Inspection Report

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: 05 September 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ 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'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 5 September 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information given to us by the provider. We talked with other authorities.

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.

What people told us and what we found

Throughout this inspection we were assisted by the manager and the operations manager for the organisation . We spoke with four members of staff, three people who lived at the home who were able to tell us about their experiences, two relatives and a district nurse who were visiting the home that day. We also spoke with a number of other residents, but owing to a diagnosis of dementia they were not able to tell us about living at the home.

People we spoke with told us they were treated with respect and their privacy and dignity were respected. Throughout the day we observed staff being respectful and supportive with people who lived at the home.

People able to tell us about their experience of the home said that their consent was always sought about how they were cared for. For those people who did not have the capacity to be involved in their care, we saw that mental capacity assessments had been completed. These provided guidance for staff and meant that best interest decisions could be made on people's behalf.

People's care and support needs had been assessed and there were up to date care plans in place.

We found there were appropriate arrangements in place with regards to managing people's medicines.

The provider had systems in place to monitor and assess the quality of service provided.

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

More information about the provider

Please see our website 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

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

The three people who could provide feedback with whom we spoke, told us that they were happy living at the home. One person told us, "Things have been improving since the new manager has been in post". All three people told us that staff were respectful towards them and staff always knocked on their door before entering their rooms. One person told us how arrangements had been made for them to receive a visit each week from a vicar to meet their spiritual needs. They told us that the staff always supported them in maintaining their independence.

People told us that a choice of food was offered and that if they did not like what was on the menu an alternative meal would be prepared for them. They told us that the times they wished to get up and go to bed were respected by the staff and that their call bell was answered within a reasonable period of time.

Both relatives we spoke with told us that they were happy with the way their relatives were being cared for. One person told us that they now had peace of mind that their relative was being looked after appropriately, which they had not felt when their relative was at a previous home. The relatives told us that there was always good liaison and when visiting found the staff always respectful to them and their relative.

At this inspection we pathway tracked three people who lived at the home. This involved speaking to the person concerned, observing their care and support and looking at the records maintained on their behalf. Throughout the inspection we observed the staff acted appropriately with people, spoke to them kindly and supported them when they needed assistance. We also saw that people had been involved in the development of their care plan so that they were appropriately supported by the staff.

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

The three people we spoke with who lived at the home told us that their consent was always sought about any decision affecting the way they were looked after.

Two of the people we pathway tracked through the inspection were not able to be involved in how they were cared for because of a diagnosis of dementia. The other person we pathway tracked had full capacity to be involved in their care.

We saw that the person able to be involved in their care had signed their care plan, evidencing that they had consented to the way they were supported at the home.

Concerning the two people who had limited capacity to be involved in their care, we saw that mental capacity assessments had been completed and there was information for staff to inform on the areas where people could make decisions about their life.

Prior to the inspection we had received concerns that people were being got up without their consent very early in the morning. We started the inspection at 6.30am and at that time the staff were assisting one person in getting up. There were no other people up and awake at that time. The person being assisted in getting up had dementia and we saw there was a care plan in place about their daily routine. This person spent much of the day in bed or in a chair because of their frailty. We saw that a best interest decision had been made in respect of managing their skin care to make sure that they did not have any pressure areas. Their plan informed of the times they should be got up and taken back to bed for rest. The people we spoke with who were able to be involved in their care told us that the staff respected the times that they wish to get up and go to bed.

One person living at the home was subject to a Deprivation of Liberty Safeguards authorisation. This provided legal authority for the person to be kept in the home. We saw that all the required documentation was in place and that the person had an advocate to represent their interests.

All of the staff we spoke with had an understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people safety and welfare.

Reasons for our judgement

The people who lived at the home we spoke with told us that their personal care needs, physical health needs and social needs were appropriately supported by the staff at the home. They also told us that the food was of a good standard. One person who liked to spend much of the time in their bedroom had a jug of squash available to them. They told us that staff were always encouraging them to drink plenty.

The relatives we spoke with told us that they were pleased with how the home looked after their relatives. One relative told us how they visited at different times of the day unannounced and always found their relative well-cared for. They also said that on request the home had arranged medical appointments when they had concerns about their relative's health. The other relative told us that the home had taken steps to make the garden safer in response to the needs of their relative.

We looked at the care plans for the three people we pathway tracked through the inspection. We saw that before a person was offered a placement at the home, their needs had been assessed to make sure that these could be met at Southwood Lodge. On entering the home further in depth assessments including risk assessments had been carried out. The range of assessments was comprehensive, including; skincare, personal care, moving and handling, mental capacity, continent's, nutritional needs, medical and social needs.

From these assessments we saw that care plans had been developed and were in place. The care plans we looked at reflected the needs of the people we pathway tracked. The care plans were also up to date and reviewed monthly.

We saw that people were weighed regularly. Additional steps were taken if a person was a risk of not having enough to drink or eat by means of monitoring through fluid and food charts.

Within people's care records we saw that information had been gained about their life history to assist in making best interest decisions for those residents who had limited capacity to be involved in their care.

