

Southfields Care Home Service

Southfield House Care Services Ltd
Slamannan
Falkirk
FK1 3BB

Telephone: 01324 851336

Type of inspection: Unannounced
Inspection completed on: 19 June 2017

Service provided by:

Swanton Care and Community
(Southfield House Care Services)
Limited

Service provider number:

SP2003003257

Care service number:

CS2003055991

About the service

Southfields care home is registered for 17 people between the ages of 16 and 35 with a learning disability. The provider is Swanton Care and Community (Southfield House Care Services) Limited. The service has been operating since the Care Inspectorate was formed in 2011.

The service is based in three separate houses on the same site. Southfields is registered for nine people, Strathallan for five, and the Beeches for three.

Southfields is set in its own large grounds, and located in a very rural setting on the outskirts of Slamannan, near Falkirk. The service has its own transport, and there is a local bus service from the village. The accommodation varies within each house. Southfields is a converted older house, which is spacious. There are single rooms and some have en-suite. Strathallan and the Beeches were purpose built, both provide single room accommodation. Strathallan provides all en-suite facilities. All houses have lounges, a dining area, kitchen and laundry.

The philosophy of the service is to provide each young adult with a residential or transitional care placement within an environment where their wellbeing is the central focus of the service.

What people told us

There were 12 people using the service at the time of the inspection. Two people told us they liked living at the service. Some people could not communicate their views however, we observed that people enjoyed the activities they were engaged in. People were relaxed and happy around staff.

We spoke to six carers and people's views were mixed. Carers were more satisfied with the quality of care within Strathallan than within Southfields. The Beeches was unoccupied.

Five carers were complementary about the staff who had remained at the service. One carer commented "can't thank staff enough". They felt staff should be commended for the work they do. Two carers were very positive about the support their relative had received and said their relative was more independent and they were happy with the service.

Four carers raised concerns about staffing and the reliance on agency staff, and felt people's needs were not met. Two carers said promises were made but not fulfilled. Two carers were concerned about the state of the building. Carers had raised their concerns with senior management and meetings had been held or were due to be held. We looked at these concerns and report on them below.

We sent out 10 questionnaires to the service, none were returned.

Self assessment

We did not request a self assessment this year. We discussed and considered the service's own development plan as part of this inspection.

From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of environment	3 - Adequate
Quality of staffing	3 - Adequate
Quality of management and leadership	3 - Adequate

Quality of care and support

Findings from the inspection

We found the service met the basic care and support needs of people living there. Staff had good values and cared about the people they support. Staff were good at promoting people's rights to choice and independence. Some people attended college and enjoyed other outside activities. Two people enjoyed a recent short break at the holiday caravan. Photographs showed how much people enjoyed this experience.

Problems with staff recruitment, retention of staff, and a reliance on agency staff has had a negative impact on some aspects of care. For example: not all staff were skilled, knowledgeable and experienced to support people on outings on a one to one basis. This meant that the number of outings had reduced. One person commented that they liked living at the service but "would like to get out more." The provider had taken positive action and used a recruitment agency in an attempt to improve staffing. New staff were due to commence soon. We will continue to monitor staffing.

There was some improvement to de-briefs following incidents. There were some good records of post incidents reviews. However there were some incidents when a de-brief did not happen. The provider should continue to monitor incidents to ensure de-briefs take place. This would improve the support people receive.

Some aspects of the support plans were detailed and gave good information about each person's needs. But some support plans and documents were in need of review. For example: we sampled two records which did not highlight possible triggers to stress or distressed reactions. Staff need to know what might trigger a reaction or cause an escalation so that they can provide safe support. The provider was reviewing and updating the documentation.

There needs to be improvement in the ordering, recording and auditing of medication to make sure people receive safe support. We found some gaps in medication recording. One person did not receive their prescribed creams for 10 days. Weekly medication audits did not happen. The provider was aware that action was required and planned a medication audit.

Participation should be improved to make sure people using the service, and their carers, have their views heard and can help to develop and improve the service. The provider had planned family meetings for the remainder of the year.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

Quality of environment

Findings from the inspection

The environment met people's basic needs but improvements were required internally and externally.

People's bedrooms were very personalised and reflected their choices and interests. Some carers were involved in the decoration of bedrooms. Staff told us that two people were waiting for their bedroom to be decorated, and had waited for a number of months.

Some parts of the home were in need of repair and re-decoration. Some areas were badly damaged, mainly within Southfields and The Beeches. Some furniture and fittings were worn and needed replaced. There was a theme of repairs being reported but no action taken to carry out the repairs. We found that one person's shower was broken for eight months. The garden area was not used because the grassed areas was overgrown. This prevented people from enjoying the garden. Carer's and professionals involved with the service had raised concerns with senior managers.

The provider was very aware of the poor state of some parts of the building and told us building work would commence in June 2017. This work included improving the garden. We requested an action plan for the work to be undertaken. We will carry out a monitoring visit to ensure the work has been completed.

We found that procedures were in place to monitor hot water temperatures. For example; monthly maintenance checks were carried out, and thermostatic mixer valves were installed. Temperatures recorded were within safe limits. However, staff told us that they did not routinely check the temperature of the hot water when supporting a person with a bath or shower. We asked the provider to review staff practice to ensure safe support (see recommendation 1). We directed the provider to the relevant health and safety guidance for care homes.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. The provider should ensure that staff follow health and safety guidance in checking hot water temperatures when supporting people with personal care. This will ensure people are protected from burns and scalds. Please refer to, Health and Safety Executive Guidance, Health and safety in care homes (2014).

National Care Standards: Care Homes for People with Learning Disabilities, Standard 5.2: Management and Staffing Arrangements.

