and drink independently.

Care workers were available to serve their meal and assist people if they required support.

We noted there was always a minimum of one care worker available in the dining room throughout the duration of the meal.

During our visit 11 people sat to eat in the dining room. Some people chose to sit in small groups talking with each other. Other people sat on their own which was what they preferred.

We observed care workers gave people a choice of orange or strawberry juice at the start of their meal. Two people arrived a little later and were not offered a drink with their meal. We discussed this with the operations manager who told us staff would be reminded to make sure all people were offered a drink throughout the meal time.

One person read the menu out and asked if they could have an addition of baked beans with their fish and chips, their meal was returned to the kitchen and a revised meal was brought out to them. We spoke with this person who told us their meal was "very nice".

One person we spoke with told us, "The food here is very good, there is always so much of it, I can't eat it all but it's very tasty".

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

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### **Our judgement**

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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### **Reasons for our judgement**

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

We spoke with three members of staff who told us they felt there were enough staff to meet the needs of the people who lived at the home.

One relative we spoke with told us, "The staff are very caring, they always help and are very friendly.....there is generally enough staff but at times an extra member of staff would be helpful, they are very busy".

We noted call bells were responded to quickly and calmly and people did not have to wait a long time for support or assistance.

The operations manager showed us the weekly staff rota's and explained the staffing levels for the home. We saw the rota's confirmed the correct levels of staff. Some staff were still completing their training schedules although the operations manager expected all staff to have completed their training before the end of March 2013.

The home runs four shifts; at peak times the home was staffed with five care workers. In addition to the care workers each shift had a manager and an operations manager on shift as well as three housekeepers, one chef and one kitchen assistant.

During our visit there were four care workers on shift. One of these was a senior carer who was appropriately qualified to level 3 in Health and Social Care supported by an additional three care workers. The operations manager was also available if required. During the night shift the operations manager told us the home had three care workers on shift, one senior and two care workers. The manager and operations manager were also on call if needed.

The operations manager stated the home used the same agency staff if possible to aid in continuity for the people who lived in the home.

There were enough qualified, skilled and experienced staff to meet people's needs.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – 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.

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**Moderate impact** – 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.

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**Major impact** – 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

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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