

Paydens (Nursing Homes) Limited

# Southdowns Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

This inspection took place on the 02 and 08 February 2016 and was unannounced

At the last inspection on 07 and 09 July 2015 they were rated as inadequate. The Care Quality Commission (CQC) issued Warning Notices after the inspection in respect of the safety and welfare of people, meeting peoples nutritional needs, staffing and treating people with respect and dignity. We found the provider had met the Warning Notices.

We also asked the provider to make improvements to the monitoring and assessing of the quality of the care and support provided. The provider sent us an action plan stating they would be addressed by 30 December 2015. We found our concerns had been addressed, although additional improvements were required.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The provider, manager and staff had an understanding of their responsibilities and processes of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. However we found that the DoLS applications were not all completed properly, for example they lacked the reason that the application had been made. We also found that the conditions of the standard authorisation granted for some people were not followed or reflected within the care plan. We have recommended that further expert advice is sought to underpin the training received.

We also found that whilst there was an organisational induction process in place, not all staff had been signed off as competent and there were no competency assessments for staff that deemed them competent to undertake care delivery. This is an area that requires improvement.

The care planning system had been reviewed and records for each person were specific to their needs, with guidance for staff to ensure people received the support and care they needed and wanted. Staff said the care plans were still being developed and they were still looking to improve. Nurses wrote the care plans and all staff were expected to record the care and support provided and any changes in people's needs. The manager said care staff were being supported to do this and additional training had been arranged. Food and fluid charts were completed and showed people were supported to have a nutritious diet.

Staff and relatives felt there were enough staff working in the home and relatives said staff were available to support people when they needed assistance. The provider was actively seeking new staff, nurses and care staff, to ensure there was a sufficient number with the right skills when people were able to move into the home. The manager told us it had been difficult to recruit nurses with the right knowledge and understanding of supporting people with dementia, a deputy manager had been appointed and the provider continued to advertise for full time nurses. However, they had to rely on staff doing overtime and on agency staff at times.

Pre-employment checks for staff were completed, which meant only suitable staff were working in the

home.

The provider had made training and updates mandatory for all staff, including safeguarding people, moving and handling, management of challenging behaviour, pressure area care, falls prevention and dementia care. Staff said the training was very good and helped them to understand people's needs.

All staff had attended safeguarding training. They demonstrated a clear understanding of abuse and said they would talk to the management or external bodies immediately if they had any concerns, and they had a clear understanding of making referrals to the local authority and CQC. People said they were comfortable and relatives felt people were safe.

Visits from healthcare professionals were recorded in the care plans, with information about any changes and guidance for staff to ensure people's needs were met. There were systems in place for the management of medicines and we observed staff completing records as they administered medicines.

Staff had a good understanding of people's needs and treated them with respect and protected their dignity when supporting them. A range of activities were available for people to participate in if they wished and people enjoyed spending time with staff.

Staff said the management was fair and approachable, care meetings were held every morning to discuss people's changing needs and how staff would meet these. Staff meetings were held monthly and staff were able to contribute to the meetings and make suggestions. Relatives said the management was very good; the manager was always available, they would be happy to talk to them if they had any concerns and residents meetings provided an opportunity to discuss issues with other relatives and staff.

The provider had systems in place to review the support and care provided. A number of audits had been developed including those for care plans, medicines and health and safety. Maintenance records for equipment and the environment were up to date, such as fire safety equipment and hoists. Policies and procedures had been reviewed and updated and were available for staff to refer to as required. Staff said they were encouraged to suggest improvements to the service and relatives told us they could visit at any time and they were always made to feel welcome and involved in the care provided.

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

We always ask the following five questions of services.

### Is the service safe?

Southdowns provided safe care and was meeting the legal requirements that were previously in breach. However, practices need time to be embedded.

The management and storage of medicines was safe and people received their prescribed medicines on time and safely..

People told us they felt safe at the home and with the staff who supported them.