Grade: 3 – adequate

Quality of staffing

Findings from the inspection

We found the quality of staffing met basic needs but there was room for improvement which the provider was aware of.

Staff were well informed in how to support people in the service. People using the service, and carers, were generally very positive about staff. They named specific staff who they thought were 'excellent'. However, some carers had concerns about the continued use of agency staff and their lack of knowledge about people's needs. We found there was some consistency with some regular agency staff used. This had a positive impact for people using the service. For example, one staff from the agency was very knowledgeable about people's needs. Another told us how they read information about young people they support when they come on shift.

Staff said they 'loved their job.' But staff were frustrated and stressed because of a large turnover of staff and a reliance on agency staff. Staff felt unsupported and communication from managers was poor. Some staff were relieved that senior managers from the organisation were now present in the service. Most staff said senior managers were generally approachable. Some had not met the senior management team. We discussed this with the director because staff would value an opportunity to meet with the senior managers. This may help support staff through this difficult period.

The service needs to improve the communication with staff. Staff expressed a need for nurture and more effective support in their work. We concluded that improving information and communication about practice issues and also during key worker meetings might help. (see recommendation 1).

Supervision was infrequent and ineffective in supporting staff in their work. For example: one member of staff said they had taken part in two supervision sessions in two years. The senior management team had started supervision sessions for team leaders. A new manager was due to commence 28 June 2017. The new manager will take forward supervision with all staff.

Staff training had taken place. This included induction for new staff. Information should be included in staff files about the induction but this was missing from records we sampled. There was no evidence of how staff were supported during their induction (see recommendation 2).

Some staff had commenced SVQ training to increase their knowledge and understanding. Staff were enthusiastic about doing more training. The majority of the work force had a relevant qualification in social care. The director said two staff were not yet registered with the SSSC but this was being progressed.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. The provider should ensure that there is effective communication to support staff. This can be achieved through, 1-2-1 supervision, team meetings, keyworker meetings and informal discussion. Improved communication will help to better support staff in their work.

National Care Standards: Care Homes for People with Learning Disabilities, Standard 5.2: Management and Staffing Arrangements.

2. The provider should ensure that there is an effective induction in place to support staff in their work. There should be written evidence of what staff achieve through the induction process. The induction record should evidence how staff are supported and mentored.

National Care Standards: Care Homes for People with Learning Disabilities, Standard 5.2: Management and Staffing Arrangements.

Grade: 3 - adequate

Quality of management and leadership

Findings from the inspection

There was a lack of leadership in the service particularly around involving and listening to staff. Staff should be more involved in having a say about how the service develops and improves. The 'Step into Leadership' programme through the SSSC would be a positive way to promote leadership in all staff.

We found the systems to support effective communication were poor. People, carers, external professionals and staff made suggestions about improvements but action was not taken to progress suggestions. This lack of action had a negative impact on people who use the service. The director and senior management team were not aware that action was not taken. They had now started to take action on some of the issues raised.

Concerns were raised through Local Authorities and carers about the quality of care and support and how the service was managed. The director and senior management team were investigating and addressing issues. For example, two carers made complaints to the service and these were addressed appropriately.

We were concerned about the quality of management and leadership at the service. The director and senior management team had more of a presence in the service since the interim manager left abruptly. The team worked with us to support improvement and told us that lessons were learned. There was a reliance on the new manager to make improvements with support from the senior team. We look forward to seeing improvements happen.

We found that audit systems were in place but not well used. The director said a range of audits were planned to measure quality. An action plan was provided so that we can monitor progress. We will continue to assess improvements through the monthly action plan.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

What the service has done to meet any requirements we made at or since the last inspection

Previous requirements

There are no outstanding requirements.

What the service has done to meet any recommendations we made at or since the last inspection

Previous recommendations

Recommendation 1

The provider should ensure that de-brief meetings and team meetings are carried out regularly. This is to ensure that all staff are supported in their role, and that there is time afforded to reflect on practice and raise awareness of best practice including policies and procedures and codes of practice.

National Care Standards: Care Homes for People with Learning Disabilities, Standard 5.4: Management and Staffing Arrangements.

This recommendation was made on 15 August 2016.

Action taken on previous recommendation

Some de-briefs had taken place but this was not consistent for everyone. Team meetings were not happening. We made another recommendation in this report about team meetings. This recommendation was partially met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings	
14 Dec 2016	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
11 Jan 2017	Re-grade	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	3 - Adequate
28 Jun 2016	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	2 - Weak
9 Feb 2016	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
5 Oct 2015	Unannounced	Care and support	2 - Weak
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	2 - Weak

Date	Type	Gradings	
20 Jun 2014	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
23 Jan 2014	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	3 - Adequate
24 Jul 2013	Unannounced	Care and support	2 - Weak
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	2 - Weak
20 Nov 2012	Unannounced	Care and support	2 - Weak
		Environment	Not assessed
		Staffing	2 - Weak
		Management and leadership	2 - Weak
6 Jul 2012	Unannounced	Care and support	4 - Good
		Environment	5 - Very good
		Staffing	4 - Good
		Management and leadership	3 - Adequate
5 Jan 2012	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
21 Jul 2011	Announced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
4 Nov 2010	Unannounced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	3 - Adequate

Date	Type	Gradings	
11 Jun 2010	Announced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
30 Mar 2010	Unannounced	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	3 - Adequate
7 Oct 2009	Announced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	3 - Adequate
		Management and leadership	2 - Weak
27 Mar 2009	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	3 - Adequate
		Management and leadership	2 - Weak
28 Nov 2008	Announced (short notice)	Care and support	4 - Good
		Environment	4 - Good
		Staffing	3 - Adequate
		Management and leadership	2 - Weak

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Care Inspectorate
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