Prior to the inspection we had received concerns that people's mouth care was being neglected with some people not having toothpaste available to them. On the morning of our visit we checked five people's bedrooms to see if they had a supply of toothpaste and also spoke with the staff on duty. We found that each person had toothpaste available to them and that the home had stocks available. The staff were aware that stocks of toothpaste were available and where it was stored.

On the day of our visit people were well groomed, dressed in clean clothes clean and well presented.

We had the opportunity to speak to a district nurse who was visiting that morning. They told us that overall they had no concerns about the home.

We observed that people in the lounge were given regular drinks throughout the day. We also observed part of the lunchtime period and saw that people were supported appropriately. Those people needing a specialist diet, such as pureed food, received an appropriate meal.

Within people's care records we saw that any medical concerns were responded to appropriately with appointments arranged with their doctor. We also saw that people's other health care needs, such as, chiropody, dentistry and eye appointments were arranged by the staff. In respect of one person we pathway tracked, their chiropodist had recommended that the district nurse team be approached for treating a person's big toe. We saw that this had been referred appropriately.

One person we pathway tracked through the inspection presented with challenging behaviour and we saw that the home had made a referral to the GP for assistance.

During the inspection we observed the staff assisting one person using a hoist. Two staff were tending to the person, as directed in the care plan, and they reassured the person explaining what they were doing so that the person did not become anxious. We saw within people's rooms that people requiring use of a hoist had their own individual sling to minimize the risk of cross infection.

Management of medicines ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

A senior member of staff assisted us and took us through the arrangements for managing medicines in the home.

We found there were arrangements in place in relation to obtaining medicines. A local pharmacist delivered medication to the home in unit dosage containers. One of two staff had delegated responsibility for checking medications when it was delivered to the home to make sure that people had the correct medicines.

Arrangements were in place in relation to the recording of medicine. We looked at the medication administration records for one section of the home. We saw that a photograph was displayed at the front of people's medication administration records. This meant that a new member of staff could identify the correct person should they need to administer medication to people.

There was also a sample sheet of staff signatures of staff who had been trained to administer medication to people, so one could determine who had administered medication. Any allergies suffered by a person were also clearly recorded at the front of their medication records.

We found that medication records were being completed in full with no gaps in recording. The provider may find it useful to note that not all hand entries on the medication administration records had been checked and signed by a second member of staff. Without a second person checking the entry, there was an increased risk that any mistake in transcribing could lead to a person getting the wrong medicine.

The home had a controlled drugs register and we saw that a second member of staff witnessed the administration of controlled drugs as required.

Medicines were kept safely. Medicines were stored in one of three locked medication trollies and there were also compliant facilities for storing controlled drugs. The person in charge of medication for each shift had responsibility for the keys to the medication storage facilities. The home also had a small dedicated fridge for the storage of medicines that required refrigeration. We saw that records were kept of daily checks to the fridge

temperature to make sure that medicines were stored at the correct temperature. We checked the controlled drugs cabinet and found that the controlled drugs held in the home balanced against the records in the controlled drugs register.

Medicines were safely administered. During the inspection we observed a member of staff administering medication. They were patient with the person they were giving medication to, telling them what the medicine was for. People who were able to tell us about the management of medicines said that the staff were patient and that they had no concerns about the way medicines were managed.

Medicines were disposed of appropriately. We saw that records were maintained of any medicines returned to the pharmacist. The overall system therefore could account for all medicines that came into the home and those returned to the pharmacist.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The manager told us that there was a plan for redecoration of the premises. We were told at the end of the month the communal areas of the lounges, foyer and corridor were to be redecorated.

There was a system to monitor complaints. Complaints were maintained in a log but none had been received since the last inspection in April 2013. We saw that the last complaint received had been responded to within the timescale of the home's policy.

The manager sent us an audit of accidents. We saw that accidents were monitored so that action could be taken to minimize the risks of similar accidents occurring in the future.

Since the last inspection a new manager had started working at the home. They told us that they were introducing a relatives/residents meeting and that these would be convened every three months.

We found there was a system to monitor care planning. Care plans were reviewed each month to make sure that they were up to date. The manager agreed that a summary care plan would be introduced to provide an overview of each person's care needs; to assist new members of staff or agency staff employed to work at the home.

The manager told us that they had just recruited seven new staff so that there was less reliance on agency staff at the home. The manager had carried out an audit of staffing needs and staffing levels had been increased by one member of staff each day as a result.

On the day of the inspection the boilers were being serviced and the water system tested to make sure there was no risk from legionnaire's disease.

The manager forwarded a training matrix to us. This showed that the staff training needs were monitored to make sure that their mandatory training and any specialist training needs were addressed.

The manager forwarded the results of the last survey that had involved residents and their

relatives. Generally the results of the survey were very positive and there were no issues that needed addressing.

The home employed a maintenance person who had responsibility for carrying out checks and tests to the fire safety system. We saw that the system was being tested to the required time scales.

The home had a current employer's liability insurance certificate.

The staff we spoke with told us that they had suitable induction training when they had started working at the home. They also told us that they had good access to training.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

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