The staffing levels were sufficient. Recruitment procedures were robust to ensure only suitable people worked at the home.

Staff had attended safeguarding training and had an understanding of abuse and how to protect people.

Risk to people had been assessed and managed as part of the care planning process. There was guidance for staff to follow.

**Requires Improvement** ●

### Is the service effective?

Southdowns was not always effective. Whilst meeting the legal requirements that were previously in breach, we found that Deprivation of Liberty Safeguards (DoLS) submitted, they were not always completed correctly or the conditions applied followed through.

Staff received on-going professional development through regular supervisions, and training that was specific to the needs of people was available and put in to practice on a daily basis. However we were not assured that that all staff received competency assessments that underpinned their training.

Staff we spoke with understood the principles of consent and therefore respected people's right to refuse consent. All staff working had received training on the Mental Capacity Act 2005 (MCA)

People's nutritional needs were met and people could choose what to eat and drink on a daily basis. The meal times were

**Requires Improvement** ●

enjoyed by people and were a sociable occasion supported by staff in an appropriate way.

People spoke positively of care staff, and told us that communication had improved with staff.

### **Is the service caring?**

Southdowns was caring was meeting the legal requirements that were previously in breach. However, there were still improvements needed to embed practice as new staff commence employment.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

The manager and staff approach was to promote independence and encourage people to make their own decisions.

People were encouraged to maintain relationships with relatives and friends. Relatives were able to visit at any time and were made to feel very welcome

Staff spoke with people and supported them in a very caring, respectful and friendly manner.

**Requires Improvement** ●

### **Is the service responsive?**

Southdowns provided responsive care and was meeting the legal requirements that were previously in breach.

Care plans showed the most up-to-date information on people's needs, preferences and risks to their care.

People told us that they were able to make everyday choices, and we saw this happened during our visit. There were meaningful activities provided for people to participate in as groups or individually to meet their social and welfare needs;

Staff were seen to interact positively with people throughout our inspection. It was clear staff had built rapport with people and they responded to staff well.

**Requires Improvement** ●

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

Southdowns was not always well-led. We found that whilst

**Requires Improvement** ●

meeting the legal requirements that were previously in breach, there were areas that need to be progressed to ensure that improvements were sustained. This included the recruitment and retainment of trained staff.

Feedback was sought from people, and staff and residents meetings were now held on a regular basis.

A manager has been employed since our last inspection and submitted their application to CQC to be registered as manager. There was a strong management team in place.

Staff spoke positively of the culture and vision of the home.

A robust quality assurance framework was now in place and communication within the home had significantly improved

# Southdowns 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.

The inspection took place on the 02 and 08 February 2016. This visit was unannounced, which meant the provider and staff did not know we were coming.

An inspector and a specialist Deprivation of Liberty safeguards (DoLS) advisor undertook this inspection.

Before our inspection we reviewed the information we held about the home. We looked at the providers' action plan. We considered information which had been shared with us by the local authority and looked at safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. Before the inspection we spoke with the Local Authority and Clinical Commissioning Group (CCG) to ask them about their experiences of the service provided to people.

We observed care in the communal areas and over the two floors of the home. We spoke with people and staff, and observed how people were supported during their lunch. Some people were unable to speak with us. Therefore we used other methods to help us understand their experiences. We used the Short Observational Framework for Inspection (SOFI) during the morning in the three separate communal lounges. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spent time looking at records, including eight people's care records, 28 DoLS applications and referrals, six staff files and other records relating to the management of the home, such as complaints and accident / incident recording and audit documentation.

Several people had complex dementia and mental health needs and during our inspection, we spoke with 14 people living at the service, three relatives, eight care staff, the activity co-ordinator, two housekeeping

staff, two registered nurses, the area manager and the manager.



