Regulation of Care Act 2013

Adult Care Home

Southlands

Desk-top inspection

Undertaken: 31 March 2021

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Part 1 - Service Information for non-Registered Service

Name of Service:
Southlands

Tel No:
(01624) 831831

Name of Manager:
Rebecca Dooley

Date of any additional regulatory action in the last inspection year (i.e. improvement measures or additional monitoring):
None

Date of previous inspection:
26 June 2019

Person in charge at the time of the inspection:
Rebecca Dooley

Name of Inspector:
Sharon Kaighin

Part 2 - Descriptors of Performance against Standards

Inspection reports will describe how a service has performed in each of the standards inspected. Compliance statements by inspectors will follow the framework as set out below.

Compliant
Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken. In most situations this will result in an area of good practice being identified and comment being made.

Substantially compliant
Arrangements for compliance were demonstrated during the inspection yet some criteria were not yet in place. In most situations this will result in a requirement being made.

Partially compliant
Compliance could not be demonstrated by the date of the inspection. Appropriate systems for regular monitoring, review and revision were not yet in place. However, the service could demonstrate acknowledgement of this and a convincing plan for full compliance. In most situations this will result in requirements being made.

Non-compliant
Compliance could not be demonstrated by the date of the inspection. This will result in a requirement being made.

Not assessed
Assessment could not be carried out during the inspection due to certain factors not being available.

Recommendations based on best practice, relevant research or recognised sources may be made by the inspector. They promote current good practice and when adopted by the registered person will serve to enhance quality and service delivery.

Part 3 - Inspection information

The purpose of this inspection is to check the service against the service specific minimum standards – Section 37 of The Regulation of Care Act 2013 and The Regulation of Care (Care Services) Regulations 2013 part 3, regulation 9.

Inspections concentrate on specific areas on a rotational basis and for most services are unannounced.

The inspector is looking to ensure that the service is well led, effective and safe.

Summary from the last inspection

Number of requirements from last inspection:
Ten

Number met:
One

Number not met:
Nine (9) requirements were unable to be verified as this was a desktop inspection only, and will be carried forward to the next inspection.

All requirements not met will be addressed within this inspection report

Overview of this inspection

Due to Covid-19 the inspection process for this year has altered slightly. All information and evidence has been sought from providers electronically and the inspection team have assessed this information through a desktop inspection.

Part 4 - Inspection Outcomes, Evidence and Requirements

Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 1 – Introduction, Assessment and Admission
People are confident that the home's information reflects the services practice and that written information is accurate and current. The registered provider is able to clearly establish that the home's facilities and staff can meet the individual's specific needs and requirements. The admission process is planned and people are clear on the terms and conditions surrounding their residency.
1.1

Our Decision:
Substantially compliant

Reasons for our decision:
The Statement of Purpose contained a variety of information, but did not contain information relating to numbers of care staff. Additional information relating to how various health needs would be met was also required.

Evidence Source:

Observation		Records	✓	Feedback		Discussion	

Requirements:
One

Recommendations:
None

Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 2 - Daily Living
People are supported to set and carry out their activities and routines in suitable surroundings. The environment is conducive to people's well-being and safety. People live in a home that is safe, warm clean and comfortable. People have access to the aids, equipment and facilities they need.
2.7, 2.11, 2.15

Our Decision:
Substantially compliant

Reasons for our decision:
A number of actions were identified on the lifting equipment servicing report which required attention. No evidence was provided that the annual servicing of call bells was carried out. Driving licence checks had been carried out. Menus were provided which appeared nutritious, and offered choice for residents. Activities programmes were provided to the inspector, which evidenced a variety of activities were on offer for residents.

Evidence Source:

Observation		Records	✓	Feedback		Discussion	

Requirements:

Two

Recommendations:
None

Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 4 - Environmental and Personal Safety and Comfort
Systems, checks, policies, procedures and staff training ensure that people's dignity, well-being and safety is promoted and protected.
4.3, 4.4, 4.8, 4.10, 4.12, 4.13, 4.16, 4.17, 4.18, 4.19

Our Decision:
Substantially compliant

Reasons for our decision:
The whistleblowing policy was in place, but the document referenced out of date legislation. The complaints policy and procedure was in place, which contained all appropriate information and was within the review date. Safeguarding training had been completed by all staff.
Fire alarm maintenance had been carried out over a year ago, which was beyond the prescribed servicing schedule. Emergency lighting had been tested annually, but the report was awaited at the time of this report. Many faults had been identified which required attention.
Deep cleaning room schedules were seen. A legionella risk assessment was not provided. An electrical installations certificate was in place which was in date. No record of PAT (Portable Appliance Testing) was provided. Thermostatic mixer valve (TMV) Servicing had been carried out.
Central heating boiler maintenance had been carried out.

