

## Southfields Care Home Service

Southfield House Care Services Ltd  
Slamannan  
Falkirk  
FK1 3BB

Telephone: 01324 851336

**Type of inspection:**

Unannounced

**Completed on:**

19 September 2018

**Service provided by:**

Swanton Care and Community  
(Southfield House Care Services)  
Limited

**Service provider number:**

SP2003003257

**Service no:**

CS2003055991

## About the service

Southfields care home is registered for up to 17 people aged between 16 and 35 years of age who have a learning disability. The service is provided by Swanton Care and Community (Southfield House Care Services) Limited.

The service is provided in three separate houses on the site. Southfields House is registered for nine people and Strathallan is registered for five. The Beeches was due to be upgraded during the inspection and will provide accommodation for two people.

Southfields is situated in a rural location near the village of Slamannan near Falkirk. Southfields is set in extensive grounds that can be enjoyed by service users. The service has its own transport to enable service users to access the community and public transport links are available in Slamannan.

Southfields House is large, older property that provides spacious accommodation for service users. The house has been undergoing refurbishment and most bedrooms now provide ensuite facilities. Strathallan is a newer style building providing spacious, single storey accommodation. All bedrooms in Strathallan are ensuite.

Southfields registered with the Care Inspectorate on 1 April 2011.

## What people told us

We distributed eight Care Standards Questionnaires to service users and their families as part of the inspection. We received one completed questionnaire. We spoke with a further five family members during the inspection.

There were 10 people using the service during the inspection. We spoke with two service users who told us they did not mind living at Southfields. One service user told us staff looked after them very well but they get a bit anxious sharing the house with one of the other service users.

Families told us they felt their relatives were happy living at Southfields. One family member told us staff were very friendly and approachable. Communication was said to be good and staff contacted them regarding any issues.

Relatives told us their family members were involved in choosing the colours and flooring for their bedrooms and this had helped them to settle in to their rooms.

A family member told us they were not asked about how the service could be improved and were not sent the minutes of family meetings.

One family told us they were unhappy about the amount of staff changes that had taken place. They said workers were moved with no consultation or concern about the impact on their family member.

We spoke with three members of the multi disciplinary team who support service users at Southfields, including community learning disabilities nurses and a speech and language therapist. People told us their experiences of the service were mixed. People said the manager was proactive and improvements had been noted but professionals also told us staff often did not follow guidelines they had put in place to support service users.

## Self assessment

We did not ask the service to provide a self assessment during this inspection year. We did consider the service's development plan as part of the inspection.

## From this inspection we graded this service as:

Quality of care and support	2 - Weak
Quality of environment	4 - Good
Quality of staffing	3 - Adequate
Quality of management and leadership	3 - Adequate

## Quality of care and support

### Findings from the inspection

We found the quality of care and support being provided was weak. This meant that whilst strengths were identified, they were outweighed by significant weaknesses and we considered the weaknesses substantially affected the experiences and outcomes for service users.

We observed staff providing caring and compassionate support for service users. We found service users' personal plans were person centred and it appeared staff knew service users well. Personal plans identified strategies to promote service users' independence, encouraging service users to take ownership of their personal care, laundry and personal space. We saw the service tried to support service users to access resources in the community as much as possible.

We were pleased to find good practice regarding support with medication. We found some service users had a hospital passport and we asked the manager to extend this good practice throughout the service.

We identified a number of areas of concern regarding restraint and restrictive practice in the service. We found the service did not always have copies of Adults with Incapacity documentation. Systems and processes to ensure appropriate decision making, permissions and reviews were not in place regarding the use of physical intervention. Although staff had undertaken training, we found the care plans in place to guide staffs' practice in proactively managing behaviour of concern were not sufficiently person centred or robust. We were concerned to find risk assessments had not been undertaken to address the use of physical intervention. We referred the manager to the Mental Welfare Commission's good practice guidance "Rights, Risks and Limits to Freedom". We asked the manager to address these issues without delay **(See Requirement 1)**.