## Is the service safe?

### Our findings

At the last inspection in July 2015, the provider was in breach of Regulations 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because risk assessments did not always include sufficient guidance for care staff to provide safe care. Others risk assessments were not being followed. Infection control processes were not in place to protect people from cross infection and the premises were not always safe. Equipment to maintain people's skin integrity was not being used properly. Incidents and accidents were not being investigated. We also found that there were not enough staff to meet people's needs. People's needs had not taken into account when determining staffing levels.

Due to the concerns found at the last inspection, we determined people were at significant risk of not receiving safe care and the delivery of care was inadequate. An action plan was submitted by the provider that detailed how they would meet the legal requirements by 30 December 2015. At this inspection we found improvements had been made. However these improvements were not, as yet, fully embedded in practice and need further time to be fully established in to everyday care delivery.

People told us they felt safe living at Southdowns Nursing Home. One person told us, "I like it here, I'm safe and well looked after." Relatives confirmed they felt confident in leaving their loved one in the care of Southdowns Nursing Home. One visiting relative told us, "I don't have any concerns, staff are kind and the place is comfortable and clean."

At the last inspection in July 2015 there were not sufficient numbers of suitably trained staff to keep people safe and meet their individual needs. This inspection found that staffing levels were increased and stable. However the deployment of staff especially at meal times did not ensure people being supported in a safe and consistent manner. Staff were sent on lunch breaks during the time the people were being served lunch. This meant one staff member was trying to support five people with their meal whilst ensuring that other people were also prompted. On discussion with the management there was surprise that this had happened as it was not normal practice. This was seen as an area that requires improvement.

Staff felt there were enough staff working in the home. One staff member told us, "Yes, there are. Some days are busier than others but we cope ok." Another staff member said, "We are using agency staff sometimes at the moment, but I know they are looking to recruit more staff." The staff rota revealed that staffing levels were consistent across the four weeks we looked at, with 12 care staff on duty per day shift, in addition to two nurses. At night eight care staff and nurse. However, these numbers were only achievable by allocating extra hours to existing staff or agency members. The management team were aware that they needed to recruit and retain registered nurses. At present there was only one permanent full time registered nurse. This meant that there was a lack of leadership and consistency for the staff team.

The area manager said they had advertised for nurses and care staff and records showed they had interviewed many prospective staff, but found most did not have the knowledge and understanding needed to support people. The area manager told us they were working towards having a permanent and knowledgeable staff team. The management team were continually reviewing the staffing levels and since

the last inspection felt that the staff team was coming together and working well together to put people first.

This inspection found that peoples' risk assessments reflected their needs and contained sufficient information and guidance to keep people safe. Care plans contained risk assessments specific to health needs such as mental capacity, mobility, continence care, falls, nutrition, pressure damage and a person's overall dependency. They looked at the identified risk and included a plan of action to promote safe care. We saw that staff were receiving training and supervision on care planning and completion of risk assessments.

Risk assessments provided sufficient guidance for care staff to provide safe care. At the last inspection there was a lack of guidance to promote the maintenance of healthy skin. There was guidance for people who had a risk of pressure damage for regular change of position and the use specialised equipment such as pressure relieving cushions. We observed staff during the inspection assist people to access the toilet and offer a change of position regularly. One staff said, "We aim to offer or prompt people to use the bathroom at key times during the day, before lunch and after lunch and before tea. It can be a challenge but if it keeps them dry and comfortable it's worth it."

Risks associated with use of pressure relieving equipment and the use of bedrails had been assessed and monitoring systems in place that ensured staff checked the settings of equipment daily. As discussed during this inspection some settings were found incorrect despite the system. It was thought the setting may have been knocked when the room was cleaned. Further checking systems were to be explored for example checks am and pm. All bedrails had been checked to ensure they were correctly fitted. These are now being checked on a monthly basis.

Accidents and incidents had been documented with the immediate actions taken. We saw evidence of follow up and investigation. Preventative measures were then put into place.

Personal emergency evacuation plans (PEEPs) were in place. The provider had plans in place to deal with an emergency. There was guidance in the care plans for staff regarding the action they should take to move people safely if they had to leave the home at short notice.

