

Mrs Melba Wijayarathna

Southdown Nursing Home

Inspection report

5 Dorset Road
Sutton
Surrey
SM2 6JA

Tel: 02086426169

Website: www.southdownnursinghome.co.uk

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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

We carried out an unannounced comprehensive inspection of this service on 24 and 25 November 2015 at which breaches of six legal requirements were found. We undertook a focussed inspection on the 5 May 2016 to check whether sufficient action was taken to address these concerns. We identified that the provider still remained in breach of three legal requirements. These related to providing safe care and treatment specifically in relation to medicines management, good governance and submission of notifications. Warning notices were issued in regards to the breaches of safe care and treatment and submission of notifications. The provider had until 13 June 2016 to make the necessary improvements to meet the warning notices, and they worked to the same deadline to make the improvements relating to good governance.

We undertook a focused inspection on the 30 August 2016 to check that they now met legal requirements. This report only covers our findings in relation to this inspection. You can read the report from our previous comprehensive and focussed inspections, by selecting the 'all reports' link for 'Southdown Nursing Home' on our website at www.cqc.org.uk.

Southdown Nursing Home provides accommodation, nursing and personal care to up to 28 older people, some of whom have dementia. At the time of our inspection 20 people were using the service.

The service did not require a registered manager, as the provider was an individual provider who also managed the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had made the necessary improvements and was now meeting the regulations inspected. Medicines management processes had been strengthened to ensure they were safe and people received their medicines as prescribed. Accurate stock checks were maintained and medicines administration records were completed accurately. Protocols had been developed for 'when required' medicines.

Processes to review the quality of service provision had improved, particularly in regards to medicines management. Arrangements were in place with the local pharmacy for full medicines audits to be carried out. The provider was also in the process of embedding and improving the quality of care record audits.

The provider was now adhering to the requirements of their registration with the Care Quality Commission and submitting statutory notifications as required.

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 safe. Improvements had been made to ensure safe medicines management. People received their medicines as prescribed, and all medicines were accounted for. Protocols had been developed to provide further guidance to staff about when to give people their 'when required' medicines.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for 'safe' at the next comprehensive inspection.

Requires Improvement ●

Is the service well-led?

The service was well-led. The provider was now meeting the requirements of their registration including submitting statutory notifications. Governance processes had been improved to review and monitor medicines management processes and the quality of care records.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for 'well-led' at the next comprehensive inspection.

Requires Improvement ●

Southdown Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook a focused inspection of Southdown Nursing Home on 30 August 2016. This inspection was completed to check that improvements to meet legal requirements planned by the registered provider after our focussed inspection on 5 May 2016 had been made. We inspected the service against two of the five questions we ask about services: is the service safe? Is the service well-led?

The inspection was undertaken by one inspector. Before our inspection we reviewed the information we held about the home, this included the registered provider's action plan which set out the action they would take to meet legal requirements and the statutory notifications received. Statutory notifications provide information about key events that occur at the service.

We spoke with three staff members, including the provider. We looked at eight people's medicines and the provider's medicines management processes. We reviewed records relating to the management of the service including audits.

Is the service safe?

Our findings

At our focussed inspection on 5 May 2016 we found the provider continued not to practice safe medicines management. Accurate medicine administration records were not always maintained, and one person had not been given their medicines as prescribed. Accurate stocks were not maintained which meant not all medicines were accounted for. The medicines that people required to take 'when required' did not have protocols in place which meant staff were not always provided with sufficient instruction about when to give these medicines and at what dose, this was particularly in regards to pain relief medicines. Medicine records did not always contain people's photographs and did not record whether or not people were allergic to any medicines. We served a warning notice on the provider for a breach of the regulation in relation to the safe care and treatment of people and asked them to make the necessary improvements by 13 June 2016.

At this inspection we found that sufficient action had been taken to ensure safe medicines management. New processes had been introduced to undertake daily stock checks, this process also checked whether people received their medicines as prescribed and at the correct dose. We saw the majority of people had received their medicines as prescribed, and the number of medicines errors has reduced since our last inspection. The stock checks we undertook showed that all medicines were accounted for. However, we identified one medicine error on the day of our inspection where a person had received a higher dose than prescribed. On the day of the inspection this person's medicines were being reviewed and the nurse in charge told us they would discuss this error with the visiting clinician to review the impact this had on the person's health.

Protocols were in place for each medicine which had been prescribed to be given 'when required'. These protocols informed staff about when to give the medicines, at what dose and the time intervals between doses. Where these were pain relief medicines it gave staff detailed information about how to assess a person's pain, including for people who were not able to verbalise this information, and how the pain levels corresponded to the dose of medicine to be administered.

Medicines administration records were completed correctly. We saw that each person had a photograph in their medicines record so staff were able to ensure the right person received the right medicines. Some people had their medicines allergies recorded, however, this was not in place for everyone. This information was updated during the inspection.

The provider was now meeting the regulation relating to safe care and treatment.

Is the service well-led?

Our findings

At our focussed inspection on 5 May 2016 the provider continued to not submit statutory notifications about key events that occurred at the service as required by their registration with the Care Quality Commission. We served a warning notice on the provider for a breach of the regulation in relation to notifications and asked them to make the necessary improvements by 13 June 2016.

At this inspection the provider and the management team were aware of what statutory notifications they were required to send. Since our inspection in 5 May 2016 we had been notified as required about events that occurred at the service, including deaths, serious injuries and the outcome of deprivation of liberty safeguard assessments.

The provider was now meeting the regulation relating to notifications.

At our focussed inspection on 5 May 2016 the provider continued to not have sufficient systems in place to review and monitor the quality of service provision, particularly in regards to medicines management. They sent an action plan and told us they would make the necessary improvements by 13 June 2016.

Since the inspection the provider had introduced daily medicines stock checks to ensure accurate stocks of medicines were maintained. They had also arranged with the local pharmacy for them to come and undertake mid cycle audits on the provider's behalf. This included a full medicines management audit and regular spot checks on the administration, storage and recording of medicines. We saw that where improvements were required that these were acted upon. We spoke with the provider and management team about the sustainability of these arrangements, and they assured us that the current systems would be embedded into service delivery before support from external professionals was withdrawn.

At our last inspection the provider had introduced a process to review the quality of care records. This was in its infancy at the time of the inspection and had not been embedded into governance arrangements. At this inspection we saw that this process was still in place. This ensured that nursing staff regularly reviewed care plans and risk assessments. The provider informed us they checked that these processes were completed, but agreed that they could be further strengthened by undertaking regular documented spot checks, and they were looking to re-implement this process.

The provider was now meeting the regulation relating to good governance.