

Mrs Melba Wijayarathna

Southdown Nursing Home

Inspection report

5 Dorset Road
Sutton
SM2 6JA

Date of inspection visit: 15 July 2015
Date of publication: 12/08/2015

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Good



Overall summary

We carried out an unannounced comprehensive inspection of this service on 1 and 9 April 2015. Several breaches of legal requirements were found and the Care Quality Commission issued a warning notice for a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

We undertook this focused inspection to check that they have met the requirements of the warning notice. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Southdown Nursing Home on our website at www.cqc.org.uk.

Southdown Nursing Home provides accommodation and nursing care for up to 23 older people. There were 16 people living at the home when we visited. The service is owned by an individual provider who also fulfils the manager's role. It does not therefore require a registered manager. 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.

People were protected from the risks of inappropriate or unsafe care because the provider had taken steps to protect people. We found that individual risk assessments for people had been reviewed and up dated since the last inspection. Risk management plans had been integrated with care plan objectives. Effective reviewing mechanisms had been implemented so care plans met people's needs. Care plans and risk assessments were person centred and people were involved in their care.

Staff explained to us that they were clear about how they would help and support people safely and effectively.

People we spoke with thought there were enough staff on duty to meet their needs. A new activities co-ordinator post had been implemented and people were pleased with the new energy this had provided in the home.

Summary of findings

Plans were now in place to monitor accidents and falls and evaluate why they had occurred and put in place measures to mitigate further risk.

All building work was completed in April 2015 and on inspection we found the premises to be clean, tidy and free from dust. There was no clutter in any part of the home and all the facilities were of a high standard and available for use.

All the staff team had received fire awareness training and knew what to do in the event of a fire. A pattern of regular fire drills had been established. A fire risk assessment had been carried out for the building.

The provider had implemented a new six monthly audit of the building to ensure the necessary standards are maintained. An action plan will be in place to ensure the outcomes are monitored and evidence compiled which is signed off when completed.

The provider had made the necessary improvements to protect people.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found that action had been taken to improve safety in the specific areas we looked at.

Risk assessments for people had been completely reviewed and integrated with care plans. This provided clear information so that safe and effective care could be given to people. Actions had been taken to mitigate risks to people.

Accidents and falls were monitored and evaluated and actions put in place to keep people safe. Staffing levels had been improved to help meet people's needs and keep them safe.

Good



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 checked 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 an unannounced focused inspection of Southdown Nursing Home on 15 July 2015. This inspection was done to check that improvements we asked the provider to make in relation to a warning notice we served after our comprehensive inspection on 1 and 9 April 2015.

We inspected the service against one of the five questions we ask about services: Is the service safe? This is because the service was not meeting some of the legal requirements at our April 2015 inspection.

The inspection was undertaken by a single inspector. During our inspection we spoke with the provider who also fulfils the manager's role, four staff and eight people who live at the home and three relatives. We looked at four care files, four staff files and other information relevant to the running of the home.

Before our inspection we reviewed all information we held about the service and the provider including looking at the previous inspection report and reviewing this in line with the action plan the provider submitted to the Care Quality Commission [CQC].

Is the service safe?

Our findings

At our previous inspection on the 1 and 9 April 2015 we found the provider was failing to protect service users and others against the risks of inappropriate or unsafe care because they did not have effective systems to regularly assess the risks to the health and safety of people receiving care or treatment and they were not doing all that was reasonably practical to mitigate these risks.

They had not ensured that the premises being used by people were safe. They had also not assessed the risk of preventing, detecting and controlling the spread of infections.

Specifically we saw that some individual and service level risks were not assessed and managed appropriately. This meant that people using the service did not receive care that was provided in a safe way. One person did not have a risk assessment or risk management plan even though a safeguarding investigation had been carried out to do with an injury sustained to them from the improper use of their bed rails. There were examples of minor incidents and injuries where there was no an effective system for recording them and therefore no way of learning from them or putting in place preventative measures to avoid reoccurrence of similar incidents and injuries. At our inspection in April 2015 there had been extensive building works in progress for some five months. We found the provider had not carried out a risk assessment to identify and manage any risks that arose from this building work. Some people who used the service remained in their bedrooms for much of the day because the work in the communal areas prevented people being able to use these facilities.

At our inspection in April 2015 we found there were low numbers of staff on duty and this meant there was not a satisfactory level of provision for activities for the 20 people who were using the service. We also found that the premises were not kept to an appropriate standard of cleanliness and that specific areas such as a first floor bathroom and the hall carpet were dirty. This meant that people using the service, staff and visitors were at risk of acquiring infections. When we spoke with staff in April 2015 they did not know the procedure if a fire broke out in the home.