Systems for ordering, checking orders received, disposal and administration were in place to manage people's prescribed medicines. Trained nurses administered medicine to people. Any medicine given covertly was against a best interest decision following a capacity assessment.

At the last inspection there were concerns about the cleanliness of the home and infection control processes. This inspection found that the home was clean and staff were following the organisation policies on infection control. Hand sanitizers were located throughout the home. Soap and towels were available in bathrooms and at sinks. There were colour coded linen skips to ensure that linen was washed at the correct temperature. In the laundry there were two washing machines with a hot wash cycle for soiled items and two driers. All equipment was in working order. We asked the two staff in the laundry about infection control measures and they knew to wear protective clothing and wash items separately. There was an ample supply of gloves and aprons in areas throughout the home. Staff were aware of infection control measures and the need to wash hands and wear appropriate protective clothing.

Staff received training on safeguarding adults and understood clearly their individual responsibilities to safeguard people. Staff and records confirmed that staff received regular training and recent safeguarding activity in the home had led to greater staff awareness. Staff had recently had a group supervision session

on safeguarding people. Staff were able to give us examples of poor or potentially abusive care they may come across working with people at risk. They talked about the steps they would take to respond to allegations or suspicions of abuse. Staff were confident any abuse or poor care practice would be quickly identified and addressed immediately by the senior staff in the home. They knew where the home's policies and procedures were and the contact number for the local authority to report abuse or to gain any advice. One person was at risk from people outside of the home. Guidelines were in place for staff to follow in order to protect this person.

People were protected, as far as possible, by a safe recruitment practice. Records included application forms, identification, references and a full employment history. Each member of staff had a disclosure and barring checks (DBS) these checks identify if prospective staff had a criminal record or were barred from working with children or adults, completed by the provider. Interviews were undertaken and two staff completed these using an interview proforma. There were systems in place to ensure staff working as registered nurses had a current registration with nursing midwifery council (NMC) which confirms their right to practice as a registered nurse.

## Is the service effective?

### Our findings

At the last inspection in July 2015, the provider was in breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff had not ensured people's nutritional needs were met and the meal time experience was poor.

An action plan was submitted by the provider detailing how they would meet the legal requirements by 30 December 2015. Improvements had been made and the provider was now meeting the requirements of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However we found that the DoLS applications were not all completed properly, for example they lacked the reason that the application had been made. This had caused delays in the process. We also found that the conditions of the standard authorisation granted for some people were not followed or reflected within individual care plans.

People and visitors spoke positively about the home and the care and support provided by the team of staff. Comments included, "I am very content here and looked after," and "Staff are kind and friendly." One visitor said "They (the staff) work hard and seem kind and friendly." We were also told that food was good, "Tasty" and "Pretty good."

Staff had undertaken training on the MCA and Deprivation of Liberty Safeguards (DoLS). Care staff had a basic understanding of mental capacity and informed us how they gained consent from people. Records supported people's consent was gained in a consistent way throughout the home. Most consent forms were well completed and demonstrated that people, family or enduring power of attorney had been consulted about their care and treatment. However we found that 21 of the 28 DoLS applied for were not correctly completed. They lacked details of the reasons that the DoLS had been applied for. We found that one application had been outstanding since February 2015. We saw that an extension had been applied for along with an urgent authorisation.

We noticed too that in the documentation received that an Independent Mental Capacity Advocate (IMCA) should be appointed. IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions: including making decisions about where they live and about serious medical treatment options. This had not been followed up by the management team of the home. There was no record of this on the care file. We could not see a care plan relating to the DoLS authorisation and there was no record of how or if the statutory conditions imposed by the DoLS team were being complied with. We looked at the organisational policies for DoLS, these were undated and no review date indicated. The policy does not refer to the DoLS Code of Practice. There is no reference within the policy for the power of the manager. It is a recommendation that the organisation contacts experts in the MCA and DoLS for advice and underpinning of training.

