

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

Southborough Care Home

9-11 Southborough Road, Chelmsford, CM2
0AG

Date of Inspection: 10 October 2013

Date of Publication:
November 2013

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

Care and welfare of people who use services	✓	Met this standard
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard
Complaints	✓	Met this standard
Records	✓	Met this standard

Details about this location

Registered Provider	Southborough Care Home Limited
Registered Manager	Mr. David Ward
Overview of the service	Southborough Care Home provides accommodation and care for up to 10 older people who may or may not have dementia.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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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'.

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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 10 October 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 and talked with staff.

What people told us and what we found

People who lived at Southborough Care Home had a range of needs including those associated with dementia. Where people were unable to tell us directly about their experiences, we observed that they appeared calm and relaxed; they interacted positively with staff and actively sought staff out. People who were able to speak with us told us that staff were kind and caring. One person told us: "I am very happy here, the staff are very patient and the food is lovely." Another person told us: "The staff are very kind and helpful: they understand me."

We observed that staff were attentive to people`s needs and treated them with respect and dignity. We saw that staff sought people`s agreement before providing any support and assistance. A relative told us: "This home is excellent; a nice environment, very calm and quiet and people are given choices and treated respectfully. I would recommend it."

We saw that fresh cold drinks, snacks, sweets and fresh fruit were freely available and accessible to people in all areas of the home.

People had care plans in place that guided staff as to the care and support they needed. We found that the people living at the home were cared for by staff who received a good level of training and support from the provider and manager.

We found the provider had a complaints management system in place and although complaints were minimal; where they had occurred the management team at the home had dealt with them appropriately and objectively.

The provider had systems in place to monitor and to help ensure quality and safety at the home.

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

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.

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

Reasons for our judgement

Some people were not able to tell us directly about their views and experiences. However, we saw that staff spoke to people with warmth and empathy. Staff listened to people and responded to requests for assistance. We saw that people who used the service responded in a positive and relaxed way to the staffs approach.

In all our observations of people they appeared well groomed; their glasses and finger nails looked clean, and we saw some ladies wearing jewellery. This showed people were supported appropriately in their personal care and to retain their individuality.

People's needs were assessed and care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

During our discussions with staff we found that they had a good understanding and awareness of people's care needs and preferences.

We looked at the care records for two people. Each person had a care plan in place that recorded people's assessed needs and how these were to be met by staff. The provider may find it useful to note that although we saw that staff were knowledgeable about people's needs and promoted their independence, the care plans contained very little personalised information on how each individual would like their care and support to be provided or in some cases how the person communicated. They mainly focused on people's presenting needs rather than a person centred approach. For example they did not reflect the individuals' strengths and ability or how staff should provide support in a consistent way to help them maintain skills and some level of independence.

Each care plan contained a 'Life History' which provided useful information for staff to understand the person's past and who they were. However the provider may find it useful to note that the care plans did not reflect dementia related needs specific to that person which would enable staff to understand and manage behaviours and recognise changing needs.

We saw that people had been assessed for a range of potential and/or actual risks to their wellbeing such as poor eyesight, falls, poor nutrition, moving and handling and risk of pressure ulcers. The risk assessments had associated action plans in place that provided instruction for staff to follow to ensure any risk to people's health safety and wellbeing were reduced and managed appropriately. These had been regularly reviewed and were up to date.

Referrals to health care professionals had been made by the home to support people's health care requirements. We saw that where people had been identified as at risk of acquiring a pressure ulcer; pressure relieving equipment was in place to help reduce the risk and appropriate support was sought from the local district nursing team. People's weight was monitored and recorded each month. The entries in the records showed that where there was a weight loss referrals had been made to the dietician or GP. We saw that people had access to fresh cold drinks, snacks, sweets and fresh fruit and these were freely available in all communal areas of the home.

We observed a triage nurse visiting the home, on the provider's request, to assess a person who was unwell. This demonstrated that the provider sought appropriate professional health and care support, to maintain and reduce the risk of deterioration in people`s health.

We spoke to a district nurse visiting the service. The district nurse told us that they visited the home quite regularly and found the people living in the home were always happy and no one had ever raised any concerns to them. The district nurse assured us that the staff were knowledgeable about the people living there and they always referred promptly to healthcare professionals when the need arose.

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

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.

Reasons for our judgement

Staff received appropriate professional development and support to enable them to carry out their role effectively and safely.