At our inspection in July 2015 we found the provider had made the necessary improvements to protect people. People we spoke with told us they had their care plans reviewed recently with them and/or their relatives. One person said, "Yes just last month it was reviewed." A relative told us they had been invited to their family member's review meeting last month. When we inspected people's care files we found their care plans had been reviewed since April 2015 and each person had an individual risk assessment that identified the specific risks associated with their care. Where appropriate this included bedrail risk assessments. We saw that risk management plans had been integrated with people's care plans and all staff had signed these plans to indicate they had read them and knew what was needed to help support people more effectively. A care matrix for each person had also been introduced as part of the provider's plan to ensure assessed risks were managed appropriately and that people received their care in a safe way. During our inspection of people's care files we saw each file had the matrix and we noted it recorded dates of people's risk management plans, their care plans and their health appointments and dates for reviews. The provider said this was a useful monitoring tool that had helped to ensure people's care was more effectively monitored to meet their needs.

When we spoke with staff they confirmed they were now required to sign to say they had read people's care plans. They told us that the new care plan and risk assessment format was a really positive improvement and they felt more informed about how to meet people's needs. Staff said there was now a monthly review of the care plans and an evaluation of people's progress with their care plan objectives. One staff member said, "This is good for all of us because it keeps people's care really up to date and staff know how to support people better." We saw documented evidence of this on people's care files. It indicated there were regular reviews for people up to the end of June 2015. We also noted from the records that we saw, the provider had implemented a regular audit of the matrices and of people's care plans. This meant that people using the service did now receive care that was provided in a safe way that met their needs.

Plans were in place to monitor accidents and injuries to people and evaluate why they had occurred and measures

Is the service safe?

had been put in place to mitigate further risk. The provider showed us the new incidents and accidents record book and we saw appropriate action had been taken to minimise reoccurrences.

Staff we spoke with told us they had received fire awareness training from a recognised external trainer which included what to do in the case of an emergency. One staff member said, "We all had fire training last month. It was very useful and I now feel well informed as to what to do if a fire broke out. As well as this we had a fire drill last month and everyone evacuated the home as required." Another staff member said they had received training in fire awareness in June 2015. They told us, "It was really good, everyone had to come in for the training, so we all know now what we have to do. This was followed up by a fire drill, again very useful and we all feel much better informed." The provider told us that a new fire risk assessment had been carried out and we saw works being carried out in the home at the time of this inspection as a result of the fire risk assessment for the building. We spoke to the contractor and they confirmed with us they were carrying out all the necessary works to ensure full compliance with the regulations. They told us this was very near completion. The provider said all the staff team had received fire awareness training and regular fire drills were now planned as a matter of course. We saw documented evidence of both the fire training that staff had attended and of the recent fire drill.

We undertook a tour of the premises together with a member of staff. We inspected all the bedrooms with people's permission and we saw every room in the house. We noted four brand new bedrooms; a new lounge and outside garden terraces for people to use had been built as part of the new extension and was finished to a high quality standard. We saw that all the building works were now completed. The provider told us that works had finished in April 2015. We found the premises to be clean, tidy and free from dust. There was no clutter in any part of the home and all the facilities were available for use. The new lounge was being used by most of the people living in the home at the time of our inspection. People told us they thought the new facilities "were fantastic". This view was echoed by the relatives we spoke with, one person said, "It's really so nice. You can see everyone loves it, they spend so much time in here and in the garden when the weathers nice."

The provider told us they had just started a regular six monthly health and safety audit of the building as a result of the findings of the last inspection. This was designed to review any accidents or injuries; any complaints that had been made; any repairs or maintenance issues that had been identified and any health and safety issues that might have arisen. The provider said they would review the audit and put in place an action plan to address any issues identified and to ensure the building was safe for people, visitors and staff to use. We were shown the template for the audit but at the time of this unannounced inspection it had not been fully completed. This method gives assurance to people using the service that the provider is taking action to keep people protected. The audit covers quality of care, of leadership and management, of the environment and the general observation of care.

Three people we spoke with told us they thought there were enough staff on duty. One relative we spoke with said, "There's more staff on duty recently than ever before, it is much better than it was." Another relative said, "I visit almost every day and I'd say there were enough staff on duty here." We checked staffing rotas for the week of our inspection and for the three preceding weeks. From reviewing this information we saw there were five staff on duty during the day, one of whom was a registered nurse. On night duty we saw there were three staff on duty, one of whom was a registered nurse. We were told by the provider that two of the three staff at night were waking night staff. The provider told us they carried out occasional checks at night to ensure that staffing deployment was as planned on the staff rota.

One person we spoke with said, "We've got a new activities person now; we have much more to do and they ask each of us what we would like to do, so that's good for us." We spoke to the member of staff responsible for organising activities for people. They told us they had recently been appointed by the provider as activities co-ordinator and said they were really enjoying the new role. They explained (together with each person individually) they had drawn up personalised activities programmes. We were shown an activities programme for the week of our inspection visit and we saw that a wide range of varied activities were on offer for people if they wanted to take part. The actions the provider had taken had helped to ensure that people living at the home were better cared for and were engaging more with staff and other people in the home.