A number of service users in Southfields had a diagnosis of autism spectrum disorder but we were concerned to find a lack of information about how autism impacts on individuals in personal plans. We found opportunities to reduce the incidences of behaviour of concern and physical intervention, for example, through input from members of the multi disciplinary team and support systems to provide routine and structure for service users, were not being used. Staff were unable to detail the impact of autism on individual service users and how they could best be supported **(See Requirement 2)**.

We identified areas of concern regarding service users' health and wellbeing. We found protocols put in place by health colleagues to address risks regarding epilepsy and swallowing problems were not in personal plans and could not be located. Staff could not recall the contents of the protocols. Furthermore whilst a number of generic risk assessments have been developed for service users, we found a lack of person and condition specific risk assessments.

We identified that six monthly reviews were not taking place and some service users had not had a review of their care and support for more than a year. This meant an up to date and agreed plan of care and support was not in place. The manager was aware that reviews were overdue and intended to arrange meetings as a priority **(See Requirement 3).**

Service users should expect to be able to choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors. We suggested person centred planning could identify outcomes for service users leading to individual programmes of activities to support service users to reach their potential.

We found the majority of service users required support with communication and used alternative methods of communication including Makaton. We saw photographs and DVDs that had been developed by family members and other service providers to demonstrate the signs used by service users. We were surprised to see very little use of Makaton by staff during the inspection. We asked the manager to address this issue and to investigate how service users could be further supported to express their needs, wishes and choices.

## Requirements

### Number of requirements: 3

1. The service must, by 30 November 2018, ensure service users are subject to restraint and restrictive practices only as a last resort. In order to achieve this, the service must:

- ensure appropriate legal authority has been granted
- ensure physical intervention is agreed by the multi disciplinary team and reviewed regularly
- develop restraint reduction plans for all service users
- ensure staff have appropriate training and practice guidance

This is to ensure that care and support is consistent with the Health and Social Care Standard 1.3 which states "If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively" (HSCS 1.3) and in order to comply with Regulation 4 - Welfare of Users, of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

2. In order to ensure that the health, welfare and safety needs of service users are met, the service must by 30 November 2018, review and update service users' personal plans to include comprehensive details of all care and support needs. In particular, with regard to support needs relating to autism spectrum disorder. In addition, the service must ensure reviews take place on a six monthly basis.

This is to ensure that care and support is consistent with the Health and Social Care Standard 1.15 which states "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices" (HSCS 1.15) and in order to comply with Regulation 5 - Personal Plans, of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

3. In order to ensure that service users have an up to date and agreed plan of care and support the service must, by 30 November 2018, ensure that all service users have a review of their care and support on at least a six monthly basis.

This is to ensure that care and support is consistent with the Health and Social Care Standard 2.17 which states "I am fully involved in developing and reviewing my personal plan, which is always available to me" (HSCS 2.17) and in order to comply with Regulation 5 - Personal Plans, of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

## Recommendations

**Number of recommendations:** 0

**Grade:** 2 - weak

## Quality of environment

### Findings from the inspection

We were pleased to find an extensive programme of improvement work had been undertaken and continues at Southfields.

We noted service users' bedrooms had been decorated and ensuite facilities had been made available for the majority of service users. We found the accommodation was spacious and fresh. New furniture had been purchased and service users had been supported to personalise their bedrooms.

We were pleased to hear that one service user had been able to move to a downstairs bedroom to support their mobility issues. This had been beneficial for the individual.

We found the communal lounges and dining rooms had been decorated and new furniture and carpets contributed to a bright and welcoming environment that was more in keeping with the tastes of the young people living there.

Work continues to replace curtains and blinds and update soft furnishings and pictures. The service should build on this good work by ensuring the full involvement of service users and families in decision and choice making.

Families told us they were happy with the improvements that had been made so far and looked forward to the works being completed. The service had considered the possible impact of the works on service users and put in place plans to support individuals.