All staff told us that they had completed training to make sure they had the skills and knowledge to provide the support individuals needed. We were told that staff received an induction programme which lasted a month with ongoing training support. However we found that induction for a member of staff that started in

July 2015 had not been signed off or completed. We also found that not all staff were signed off as competent following completion of their training on line. During our inspection we saw one new staff member being taught poor and unsafe moving and handling techniques by a colleague. The manager was informed and this was addressed immediately with the staff concerned. The induction programme is an area that requires improvement so as to ensure it provides a robust and safe introduction into care for new staff.

People told us that staff working in the home were trained and looked after them well. One visitor said, "The training covers everything I think, they certainly seem competent." Staff and training records confirmed that a programme of training had been established and staff had undertaken essential training throughout the year. This training included health and safety, infection control, food hygiene safe moving and handling, safeguarding and dementia care. The training programme consisted of both e learning and direct training. Additionally, they said there were opportunities for staff to complete further accredited training such as the Diploma in Health and Social Care.

Registered nurses were supported to update their nursing skills, qualifications and competencies. The registered nurses told us that they had the skills to look after the people living in the home and would access training they felt they needed through the home or externally if required. The registered manager told us staff training had been reviewed with an emphasis on providing further specialist training to ensure the needs of people were appropriately responded to.

Staff had developed systems for organising work and for communicating information between staff. Each shift began with a handover and staff were allocated people to look after and specific roles. This included either assisting in the lounge areas or supporting people in their own rooms.

People told us the food was good and we saw staff asked them what they wanted at mealtimes and with drinks in between. The staff were aware of people's preferences and the chef had a good understanding people's needs and their likes and dislikes. This included the types of plate or dish, cutlery with grip handles, vegetarian and finger foods.

At the last inspection the meal time experience was poor and people were at nutritionally at risk. This inspection found that people's nutritional risks were well managed and that the meal time was an enjoyable and social experience. The lunchtime meal was prepared and presented in relation to individual needs, with mashed, pureed and cut up food provided as required, and if people did not like what was available staff said they could have something else. People sat at dining tables in two of the dining areas and in the lounge area on the high dependency unit (HDU) using a small table. Tablecloths and individual trays and cutlery, with drinks and condiments were available. Most people needed assistance or prompting with meals. Staff supported some people on a one to one basis and they were provided with this in a calm and unhurried manner. Staff chatted and checked in between mouthfuls if people were ready for more and drinks were offered throughout the meal. The atmosphere was relaxed and social and staff were available when people came in to the dining room late and places at the table were re-arranged to suit them.

Tea and coffee was available throughout the day when people wanted it. The chef and staff said snacks and drinks were available at any time and if people did not want their meal at the usual time, for example if they had had a late breakfast, their meal was kept and they could have it when they were ready. Staff said they would notice if people were not eating and drinking as much as usual and would report this to the nurse or the manager and they were confident GPs would be contacted if there were concerns. Food and fluid records were kept for some people, particularly people who had lost weight or who appeared disinterested in food. They had been completed daily and reflected the meals and drinks we observed during the

inspection. People were weighed monthly and records were kept and audited to ensure staff were aware of any weight loss or gain. Relatives felt the food was good and people could have what they wanted. One relative said, "Some people need assistance and staff are very good and make sure they eat enough." This meant that systems were in place to ensure people were supported to have a nutritious diet.

Records showed that people had regular access to healthcare professionals, such as GPs, chiropractors, opticians and dentists and had attended regular appointments about their health needs. For example, we saw that advice had been sought for one person from the Speech and Language therapist and the directives had been followed by the staff. This person was now eating well and gained weight.

## Is the service caring?

### Our findings

At the last inspection in July 2015, the provider was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff had not always listened to and involved people in their care delivery or lifestyle choices and this had had a negative effect on people's individual needs and wellbeing. People had not always been treated with respect and had their dignity protected.

