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Southdown 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

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

Southdown Nursing Home accommodates up to 29 older people in one adapted building. At the time of inspection 20 people were using the service, many of whom were living with dementia and some had a learning disability.

Southdown Nursing Home is not required to have a CQC registered manager. A registered manager is a person who has registered with the Care Quality Commission 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.

At our last comprehensive inspection on 28 and 29 November 2017 we identified a breach of regulation relating to good governance. At a focused inspection on 10 March 2017 we found the provider remained in breach of the regulation relating to good governance. In addition, we found they were in breach of regulation relating to safe care and treatment. At a focused inspection on 23 May 2017 we found the provider had taken sufficient action to address both breaches of regulation.

We undertook an unannounced comprehensive inspection of this service on 13 December 2017. We found that whilst the provider had embedded their governance framework this did not ensure that actions identified as requiring improvement at our previous comprehensive inspection were implemented. This included in regards to the medicines management, complaints escalation process and recording actions taken following incidents. There were also insufficient systems in place to ensure good practice guidance was sought and embedded. We recommend the provider implements good practice guidance regarding safe management of medicines and providing a dementia-friendly environment.

An open and transparent culture had not been established and some staff, people and relatives felt the management team were not open to receive feedback.

Care records on the whole provided accurate information about people's needs. However, we identified for some people care records were not in place in regards to individual's specific care needs and did not always contain information regarding people's preferences. Information was not always made available to people in an easily accessible manner, particularly for people living with dementia and/or those who had a learning disability.

A formal tool was not used to review people's dependency levels in order to establish staffing levels. Our observations showed people received prompt support, however, feedback from staff was that at times this

was more difficult particularly at night and at weekends. The provider had not implemented the Care Certificate to ensure staff new to care understood their roles and duties. Nevertheless, a training programme was in place and staff received regular supervision and appraisal.

Staff worked with other health and social care professionals in order to meet people's needs. This included in regards to people's healthcare needs, their dietary requirements and in regards to care decisions for people who lacked capacity. Staff adhered to the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff were aware of people's needs, including the level of support they required to manage and mitigate any risks to their safety. An activities programme had been embedded at the service and people were observed as being engaged and enjoying the activities on offer.

The management team had built working relationships with the local authority and the clinical commissioning group. They had embedded practices from the new models of care vanguard initiative. The management team also worked with and followed advice from the local authority in regards to any safeguarding concerns that arose.

Nevertheless, we found the provider was in breach of legal requirements regarding good governance and you can see what action we have asked the provider to take at the back of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some aspects of the service were not always safe. A formal tool was not used to establish and review safe staffing levels, meaning the provider could not be sure there were sufficient staff deployed to meet people's needs. Nevertheless, observations showed people received prompt support from staff.

People received their medicines as prescribed. However, good practice guidance was not adhered to in regards to all aspects of medicines management, including in relation to protocols for 'when needed' medicines, homely remedies and recording of topical creams.

Individual risk assessments were in place and staff were aware of how to manage and mitigate risks to people's safety. On the whole a safe environment was provided, however, we identified some windows were not appropriately restricted to minimise the risk of falls from height.

Staff continued to adhere to safeguarding adults procedures.

Is the service effective?

Requires Improvement

Some aspects of the service were not always effective. The provider did not follow best practice guidance regarding medicines management or dementia-friendly environments.

Staff received regular training, supervision and annual appraisal. However, the provider was not following best practice in regards to implementation of the Care Certificate.

People's dietary and health needs were met. Staff liaised with healthcare professionals when required and had implemented the new models of care Vanguard initiative.

Staff adhered to the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Is the service caring?

Requires Improvement

Some aspects of the service were not always caring. There was a lack of information available in formats other than written, which

may impact on how easily accessible and understandable information was for people living with dementia or who had a learning disability.

Staff treated people with dignity and respected their privacy. People were involved in day to day decisions. Staff supported people to maintain relationships and to follow their religious and cultural preferences.

Is the service responsive?

Requires Improvement

Some aspects of the service were not always responsive. On the whole people had clear care records outlining the level of support they required. However, records did not cover all aspects of people's care needs and did not always provide detailed information about people's preferences.