The Beeches was unoccupied during the inspection but we were interested to hear the plans to develop the space into separate accommodation for two individuals.

We noted that the raised decking requires attention as bannisters were unsteady. We discussed the potential to provide meaningful work and leisure opportunities for service users in the large outdoor space and gardens and we look forward to further developments.

## Requirements

Number of requirements: 0

## Recommendations

Number of recommendations: 0

Grade: 4 - good

## Quality of staffing

### Findings from the inspection

We met a staff team who, on the whole, were enthusiastic and motivated to support service users to experience the best quality of life possible.

We were pleased to find staff had formed positive relationships with service users and we were confident that staff knew service users well. We saw staff supporting people who displayed behaviour of concern in a proactive and sensitive manner.

We noted that support workers had key working responsibilities for individual service users. Staff took this role seriously and displayed their knowledge and understanding of service users' likes, dislikes and preferences in personal plans and through their practice. Families told us they had good relationships with their relative's key worker.

Staff had the opportunity to undertake a wide range of learning opportunities including online training and face to face training. Positive behaviour support training was delivered in house and training provided by members of the multi disciplinary team and the local authority was utilised.

Staff told us they had the opportunity to attend team meetings but not on a regular basis. Staff appreciated the information and support they received at meetings. The manager acknowledged that due to the one to one support provided for service users it was difficult to free staff to attend meetings. The service should identify alternative options to facilitate staff meetings.

We heard staff worked 14 or 16 hour shifts to cover holidays and sickness on occasion. Staff told us they did not have regular breaks and this was confirmed by team leaders. We were concerned about the possible impact of these practices on outcomes for service users. We asked the manager to review this practice, particularly given the complex needs of the service users. The manager assured us she will ensure staff no longer work shifts of this length.

During the inspection we found a number of agency workers supporting service users. We appreciated the agency workers worked at the service on a regular basis however we noted a lack of engagement and lack of skills to support service users in some cases.

The manager has worked consistently to address the on going staff recruitment issues at the service and staff levels are much improved. We asked the manager to ensure recruitment procedures follow best practice

guidance and referred the manager to the Care Inspectorate's Safer Recruitment through Better Recruitment guidance.

We were concerned that staff were unclear about their responsibilities to disclose issues of concern. We asked the manager to make the organisation's Whistle Blowing policy available to staff and address the issue with all staff without delay.

A number of staff told us they were anxious about the complex needs of some service users. Whilst we appreciated that staff were undertaking relevant training, we asked the manager to ensure training was person specific to address the specific needs of individual service users and staffs' learning needs.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 0

**Grade:** 3 - adequate

## Quality of management and leadership

### Findings from the inspection

We found the quality and management of the service was adequate. This meant that we identified some strengths but these just outweighed weaknesses.

We were aware that the manager had been in post for just over a year and a development plan had been put in place for the service in conjunction with senior managers of the organisation.

Families and professionals told us that they felt the service was moving forward slowly and this was as a result of the input of the manager. Families generally found the manager proactive and supportive. Some relatives felt the transition of their family member to Southfields had been well planned and managed.

We were concerned to find staff were not receiving regular supervision. The manager and team leaders acknowledged this and were attempting to prioritise supervision of staff. A deputy manager had recently been appointed and this operationally focussed role would be able to identify and action key priorities. A new team leader had also been appointed just prior to the inspection.

We were clear with the manager regarding the importance of supervision in establishing and maintaining staff confidence and morale, increasing skills and developing practice. We suggested practice observations should take place and used to inform reflective practice and learning and development. **(See Requirement 1)**

Families and staff told us they had confidence in the team leaders, who had been in post for a number of years and gave a sense of consistency and continuity. Staff told us the management team were approachable and tried to accommodate staffs' needs to provide a good work - life balance.

We identified a lack of quality assurance systems and families told us they were not regularly asked what could be done to improve the services being provided. Family members told us they could be dissatisfied with the time it took to respond to concerns and we found welfare guardians were not always consulted before referral to professionals were made. Family meetings were not taking place regularly. Some families told us they would be unable to attend meetings due to the distance they lived from the service and other commitments and we asked the manager to consider alternative methods of communicating with families in order to keep people informed and included.