Evidence Source:

Observation		Records	✓	Feedback		Discussion	

Requirements:
Five

Recommendations:
None

Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 6 - Staffing
Staff are recruited following a rigorous and robust recruitment programme. There are sufficient numbers of trained competent staff (including ancillary staff) to meet the needs of the people at the home. There are robust policies in place to ensure effective supervision and continuous professional development.
6.3

Our Decision:
Not assessed

Reasons for our decision:

No nurses are employed at the home.

Evidence Source:

Observation		Records	✓	Feedback		Discussion	

Requirements:
None

Recommendations:
None

Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 7 – Management Quality and Improvement
People have confidence that the systems in place support the smooth running of the home. The registered manager is qualified and competent to manage the home. People are consulted about how the home is run and their opinions are taken into account. The home has an annual development plan that makes provision for the home to develop and improve.
7.9

Our Decision:
Substantially compliant

Reasons for our decision:
An annual report was in place. However the outcome of the various audits undertaken were not linked to the development plan.

Evidence Source:

Observation	✓	Records	✓	Feedback	✓	Discussion	✓

Requirements:
One

Recommendations:
None

Other areas identified during this inspection /or previous requirements which have not been met.

Standard 1.3
The manager must ensure that compatibility assessments, considering the impact the new resident will have to on the home, and the people living there, are completed prior to the admission taking place.
Timeframe: Immediate

This was unable to be verified by desktop inspection and will be carried over to the next inspection.

Standard 2.15
The notice board in reception, informing residents of upcoming activities, should display up-to-date information.

Timeframe: Immediate action required and completed by 21 August 2019

This was unable to be verified by desktop inspection and will be carried over to the next inspection.

Standard 4.10
The manager must ensure that the emergency lighting is tested monthly and the outcome of these tests is recorded.
Carried over
Timeframe: Immediate action required and completed by 21 August 2019

This was unable to be verified by desktop inspection and will be carried over to the next inspection.

Standard 4.13
The manager must ensure that:
Refrigerators used to store food must be maintained below 5°C. Fridges continually reporting at temperatures above 5°C should be repaired or replaced.
There is adequate means to measure and record the temperatures of all freezers and these records are available for inspection.
Timeframe: Immediate

This was unable to be verified by desktop inspection and will be carried over to the next inspection.

Standard 4.13
The manager must ensure that hot food delivered to individual dining rooms is maintained above 63°C. The temperature of the food must be checked and recorded prior to serving and these records are made available for inspection.
Timeframe: Immediate

This was unable to be verified by desktop inspection and will be carried over to the next inspection.

Standard 4.17
The manager must ensure that water temperatures are tested and recorded prior to assisting residents with bathing/showering.
Timescale: Immediate

This was unable to be verified by desktop inspection and will be carried over to the next inspection.

Standard 6.3
The manager must ensure that records of pre-employment checks within the staff files include two forms of positive identification.

Timescale: Met post-inspection

Standard 7.8
Formal quality assurance systems must include reports from the responsible person's visits to the home.

Timescale: Immediate action required and completed by 16 October 2019

This was unable to be verified by desktop inspection and will be carried over to the next inspection.

Standard 7.9
The manager must ensure that the annual report includes a development/improvement plan based on the outcomes of the quality assessments identified in standard 7.8.

Timescale: Immediate action required and completed by 16 October 2019
Not met
Carried over
Immediate

Recommendations:

Standard 1.6
Copies of service user contracts, held within their files, could be updated with any subsequent increase in fees since the date of them moving in.

This was unable to be verified by desktop inspection and will be carried over to the next inspection.

The inspector would like to thank the management, staff and service users for their co-operation with this inspection.

If you would like to discuss any of the issues mentioned in this report or have identified any inaccuracies, please do not hesitate to contact the Registration and Inspection team.

Inspector: Sharon Kaighin **Date:** 27 April 2021

Provider's Response

From: Southlands

I / we have read the inspection report for the inspection carried out on 31 March 2021 at the establishment known as Southlands, and confirm that there are no factual inaccuracies in this report.

☐

I/we agree to comply with the requirements/recommendations within the timescales as stated in this report.
☐

Or

I/we am/are unable to confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s) ☒

Signed

Responsible Person Jo Dixon Jo Dixon
Date 26/05/21

Signed Rebecca Dooley
Registered Manager
Date 26/05/21