Southfields
Care Home Service

Southfield House Care Services Ltd
Slamannan
Falkirk
FK1 3BB

Telephone: 01324 851 336

Type of inspection:
Announced (short notice)

Completed on:
9 January 2025

Service provided by:
Swanton Care and Community (Southfield House Care Services) Limited

Service provider number:
SP2003003257

Service no:
CS2003055991

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 a short notice announced inspection which took place on 8 and 9 January 2025. The inspection was carried out by one inspector 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 in the company of people using the service and spoke with one relative
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Southfields was a well-managed service that offered a range of meaningful outcomes for people with a learning disability.
- Changes to the leadership and management team meant there were fresh ideas and opportunities that, once implemented, should be of benefit to the people who live in the home and the staff team working there.
- Staff recruitment challenges had led to some agency use. However, overall, the service was staffed by regular support workers who knew people really well.

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?	5 - Very Good
How good is our staff team?	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? 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.

People living in Southfields looked well, and appeared relaxed in the company of staff supporting them. The home had a calm atmosphere, and staff were confident and respectful when supporting people.

Overall, people were well cared for and supported with their health and wellbeing needs, including being supported to access GP services and specialist teams, such as Epilepsy specialists, as necessary. The service worked responsively to people's needs when things were changing for them, and information about how these changes affected people's needs and supports were recorded through care planning and day-to-day communication systems. Staff were attentive to people's needs and knew, for example, who carried emergency bags containing rescue medication. We observed staff to work carefully in regard to this area.

The service used a Facebook page to keep family members and friends informed about the developments and activities across the service. We looked at this and saw that this was engaged with well and offered an opportunity for relatives to see what their loved one was doing. Sometimes these were fun, social activities and other times these were life skills activities, such as shopping or getting involved in home care tasks. This demonstrated how the service was supporting people to build their skills and confidence by offering a wide range of meaningful activities. We thought this seemed to be an effective way of informing relatives, many of whom were working or had other caring responsibilities, about how their family member was doing day to day in an accessible format.

People received one-to-one support with two-to-one support given at times for specific activities as needed. We heard from a relative about support to them to enable them to go on outings with their family member. This helped to enable people to maintain relationships with loved ones and be involved in meaningful activity that they enjoyed.

Communication aids and tools were used to ensure people were supported to express their wishes, needs and preferences. We saw robust information within personal plans and medication records about how people may present when they are in pain. When we spoke to staff, they gave more detail and specific examples about this and we encouraged the management team to record the same level of detail within people's personal plan documents.

People received regular reviews of their care and support needs and families were involved and consulted as much as possible. This offered a holistic approach to care planning and reviewing. Resident meetings were taking place and we could see how people were developing more interpersonal skills and confidence in social settings through these, as well as events and activities organised throughout the year. This showed how well the service worked to support people to gain and build on their skills.

People were involved where possible in staff recruitment, using pictorial tools to express preferences and views which were used meaningfully in determining suitable candidates. The ethos of staff recruitment meant careful consideration was given to how candidates interacted with people living in the home.

Staff were managing the potential for conflict well. We noted a significant reduction in the number of incidents within the service, where previously there were pressure points and friction between some people

that would lead to incidents or people becoming very distressed. The management team were now encouraging staff to work flexibly and responsively; for example, in making changes to allocations for support on each shift depending on how people were feeling that day. This offered responsive care and support.

People were engaged in activity of their choosing throughout the day, and staff worked to minimise the impact of repetitive or less valuable activities by offering other things to do, including learning life skills and domestic skills, and preparing people ultimately for moving on from the service if this would be right for them.

Medication practice was robust and effective, with personal preferences sought and respected in relation to medication. Protocols were in place for the use of any 'as required' medications. We noted one protocol that was worded ambiguously and the management team agreed for this to be reviewed by the GP in order to ensure clarity. Body maps were used to inform staff about topical medication and record keeping was accurate.

Personal plans included steps to be taken to help people manage distress or anxiety. Social stories and pictorial tools, for instance, were indicated to help people at these times, and a traffic light system was clearly set out within plans to ensure staff knew what steps and actions to take based on how people were feeling and presenting. Staff were confident about how to respond to people's needs.

People were supported with healthy eating and encouraged to make healthy choices in meals and snacks, with weight management strategies clearly identified for people. We advised that robust record keeping around food hygiene needed to be a focus, as there were gaps in records of food temperatures. The management team had already begun to address this.

How good is our staff team? 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.

There was a clear learning culture within the service, with opportunities for regular reflection, feedback and support to each other across the staff team. Staff spoke about the buddy system for new staff, this was supported through regular, well-managed inductions where staff had the opportunity to reflect and discuss their practice, feelings and any learning needs. There was a strong sense of team building, with staff at all levels respectful of one another.

Staffing pressures had led to some increased use of agency for a brief time. We saw that agency use had significantly reduced in recent weeks. Staff who worked regularly in the service picked up extra shifts and there were also reliable relief staff who knew the service well and were able to help with short notice cover needs. Staffing arrangements were provided to ensure one-to-one support for each person living in the home, with additional support from members of the management team as needed. Staff provision for medication needs was appropriate with further opportunities for staff to gain medication skills. We could see that there was a genuine respect, commitment and consideration of the needs of people living in the home by staff working there.

Observations took place to ensure staff were kept on track in terms of their practice and performance, which promoted accountability and responsibility and staff were keen to take on more in order to develop their

skills and knowledge. This indicated there was a positive culture where all staff were valued and encouraged to fulfil their potential.

Staff received regular supervision and felt the management team were supportive and approachable.

Regular staff meetings were held, where the team was able to contribute to the agenda and discussion and take part as able, depending on availability. Some recent changes to the time of meetings offered a better option for staff who attended on days off, and this had led to better attendance. All staff had access to minutes of meetings and communication systems.

Staff were supported to get to know people's needs through staff awareness sessions that were run throughout the year. This was a really valuable piece of work that pulled together staff knowledge from experienced and newer staff, and was used to inform personal plans and practice about how best to support people. This helped ensure consistency in approach that helped people feel relaxed, safe, calm and settled in their home.

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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good

How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good

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