

Vorg Limited

# Southwoods Nursing Home

## Inspection report

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Northallerton  
North Yorkshire  
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Tel: 01609258288

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Southwoods Nursing Home provides personal and nursing care for up to 38 older people in one adapted building across two floors. At the time of our inspection, the service supported 28 people.

### People's experience of using this service and what we found

Improvements had been made to provide people with a safe and clean environment. Walkways were free from hazards and the provider had carried out a comprehensive fire risk assessment. Areas of the home had been redecorated.

There was no documentation in place to record the managers review of incidents and accidents. This limited their ability to fully investigate and learn from such events.

The manager had introduced a number of checks to monitor safety and quality at the service. However, action had not always been taken to address issues identified. The manager demonstrated a willingness to make further improvements and told us they would review documentation to make sure actions were monitored in the future.

Whilst efforts had been made to seek feedback from people and relatives about their experience of the service, the manager had not taken action to address concerns raised in a recent questionnaire.

We received positive feedback from relatives about the care their family members received; they were complementary of staff and the manager. However, relatives told us they had not received any formal communication from the provider throughout the time the service was closed to visitors during the COVID-19 pandemic.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 1 January 2020) and there were multiple breaches of regulations. The provider completed an action plan after the last inspection to show what they would do, and by when, to improve.

At this inspection we found some improvements had been made and the provider was no longer in breach of regulation noted in the safe key question. Enough improvement had not been made and the provider was still in breach of regulation noted in the well-led key question.

### Why we inspected

We carried out an unannounced comprehensive inspection of this service in October 2019 and breaches of legal requirements were found.

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions 'safe' and 'well-led' which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained the same. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Southwoods Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the management of the home at this inspection. Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme or if we receive any concerning information, we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was no always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was no always well-led.

Details are in our safe findings below.

**Requires Improvement** ●

# Southwoods Nursing Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection site visit was carried out by one inspector. Three inspectors supported the inspection remotely by speaking with relatives.

#### Service and service type

Southwoods Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection.

#### What we did before the inspection

We used the information we had received about the service and sought feedback from the local authority and from an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, nurses, senior care worker, and domestic staff. We also spoke with a healthcare professional who regularly visits the service.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the

management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staffing rota's and care records. We also received feedback from relatives by email.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection the key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Learning lessons when things go wrong

- The manager did not sufficiently record their review or investigation of incidents and accidents to support improvements when things went wrong. Whilst action had been taken to prevent incidents from happening again, no documentation existed to support a consistent and thorough approach to learning from such events.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- The manager carried out a monthly analysis of accidents and incidents to identify trends and/or potential safety or safeguarding concerns. However, their understanding of these events was limited due to the lack of review or investigation

Preventing and controlling infection; Assessing risk, safety monitoring and management

At our last inspection the provider had failed to fully assess and mitigate against risks associated with the premises and environment and to ensure good infection control standards. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The home was clean and tidy and free from any malodours.
- Staff followed clear policies and procedures on infection control that met current and relevant national guidance.
- Walkways and communal areas were free from hazards and equipment and furniture was in a good state of repair.
- The provider had taken action to address fire safety concerns found at the last inspection. A comprehensive fire risk assessment was in place and staff had attended training about what to do in the event of a fire.

Systems and processes to safeguard people from the risk of abuse

- Staff kept people safe from the risk of abuse and ill-treatment.
- Staff had received training in this area and were confident about their responsibilities to report any concerns.
- The manager kept records of all safeguarding concerns and followed local safeguarding procedures where

appropriate.

#### Staffing and recruitment

- There were enough skilled and competent staff to support people safely.
- The provider operated safe recruitment processes ensuring only appropriate people were employed.
- The manager adopted a systematic approach to determining safe staffing levels based on people's individual needs.

#### Using medicines safely

- People received the medicines as prescribed and staff kept accurate medicines records.
- Medicines were stored correctly and disposed of safely.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to establish robust systems and processes to assess, monitor and improve the quality and safety of the service provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Systems designed to monitor and respond to safety and quality issues were not always reliable and effective.
- Whilst the manager carried out a number of different checks, action was not always taken to address issues found. For example, action had not been taken to address recurring issues regarding the application of creams used to treat specific medical conditions.
- One person's care record contained conflicting information about their nutritional needs and had not been updated following the advice of a healthcare professional.
- Whilst improvements had been made to the environment, there was no plan in place for the prioritisation of ongoing maintenance work.
- Following our last inspection, the provider had completed a risk assessment to guide staff about the risks associated with legionella. However, not all the recommended actions had been completed and there was no plan in place for when this would be done.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The manager had not taken action to address concerns raised through a recent questionnaire about people's experience of the service.
- Relatives told us they had not received any formal communication from the provider during the time the service was closed to visitors.

This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since the inspection the provider has addressed the outstanding actions required to mitigate against the risks associated with legionella. The manager has provided updates as to the work being undertaken to address our concerns.

- Staff attended meetings and told us the manager was visible and approachable.
- Relatives told us they felt comfortable raising any concerns with the manager.
- Throughout the inspection, the manager was transparent and demonstrated a willingness to make improvements. They told us, "I want people to feel treated with dignity and respect. I want people to have a safe environment."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- People appeared happy and comfortable at Southwoods Nursing Home.
- Staff were friendly and the atmosphere in the service was welcoming and open.
- We received positive feedback from relatives about the care and support provided to their family members. One relative told us, "[Staff] are nice and caring. They seem to be looking out for [Name] and doing the right things."
- One relative told us the manager had made arrangements for their relative to move to a different bedroom which better suited their changing needs. Another relative described how staff had celebrated their relative's birthday in a meaningful way.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17 Good governance (1) (2) (a) (b) (c) (e) (f)</p> <p>The provider failed to ensure systems and processes were established and operated effectively to assess, monitor and mitigate the risks relating to the health, safety and welfare of people and to improve the quality and safety of the service provided.</p>