Records showed that new staff members received an induction to the service, policies and procedures and completed the Skills for Care standards of care and assessment of competence.

We saw that the provider had an annual system of appraisal that promoted staff professional development and addressed staff performance, capability and competence. The provider had a staff training plan in place. This showed us that staff training was monitored effectively, up to date and well managed. Training was delivered either by e learning, practical or face to face. The plan showed and staff confirmed that they had received training in key subjects required for their role such as safeguarding, moving and handling, food hygiene, fire safety, first aid and Mental Capacity Act.

In addition staff had received training in subject areas specific to meeting the needs of the people using the service such as introduction to dementia, continence management and managing challenging behaviour. We saw that training in a further range of subject areas was booked for staff in the coming months.

The provider/manager told us that the service belonged to a training consortium along with other similar services. The provider told us that the consortium provided the opportunity for the sharing of knowledge and experiences between support staff working for other providers in similar areas of care. The consortium jointly sought training for its staff members in subject areas specific to their services and the needs of the people using them.

Staff records showed that staff had completed or were working towards an NVQ (National Vocational Qualification) in care, level two and/or three. This level of training ensures staff are qualified and competent to carry out their role and meet the needs of people who use the service.

We saw that the provider had supervisory arrangements in place. Records showed that

staff received regular supervision. The provider may find it useful to note that the supervision records did not reflect that the one to one meetings with staff members were a two way process that promoted an open environment for discussion on their day to day practice and meeting people's needs. The supervision agenda was narrow and related mostly to information giving and general areas for improvement which could be addressed within a staff meeting.

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 in place to identify, assess and manage risks to the health, safety and welfare of people using the service.

Reasons for our judgement

We saw that a range of risk assessments in relation to health and safety and the environment had been undertaken, monitored and reviewed to ensure necessary measures were put in place to reduce any potential risk to the safety of people using the service.

There was an annual plan for maintenance, redecoration and renewal and servicing of equipment and installations in the home and the manager told us this was up to date. Records showed that checks and audits were regularly undertaken to ensure that systems and processes in place were being carried out properly by staff, such as medication management, care planning, weight monitoring and fire safety.

We saw that accident and incident records were analysed each month to identify trends and themes. These mostly focused on the individual to identify any change in needs. The provider may find it useful to note that times of accidents/incidents/falls, which may be significant, were not analysed.

There had been only one complaint about the service in the last 12 months and we saw evidence to demonstrate that the provider had taken account of this to improve the service.

Residents meetings were held. The records of the minutes showed that people who used the service, where able, were supported to, express their views, choices and preferences in relation to entertainment, activities, outings and menus. We saw that a new wide and varied menu had been introduced based on people's feedback.

The provider may like to note that the systems in place did not include an overview of the information gathered to identify the weaknesses and strengths of the service delivered. This would enable the provider to make the necessary improvements or enhance the quality of the service and effectively complete the quality monitoring cycle.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

At our previous inspection in November 2012 we had concerns in relation to the way the provider managed complaints and that complaints were not viewed as a positive way to improve the quality of the service.

During this inspection we found that the provider and staff had improved their approach to people's concerns or complaints.

We looked at the complaints log and found only one complaint had been raised in the last 12 months. The provider had dealt with the complaint properly and responded to within appropriate timescales. Detailed records were maintained. The complaint process had been followed and the complaint was logged and investigated. The issue raised by the complainant had been addressed, dealt with in a sensitive and timely manner and resolved satisfactorily.

People we spoke with told us that staff listened to their views, concerns or complaints and dealt with them promptly and effectively. One person told us: "The staff are very helpful and they always listen to you."

We spoke to a relative who told us that the provider was very approachable and helpful and that they felt comfortable to raise any concern and know it would be dealt with.

We observed the provider addressing some concerns raised by a person who had recently moved into the service. The provider showed understanding and provided reassurance; this helped to relieve the person's anxiety. The provider dealt with the concerns promptly and sensitively.

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and support because accurate and appropriate records were maintained.

Reasons for our judgement

At our last inspection in November 2013 we found that people's care records were not accurate and did not include all the information required to meet their needs and did not maintain the dignity of the people who used the service.

During this inspection we reviewed people's care records. We found that people's personal care records were accurate and fit for purpose. Records had been appropriately reviewed and updated to ensure staff had access to the most current information to deliver appropriate care and support and meet people's needs.

The records about care and support were written in a way that maintained the dignity of the person using the service and stored appropriately to maintain their confidentiality.

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.

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