

# Southfields Care Home Service

Southfield House Care Services Ltd Slamannan Falkirk FK1 3BB

Telephone: 01324 851 336

## Type of inspection:

Unannounced

## Completed on:

1 March 2024

## Service provided by:

Swanton Care and Community (Southfield House Care Services) Limited

#### Service no:

CS2003055991

# Service provider number:

SP2003003257



## Inspection report

#### About the service

Southfields is a care home service for adults with a learning disability aged 16-35 years. It is situated in a rural location by the village of Slamannan, near Falkirk.

Southfields sits in large grounds in a countryside location. Public transport links are limited although the service does have its own vehicles.

At the time of this inspection eight people were living in the home. Six people lived in the main house, while two people had their own flats on the site. The main house is set out over two floors. It has en suite bedrooms on both floors, along with several lounges, and a large kitchen and dining room.

#### About the inspection

This was an unannounced inspection which took place on 29 February and 1 March. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spent time with people using the service and spoke with two of their relatives
- · spoke with seven staff and management
- · observed practice and daily life
- · reviewed documents
- spoke with visiting professionals.

## Key messages

- People living in Southfields can expect to receive a good level of care and support from caring and motivated staff.
- The manager was very good and had made valuable improvements to the service that contributed to enhancing people's quality of life.
- Ongoing developments and improvements were well planned and reflected a service that was continually striving to improve.

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

#### How well do we support people's wellbeing?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People were treated with dignity and respect. Staff encouraged and promoted involvement and participation in daily activities, and some examples included people being involved in laundry, meal choices and preparation. This helped to create a homely environment.

Staff engaged well with people, they were patient and responsive to people's needs. We saw staff using some simple communication techniques that meant people were able to be understood and included. Staff were aware of the potential triggers for people experiencing anxiety or distress and were proactive in employing techniques to prevent this. Staff communication with people during these times was calm and respectful.

There was a wide range of activities that were personalised and flexibly offered to meet people's outcomes and wishes. People were supported to do things they enjoyed. This helped people have a good quality of life. Family contact was supported, with relatives and friends able to visit, and people were enabled to go on home visits as they wished. It was encouraging to hear that staff support had been scaled back for someone in a planned way, allowing a family relationship to flourish.

We suggested that the service could look at planning for holidays with people if they wished. This could offer people new opportunities and experiences.

It was good to see that the service worked with people's needs and abilities to inform plans for their longer-term future. We felt that further work could be undertaken around how people's one-to-one support time was structured, in order to allow more independence. Currently, the one-to-one support for people was based around risk assessments. We encouraged the team to think creatively and consider risk enablement approaches.

There was good access to health professionals. This included specialists for epilepsy and dietary needs, and record keeping about these visits was robust. This helped the staff team provide effective care and support. Medication was well managed and the service did not rely on medication to manage behaviours that could challenge, instead used person-centred strategies effectively.

We suggested the service could work more creatively to help improve one person's support around their continence. We advised specialist input may be able to support better outcomes for them.

Work was underway to develop pictorial menus in order to help people be more engaged and involved in choosing meals. We look forward to seeing how this progresses. The service had worked with internationally recruited staff to share their culture and cuisine with people. We discussed how this could be reciprocated to help those staff gain insights into Scottish culture and cuisine as part of staff induction and on an ongoing basis. This could be helpful in supporting international staff to settle and provide good quality care and support around nutrition.

#### How good is our leadership?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore, we evaluated this key question as very good.

The manager of the service was leading the staff team in a positive and progressive way. Whilst there were areas of development, there was a clear plan in place to support these which was regularly updated to reflect progress and obstacles. Audits were in place and these were robust and effective, offering very good oversight from both the local management and the wider organisation. This meant that the service was able to respond effectively in ensuring improvement was driven forward.

Work was underway to support the development of the care managers in their roles. This helped shape a whole home approach to quality assurance and improvement. By creating opportunities to involve support staff in upcoming development and care planning sessions, the manager was enabling staff learning and development. This would also give experienced staff the opportunity to reflect on their own skills, learning needs and knowledge.

New staff were well supported into their posts, with regular supervision and probationary reviews taking place, and issues raised promptly. Where needed, staff probationary periods were extended to allow for further support and time to achieve the required standard. This meant that new staff had very good support to learn their roles and perform at the required level. Additionally, there were regular staff observations of practice that supported a culture of continuous improvement.

Staff said that management were approachable and supportive. We heard from professionals linked with the service who also fed back positively about feeling that the service was responsive and engaged well. We observed that the manager was engaged and knowledgeable about people living in the home, their needs and abilities.

Adult Support and Protection (ASP) issues were responded to appropriately. Incident reporting was robust and there was a very good degree of transparency and positive working with other professionals being embedded in practice. This meant that when things did not go to plan or there were issues, the service responded to keep people safe.

## Complaints

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

# Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good

How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good

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