An action plan was submitted by the provider detailing how they would meet the legal requirements by 30 December 2015. Improvements had been made and the provider was now meeting the requirements of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were still improvements to embed in everyday practice as new staff commence employment.

People were positive about the care they or their loved one received. One person said, "They are quite kind but they do rush around." Another said, "It's nice here, I'm happy," and "My mother is calm and the staff are very nice and kind."

At our last inspection we found that people were not always treated with dignity and respect and involved in decisions about their care. This inspection found people's preferences were recorded in the care plans and staff had a good understanding of these. There was information about each person's life, with details of people who were important to them, how they spent their time before moving into the home, such as looking after their family or employment, hobbies and interests. Staff said they had read the care plans and told us each person was different, they had their own personality and made their own choices, some liked music and noise while others liked to sit quietly, and they enabled people to do this as much as possible. People chose how and where they spent their time. People, who wanted to walk around the home, rather than participate in activities, were supported to do so safely. We saw some very nice interaction between people and the staff working in Southdowns. We observed sitting with people and having a cup of tea and a relaxed chat, we also saw that people were relaxed and comfortable with staff.

People's privacy and dignity was protected when staff helped them with personal care and bedroom doors remained closed as people were assisted to wash and get up. We saw staff encouraged one person to return to their bedroom to change, although they wanted to remain in the lounge, staff spoke quietly with them, encouraged them and they agreed to change their clothes. Staff told us, "We have to remember it's their home and support them in a way they want. We try to ensure people are happy" and, "People need a lot of support with their personal care and we need to ensure people are treated at all times with respect. We would not like everyone to know that we had had an accident and our clothes were wet and needed changing." This showed staff understood the importance of privacy and dignity when providing support and care.

Staff promoted people's independence and encouraged them to make choices. Many people living in the home were unable to mobilise independently, they needed the assistance of staff to move around the home safely and transfer from wheelchairs to armchairs. Staff observed people discretely as they walked around

the lounge and to and from their rooms, as they were at risk of falls, and supported them if required. Staff talked to people and asked them if they needed assistance, they explained to people what they were going to do before they provided support and waited patiently while people responded. One staff member said, "I am just going to move your chair so someone else can sit at the table and join us, is that alright." They leant down to talk to the person face to face so they could see their expression, and waited until the person responded. Comments from staff included, "It is our responsibility to make sure people are as independent as they can be, they make decisions about all aspects of the support we provide, even if we don't agree with them." "We try to encourage people to do things for themselves" and, "I like to get people to make their own decisions if they can. For example, if someone doesn't want to join in the activity, that's fine – it is their choice."

People's equality and diversity needs were respected and staff were aware of what was important to people. One person liked to wear make-up, nail varnish and particular clothing to reflect their lifestyle and staff supported them to do this. Staff said to them, "Your hair looks nice today, would you like some lipstick on."

Relatives were complimentary about the staff saying, "The staff are kind," "Staff very kind and caring," and "Seem very focussed and kind." Relatives told us staff were polite.

Care records were stored securely. Information was kept confidentially and there were policies and procedures to protect people's personal information. There was a confidentiality policy which was accessible to all staff. Staff demonstrated they were aware of the importance of protecting people's private information.



## Is the service responsive?

### Our findings

At the last inspection in July 2015, the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff had not always listened to and involved people in decisions regarding their care delivery or lifestyle choices and this had had a negative effect on people's individual needs and wellbeing being responded to.

An action plan was submitted by the provider detailing how they would meet the legal requirements by 30 December 2015. Improvements had been made and the provider was now meeting the requirements of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As discussed during the inspection there were improvements to progress to ensure the consistent delivery of person centred care.

People commented they were well looked after by care staff and that the service listened to them. One person said, "I think I get everything I need, no problems really." A visitor said, "They deal with things quickly."