An end of life care champion had been nominated. Information was collected on people's end of life wishes.

An activities programme had been established and embedded at the service. People were engaged and enjoyed the activities on offer.

A complaints process was in place. However, it continued to not include information about how people could escalate their concerns if they were unsatisfied with how their complaint was handled.

Is the service well-led?

Requires Improvement

Some aspects of the service were not always well-led. Whilst the provider had embedded their governance framework this did not ensure that actions identified as requiring improvement at our previous inspection were implemented. There were also not sufficient systems in place to ensure good practice guidance was sought and embedded. An open and transparent culture had not been established and some staff, people and relatives felt the management team were not open to receive feedback.

The provider was now adhering to the requirements of their CQC registration including submitting of statutory notifications and displaying their CQC inspection rating.

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.

This inspection took place on 13 December 2017 and was unannounced. The inspection was undertaken by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The provider did not meet the minimum requirement of completing the Provider Information Return at least once annually. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we made the judgements in this report.

Prior to the inspection we reviewed the information we held about the provider, including statutory notifications sent by the provider about key events that occurred at the service. We also spoke with representatives from the local authority and clinical commissioning team to obtain feedback about the service.

During the inspection we spoke with seven people, six relatives/friends and seven staff, including the provider and administrative manager. We reviewed three people's care records and staff records relating to recruitment, training, supervision and appraisal. We also reviewed medicines management processes, undertook general observations at mealtimes and during the day, and reviewed records relating to the management of the service. We received feedback from a healthcare professional visiting on the day specialising in end of life care and from the music therapist who regularly visited the service.

Requires Improvement

Is the service safe?

Our findings

People that lived at Southdown Nursing Home and their relatives and friends felt that it was a safe place to live. One person said, "I'm very safe here." Staff continued to work with the local authority to safeguard people from harm. Staff were knowledgeable in recognising signs of abuse and any concerns identified were discussed with the management team. The management team provided the local authority with additional information they required to investigate any concerns raised. At the time of our inspection the provider informed us there were no current safeguarding investigations. A safeguarding policy was in place and staff had received refresher training.

Risk assessments were in place to identify and review individual risks to people, including in relation to falls, moving and handling, development of pressure ulcers, malnutrition and dehydration. Plans were developed and incorporated into people's support and care plans about how to manage and mitigate the risks identified. We saw that for those identified as at high risk of pressure ulcers, regular repositioning charts were maintained and people confirmed staff supported them to reposition. Staff also ensured that people's pressure relieving equipment was set appropriately for their needs and weight. People at risk of malnutrition or dehydration had food and fluid monitoring charts in place and staff regularly checked people's weights. Information was included in people's records regarding safe moving and handling including what equipment people required and how this should be used.

Checks continued to be in place to ensure a safe environment was provided. This included checking water temperatures, gas safety, electrical safety, fire safety and water safety. However, no checks were undertaken on window restrictors. Whilst the majority of windows were restricted, we identified that some windows were not appropriately or securely restricted and there was a risk that the restrictors could be overridden and therefore people were not adequately protected from falling from height. We spoke with the provider about this who made arrangements for this to be amended. We will check all window restrictors at our next inspection to ensure appropriate action was taken.

Throughout our inspection we observed people received prompt support and there were staff available to support people with anything they required. People, including those who spent much of their time in their bedroom, said staff regularly checked on their welfare and responded to any calls for assistance. This included answering call bells. We received mixed feedback from staff about whether they felt there were sufficient staff on each shift. Some staff felt at times it was difficult to meet people's needs promptly. This was particularly difficult at night and at the weekends. Whilst we saw that dependency scores were in people's care records, this information was not currently used to establish staffing numbers. The provider told us they based the number of staff on each shift on the numbers of people using the service and staff's experience and knowledge of people's needs. At the time of our inspection a formal staffing dependency tool was not used, however, the management team told us they did intend on implementing one and we will follow this up at our next inspection.

Safe recruitment practices remained in place to ensure suitable staff were employed. This included obtaining references from previous employers, undertaking criminal record checks, checking staff's

identification and their eligibility to work in the UK.