We found audits of key systems and processes such as medication, finances and incidents and accidents were not being carried out and as a result we were concerned that areas for improvement were not being identified or rectified. We were assured that this had been identified by the organisation and an online quality assurance system had been developed and would be introduced at Southfields imminently.

## Requirements

**Number of requirements:** 1

1. In order to make proper provision for the health, welfare and safety of service users, the service must by 30 November 2018 ensure staff receive supervision and appraisal on a regular basis.

This is to ensure care and support is consistent with the Health and Social Care Standards which state "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their organisational codes" (HSCS 3.14) and to comply with Regulation 4 Welfare of Users, of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

## 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 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.**

**This recommendation was made on 7 August 2017.**

#### Action taken on previous recommendation

All areas accessed by the people supported have temperature monitoring valves fitted and temperatures are monitored monthly by the maintenance person. The manager checks these and signs them off monthly to ensure these are consistently completed. However as good practice staff should also take responsibility for checking water temperatures and recording them every time a bath/shower is taken. The manager agreed to put further recording systems in place to achieve this and update risk assessments accordingly. We have therefore not made a further recommendation, but will follow this up again at the next inspection.

#### Recommendation 2

The provider should ensure that there is effective communication to support staff. This can be achieved through, one to one 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.**

**This recommendation was made on 7 August 2017.**

#### Action taken on previous recommendation

A full review of communication and staff support has been undertaken. Team leaders now have responsibility for staff support and practice development. The manager oversees these to ensure the agreed frequency is being met and samples the quality of the one to one meetings. All team leaders are to undertake leadership training and the manager is supporting their development.

Team meetings are now scheduled in monthly and there are monthly core group meetings with the team leaders. Keyworker meeting have recently commenced and it was hoped to have these every month.

Where an incident has happened there are debriefing sessions to ensure all staff can discuss the outcomes of this, practice issues and reflect on any triggers to the incident to support improvement.

This recommendation has been comprehensively met.

## Recommendation 3

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.**

**This recommendation was made on 7 August 2017.**

### Action taken on previous recommendation

All new staff commencing work have two full weeks where they will go through a period of induction/shadowing/training. During this time they are supernumerary. This supports their learning and enables them observe more experienced staff work practice. We looked at new staff one to one meetings where we saw training and development being discussed. We also saw good examples of reflection on practice and problem solving. It was clear there were supportive and sometimes challenging discussions around team working and practice. Staff we spoke with felt communication had improved and said they were well supported in their roles.

An appraisal system is being introduced for all staff to link development and training to practice. A full and comprehensive training calendar is in place.

We saw that this recommendation had been met.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://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	
15 Jan 2018	Announced (short notice)	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed

Date	Type	Gradings	
19 Jun 2017	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
14 Dec 2016	Unannounced	Care and support Environment Staffing Management and leadership	Not assessed Not assessed Not assessed Not assessed
11 Jan 2017	Re-grade	Care and support Environment Staffing Management and leadership	Not assessed Not assessed Not assessed 3 - Adequate
28 Jun 2016	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 3 - Adequate 2 - Weak
9 Feb 2016	Unannounced	Care and support Environment Staffing Management and leadership	Not assessed Not assessed Not assessed Not assessed
5 Oct 2015	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak 3 - Adequate 3 - Adequate 2 - Weak
20 Jun 2014	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good
23 Jan 2014	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 4 - Good 4 - Good 3 - Adequate

Date	Type	Gradings
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
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

Date	Type	Gradings	
7 Oct 2009	Announced	Care and support Environment Staffing Management and leadership	3 - Adequate 4 - Good 3 - Adequate 2 - Weak
27 Mar 2009	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 3 - Adequate 2 - Weak
28 Nov 2008	Announced (short notice)	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 3 - Adequate 2 - Weak

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