This inspection showed that people received care that was specific to their individual needs. The care delivery was still being embedded in to practice but the improvements made had made a difference to people's lives. We saw people being supported to make choices and involve them in how they could spend their time. People in lounges were seen to be invited to join other people for tea and coffee and encouraged to participate in activities led by staff.

People received care which was personalised to reflect their needs, wishes and aspirations. Care records showed that a detailed assessment had taken place and that people were involved if possible in the initial drawing up of their care plan. Where people were unable to contribute, families were involved. Care plans provided detailed information for staff on how to deliver peoples' care. For example, information was found in care plans about personal care and physical well-being, communication, mobility and dexterity.

We were told care plans were reviewed monthly or when people's needs had changed. This was to ensure that people's care plans always remained current. Work was being undertaken to improve care documentation, and the provider confirmed that staff were to receive training in care planning. The daily handover was very thorough and gave all staff the opportunity to discuss peoples care. Daily records provided information for each person, staff could see at a glance, for example how people were feeling and what they had eaten. For people who were on continuous bed rest, staff documented all interactions. This ensured that the care was person centred and not task based. The service used a daily char and we saw that this was completed by care staff. There were still some small gaps noted but we saw that a senior care staff member undertook audits on a daily basis and fed back to staff when an entry was not made or was not clear.

Activities were provided and a programme was displayed in areas around the home. We also saw a member of the activity team visit people to give them a copy so they had a chance to look at it and make plans. A

number of activities were provided throughout the inspection and these varied depending on what people wanted to do. People sat around a dining table, some were supported with craft work and talked together and with the activity staff, whilst some people observed what they were doing. They were relaxed and comfortable together and smiled and laughed at the suggestions made by staff. Activity staff said they spent time with people who remained in their rooms and we saw them talk to people sitting in the lounge. Conversations were relaxed and friendly, people responded when spoken to and there was a considerable amount of smiling and laughing. We saw that the environment had been painted in bright colours and that attention had been given to creating a vibrant and welcoming atmosphere. We were told of plans for sensory areas and of turning a small lounge into an activity area and home cinema. This will create further areas for people to choose to spend time in.

People returned to their room at a time they decided. We saw that people were also offered the opportunity to go for a stroll in the secure gardens.

The home encouraged people to maintain relationships with their friends and families. One person said, "My friends and relatives visit regularly and are always welcomed." Another said, "I feel the home is welcoming, my family visit regularly, staff always pop in and chat to them and offer them a drink." We saw that visitors were welcomed throughout our inspection and the interactions were warm and friendly. Visitors were complimentary about the home, "Very welcoming, and friendly," and "Lovely home, clean and pretty with the new colours."

Records showed comments, compliments and complaints were monitored and acted upon. Complaints had been handled and responded to appropriately and any changes and learning were recorded. The procedure for raising and investigating complaints was available for people. One person told us, "If I was unhappy I would talk to the manager or any of the staff, they are all wonderful." The manager said, "People are given information about how to complain. It's important that you reassure people, so that they are comfortable about saying things. We have an open door policy as well which means relatives and visitors can just pop in." A visitor said, "If I had a complaint, I would speak to the manager, who is so visible and approachable, always there to talk to if I need to."

People told us that the service responded to their needs and concerns. Comments included, "I only have to mention a problem and it's dealt with," and "We can talk to staff at any time, about anything." We saw that complaints were taken seriously and acted on. One visitor told us, "I have had cause to complain, but I have to say it was dealt with quickly and I received written verification of what they were going to do." This told us that complaints were responded to and used to improve the service. The home had a clear complaints procedure that was available to people within the home and from staff if requested. Records confirmed that complaints received were documented investigated and responded to.

## Is the service well-led?

### Our findings

At the last inspection in July 2015, the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because good governance and accurate records were not in place.

An action plan was submitted by the provider detailing how they would meet the legal requirements by 30 December 2015. Improvements had been made and the provider was now meeting the requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However there are areas that need to be progressed to ensure that improvements are sustained, this included the recruitment and retention of trained staff.