People received their medicines as prescribed and for the majority safe medicines management processes were in place. Medicines were securely stored and there were processes in place in regards to safe ordering, delivery, administration, recording and disposal of medicines. However, we identified for one person that stocks of their medicines were not available at the service. The staff had liaised with the GP to obtain a repeat prescription, however, there had been a delay in this being received. On day one of our inspection there were not sufficient stocks of medicines for this person. The staff continued to chase the prescription during the inspection visit, and the nurse on duty during our second day of inspection confirmed the person's medicines had been delivered which meant the person had their required medicines.

At our previous inspections we identified that protocols were not in place for 'when required' medicines. At this inspection there were protocols in place, however, for one person's medicines for use in the event of a seizure there were not clear instructions for staff about when this was to be administered and at what dose. The nurse on duty stated they would liaise with the person's GP to ensure clearer directions for use were obtained. At our previous inspection we also identified that medicine administration records specifically for the use of topical creams were not in use and there were not up to date protocols in place regarding use of 'homely remedies' (medicines that can be obtained without a prescription). At this inspection the provider had still not ensured these were in use. We spoke with the management team about this who said they would ensure it was implemented following this inspection to ensure they were working in line with good practice guidance.

The service was clean and staff adhered to infection control procedures to prevent and control the spread of infections. Staff were observed using personal protective equipment appropriately and staff confirmed they had access to equipment to ensure they adhered to infection control procedures. Staff had received training in infection control to ensure their knowledge was up to date.

Processes were in place to report and record all incidents. At our previous inspection we identified that the incident records did not enable sufficient information to be recorded about what action was taken to minimise the risk of recurrence. This continued to not be in place at this inspection. The management team said they would ensure this is implemented following this inspection. They said whilst the incident report did not ensure this information was recorded they did review all actions taken in response to incidents when they undertook trend analysis to ensure lessons were learnt and practice was amended.

Requires Improvement

Is the service effective?

Our findings

The provider did not always support people in line with best practice guidance. As mentioned in the key question 'safe' the provider did not adhere to best practice guidance produced by the National Institute for Health and Clinical Excellence on the management of medicines in care homes. The provider had also not reflected good practice guidance in regards to providing a dementia friendly environment. The provider had not used colour or signage to help people navigate around the service, and there was a lack of visual and sensory information to support people who had dementia.

We recommend the provider reviews their practice in line with good practice guidance regarding the safe management of medicines and providing a dementia-friendly environment.

Staff continued to access training courses to ensure they had the knowledge and skills to undertake their duties and meet people's needs. Since our last inspection staff had completed refresher training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, food hygiene, nutrition, dementia awareness, moving and handling, fire evacuation, recognising signs of infection, medicines administration and challenging behaviour. However, the provider was not currently using the Care Certificate, a national tool to provide staff new to care with the basic knowledge and skills to undertake their duties. We spoke with the management team about this who said they would consider introducing it. Staff continued to receive regular supervision from the provider and for those staff who had been in post for over a year an appraisal process was in place.

Staff ensured people had sufficient amounts to eat and drink. Food and fluid charts were maintained for those at risk of malnutrition and dehydration. We observed people were offered drinks and snacks throughout the day. For those that chose to spend time in their room we observed that they had jugs of water available. However, one person in their room was not able to access their drink. It was left out of reach and also they required their fluids to be thickened to protect against the risk of choking meaning they could not access drinks independently. When we visited this person they expressed they were thirsty. We brought this to the provider's attention so the person's needs could be met. However, there were not systems in place to record when they last had a drink or when staff had previously visited them in their room.

Since our previous inspection a new chef had been employed. They had been made aware of people's dietary requirements and provided meals in line with these. They were in the process of updating the menu and reviewing people's likes and dislikes so these could be taken account of. The chef had also organised to attend a forum for chefs in local nursing homes to get together and share practice. We will review what impact this has on the service at our next inspection. People enjoyed the meals provided. One person told us, "The food's brilliant." A relative said, "They get [their family member] food when he wants to eat…he's put a little weight on since being here…which is good."