People told us they liked living at Southdowns Nursing Home. Visitors said that although there had been a lot of changes with the members of the management team they were satisfied that the home was being well managed now. One relative said, "Lots of change, things seem okay but time will tell." Another said, "Yes I know who the manager is, always visible." Comments reflected on the approachability of the managers and senior staff working in the home and the belief that they listened to their feedback.

Southdowns Nursing Home had management structures in place that staff were familiar with. This included an area manager, manager, registered nurses and senior care staff. However we were surprised that the manager referred to weak teams and strong teams and found that this should be more robustly managed and both teams strengthened. This will then ensure strong leadership and improve the quality of care delivered. This was an area that requires improvement.

Organisational audits were now being completed routinely. Quality monitoring systems had been developed. A number of audits had been introduced, including for care plans, which had identified that additional training and support was required to ensure care staff updated the care records when people's needs changed. Medicine audits looked at record keeping and administration of medicines and the manager said action would be taken through the supervision process if issues were identified. Staffing levels had been reviewed, although a recognised tool was not used, and an active recruitment programme was in place.

A registered manager had not been in place at Southdowns Nursing Home since January 2015. A previous manager had been appointed but did not remain in post. The current manager is a registered nurse and was employed to manage the home on a day to day basis at the beginning of November 2015. The manager had not yet applied to register with CQC as the registered manager. We asked that this is done as soon as possible so we were assured that improvements were sustained under a strong and continuous management.

The provider and area manager had been working with the manager to develop the support and care provided at the home. From their reports we saw a record of some of the improvements we identified, such as the care plans and staff recruitment as well as areas for further improvements, with action plans to

address them.

Relatives felt they were able to talk to the manager and staff at any time and the relatives meetings provided an opportunity for them to discuss issues and concerns with other relatives, friends and management on a regular basis. One relative said, "If I have a problem I just talk to the staff or manager and they deal with it."

Staff told us they were involved in discussions about people's needs and were encouraged to put forward suggestions and opinions during the daily meetings and the monthly staff meetings. Staff said, "We are really encouraged to be involved in developing ideas for people, to ensure they are."

At the last inspection the provider had not always informed CQC of any issues that might affect the safety of people living in the home. Such as safeguarding concerns raised by the local authority. The manager said she used the notification system to inform CQC of any accidents, incidents and issues raised under safeguarding and we were able to check this on our system. We found information had been sent to CQC within an appropriate timescale.

Staff told us that they were clear on who they reported to and had access to the manager if needed. They felt there had been a lack of leadership in the past but was more confident with the current management arrangements. They told us that the changes in the management structure had been a positive development and that they were more supported. Three staff members when asked if they felt supported said, "It's better, we know we will be listened to." Staff were aware of the whistle blowing procedure and said they would use it if they needed to.

The new management structure had responded positively to a number of concerns raised by anonymous complainants. Staff had been supported through the resulting investigation process and told us they had learnt a great deal from this. The management and staff had been open and honest where problems had arisen and were looking for ways of improving the service further. This proactive response to information was also evident throughout the inspection process where improvements were progressed immediately following identification. For example, the resetting of bed mattresses where they were incorrect and immediately fixing some environmental concerns. We saw a senior member of staff immediately acting on these during the inspection. Following the inspection we were informed that daily audits were being undertaken to ensure that good practices were embedded.

Southdowns Nursing Home had clear values and principles established at an organisational level. All staff had a thorough induction programme that covered the organisation's history and underlying principles, aims and objectives. These were reviewed and discussed within supervision sessions with staff.

The provider sought feedback from people and those who mattered to them in order to improve their service. Meetings were used to update people and families on events and works completed in the home and any changes including those of staff. People also used these meetings to talk about the quality of the food and activities in the home. Meetings were minuted and available to view.

Staff meetings were now regularly held to provide a forum for open communication. Staff said meetings were an important part of communication as they could raise ideas, concerns issues and feel supported by the staff team.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