Staff continued to liaise with other healthcare professionals in order to meet people's needs. This included weekly visits by the allocated GP as well as obtaining specialist advice from dieticians, speech and language therapists and physiotherapists. The provider had previously participated in the pilot NHS England's

Vanguard initiative in line with new models of care as hosted by the local Clinical Commissioning Group (CCG). Practices developed as part of this pilot were now fully implemented at the service including use of the 'red bag' initiative and development of standardised paperwork to coordinate and streamline admissions to hospital.

Staff continued to adhere to the Mental Capacity Act (MCA) 2005. When people did not have the capacity to consent to decisions, best interests' meetings were held to make decisions on the person's behalf in liaison with their relatives and relevant health and social care professionals. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The management team applied for DoLS authorisations when required and kept track of the approved restrictions and when these expired.

Requires Improvement

Is the service caring?

Our findings

The staff were kind and compassionate and engaged positively with the people that lived at the service. Most of the people we spoke with during the inspection were happy with the care they received. Staff knew the people that lived at the home by name, and understood how to care for them. One person said, "They do everything for me… they make me feel comfortable". Another person told us, "They look after you very well on the whole." A relative said, "They are very attentive. [Their family member] likes her 'babies' with her and staff always make sure that she has one with her. It really helps with her anxiety. She's so much happier."

Staff treated people with dignity and respect. Staff offered people assistance with their personal care discreetly and ensured others could not overhear sensitive conversations. People's personal care needs were met in the privacy of their bedroom or bathroom.

Staff were aware of people's communication needs and supported them with any visual or hearing impairment they had, this included ensuring people had their glasses and hearing aids. Most people's first language was English and they were able to communicate verbally. There were some individuals who could not speak English and could not verbally communicate. Staff were aware of how these people communicated to ensure their wishes were respected and they were involved in the service. However, we identified that much of the information at the service, including the menu and the activity plans, were only available in written language. We discussed with the management team the importance of providing visual pictorial information to help people with dementia and those with learning disabilities to understand the information and what is being communicated. The management team said they would take on board our comments and we will check whether this has been implemented at our next inspection.

Staff supported people to make decisions about day to day activities, and information was included in people's care records about how to support people to make decisions. For example, showing people two outfits for the day so they could choose what they wanted to wear. People were able to choose what they participated in during the day and there were choices available at mealtimes.

People were able to maintain relationships with friends and family. At the time of inspection there were two husband and wife couples living at the service. Staff respected these people as individuals as well as supporting their relationships and giving them space as a couple. During our inspection many people had relatives and friends visiting. There were no restrictions in regards to visitors. One relative told us, "They always make me welcome…I come the same time every day and they are always very nice."

Staff supported people with their religious and spiritual needs. Since our last inspection the management team had made links with a religious leader who visited the service weekly to hold spiritual and faith sessions. This person had also organised for a local choir to visit as part of the festive celebrations.

Requires Improvement

Is the service responsive?

Our findings

On the whole people and their relatives were happy with the support they received. One relative said, "It's a very pleasant and happy place here". Another relative told us, "[Their family member's] anxiety levels have dropped since she arrived, and they encourage socialisation."

People's needs were assessed and monitored. On the whole, detailed care records were maintained instructing staff about people's needs and how these were to be met. This included in regards to diabetes, continence care, personal care, wound management, falls and moving and handling. Staff were aware of people's needs and the level of support they required. They were able to describe to us each person individually, their needs, their likes and their personalities.

Care records were regularly reviewed and updated. However, we identified that some information was missing from some people's records. For example, one person had epilepsy and was taking medicines to help manage their condition and seizure activity. At the time of inspection an epilepsy care plan and seizure management record was not in place. A care plan was produced during our inspection. However, this did not include information about frequency and type of seizures the person experienced or any triggers to seizure activity. Another person was known to exhibit behaviour that challenged staff. The staff were using a formal tool to record and monitor the person's behaviour and had started to identify patterns of behaviour. However, there was not a specific care plan in place to inform staff about any triggers to this behaviour and how staff were to support the person when they displayed aggressive behaviour. We spoke with the management team about this who said they would liaise with the person's social worker and the local authorities care home behaviour support team to get further advice about proactive behaviour management plans.

We saw on the staff allocation sheet identifying staff's tasks that some people were assisted by night staff with their personal care. The management team told us this was because these individuals liked to get up early and before the day staff started shift. They said people were able to choose when they got up and they were supported with their personal care at a time they chose. However, this information was not always clearly recorded in people's care records and there was a risk that people would not receive support in line with their preferences.

Since our previous inspection the activities programme had been embedded at the service. This included a programme of activities delivered by the activities coordinator and care staff, as well as organising for performers and a music therapist to deliver sessions at the service. We observed activities taking place and the activities coordinator ensured each person was engaged and given the opportunity to participate. People were seen joining in, singing along to carols and laughing with each other and staff. The management team had also arranged for a befriending service to support certain people and this included supporting people to access the local community. However, some people still felt there was a lack of opportunity for trips out. The management team continued to work on this aspect of service delivery and hoped to provide more opportunities for people to access the community.

An end of life care champion had been nominated within the care team. This staff member worked closely with the community end of life care specialist to ensure people's end of life care needs were planned for and met. The specialist told us the implementation of the end of life champion had improved practice as the end of life care champion had taken a strong lead on providing high quality end of life care at the service. The staff worked together to develop advanced care plans and complete the 'coordinate my care' documentation to ensure all agencies involved in a person's care were made aware of their wishes. Clear information was recorded about people's preferred place for death, whether they wanted to receive active treatment and in what circumstances, and whether or not they wished to be resuscitated.

A complaints process remained in place. At our last inspection we identified the complaints process did not provide people and/or relatives with information about how to escalate their concerns if they felt their complaint was not handled appropriately. At this inspection we saw this information had still not been made available. We spoke with the management team about this who said they would ensure the complaints process was updated and this information was included. The management team reviewed all complaints made and analysed them to identify any trends.

Requires Improvement

Is the service well-led?

Our findings

Since our previous inspection the provider's governance structure had been embedded into service delivery. The management team dedicated one day a week to review the quality of service provision, including the quality of care plans and daily monitoring forms. There were also systems to monitor key performance data, incidents, accidents and complaints information. As well as reviewing staff requirements including criminal record checks, visa restrictions and nursing NMC registrations.

However, these systems did not ensure that areas requiring improvement at our previous inspection and mentioned in our previous report were addressed. They also had not identified the concerns we found regarding a lack of clear, accurate and complete care records for certain aspects of people's care.

Whilst the management team attended the local provider forums to share good practice and attended sessions provided by the local clinical commissioning group, they did not have sufficient systems in place to ensure they stayed up to date with good practice guidance and that this was implemented within service delivery.

There were systems in place to obtain feedback from staff, people and relatives. This included daily catch up meetings with staff, 'resident and relative' meetings and completion of satisfaction surveys. However, we received mixed feedback from staff, people and relatives about the effectiveness of these meetings and the opportunities to express their opinions to the management team. Some felt well supported by the management team and felt their views were listened to and considered, whereas, others felt the management team were unapproachable, defensive and were not welcoming of feedback. We spoke with the management team about this who said they would reiterate to people, relatives and staff they welcomed feedback and would work on creating an open and transparent culture at the service.

Evidence in the paragraphs above show the provider was in breach of regulation 17 of the HSCA 2008 (Regulated Activities) Regulations 2014.

Prior to our inspection we identified the provider had not displayed their CQC rating from previous inspections on their website as legally required. A fixed penalty notice was issued in response to this breach of legal requirement. At the time of our inspection the provider had still not adhered to the requirement and was not displaying their rating on their website. We discussed this with the management team and by the end of our second day of inspection their website had been updated and was now displaying the provider's current CQC rating.

The provider was aware of their CQC registration requirements and submitted notifications about key events that occurred at the service. This included serious injuries, deaths and safeguarding concerns.

A social care professional who regularly visited the home told us, "[The administrative manager] is a lovely manager and very supportive of the use of music to improve the quality of care." The staff team had built strong working relationships with other health and social care professionals. This included with the

allocated GP, the specialist community professionals, and representatives from the clinical commissioning group and local authority.

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 Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not ensure robust systems were in place to review, monitor and improve the quality of service provision. They did not ensure complete, accurate and contemporaneous care records were maintained. They did not openly seek and act on feedback from relevant persons to continually evaluate and improve the service. Regulation 17 (1) (2) (a) (c) (e).