

West Northamptonshire Council

Southfields House

Inspection report

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Ratings

| | |
|---------------------------------|-------------------------|
| Overall rating for this service | Inspected but not rated |
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| Is the service safe? | Inspected but not rated |
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| Is the service well-led? | Inspected but not rated |
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Summary of findings

Overall summary

About the service

Southfields House is a residential care home registered to provide care for up to 45 older people, some of whom are living with dementia. At the time of the inspection 25 people were living in the home.

Southfields House accommodates 45 people across six separate units, each of which has separate adapted facilities. During the inspection two of the units were closed for refurbishment.

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

The provider failed to implement all the government guidance in their policies and practice. This placed people at risk of the spread of infections including COVID-19.

Staff had access to personal protective equipment (PPE), were using this appropriately and understood the importance of good hand hygiene. Visitors were screened and tested before entering the building to prevent the risk of infection from COVID-19. Staff were vaccinated as per the regulatory requirement.

The provider had not ensured all the quality monitoring audits had been completed in the last two months, this was due to staff shortages. The registered manager worked closely with staff during this period to identify areas of the service that required improvement.

There were enough staff deployed to provide people's planned care, however, there were many staff vacancies, so the provider used regular agency and management to provide care.

People received their medicines as planned. Staff received training in managing medicines and their competencies had been checked.

Staff were recruited using safe recruitment procedures.

People's risks were assessed and reviewed regularly or as their needs changed.

Staff understood their roles in safeguarding people from abuse or improper treatment. The managers were responsive to staff concerns.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 1 April 2021 and this is the first inspection. We have not reviewed the rating as we have not looked at all of the key questions at this inspection.

The last rating for the service under the previous provider was Requires Improvement, published on 22 April

2021.

Why we inspected

We undertook a targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about infection control. A decision was made for us to inspect and examine those risks.

We inspected and found there was a concern with infection control, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

We have identified a breach in relation to infection prevention and control at this inspection.

Please see the action we have told the provider to take at the end of this report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

Is the service well-led?

We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

Southfields House

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that both the registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. 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

inspected the service and made the judgements in this report.

During the inspection

We were unable to speak to people using the service as they were in isolation due to the COVID outbreak in the home, however, we did observe interactions between people and staff and spoke with two relatives. We spoke with eight members of staff including a representative from the provider, the registered manager, a senior care staff, care staff, a cleaner and a maintenance person.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at six staff files and three agency staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. We have not reviewed the rating as we have not looked at all of the key questions at this inspection.

Preventing and controlling infection;

- The provider's policy did not provide guidance or information for staff to manage their clothing to prevent cross contamination. Not all staff wore a uniform or change their clothes on site before or after their shifts. People using the service, staff and the public were at risk of acquiring infections including COVID-19.
- The provider failed to implement effective isolation procedures to protect people from the spread of COVID-19. People in isolation had their bedroom doors open with no additional ventilation such as an open window. This placed other people in the vicinity at risk of contracting COVID-19.
- The provider failed to implement a reliable system of cleaning toilets between use, for example after a person with COVID-19 had used them.
- The provider failed to provide staff with enough suitable bins to dispose of their used PPE safely. Where bins had been provided, they did not have a working pedal to lift the lids hands free, the lids had been left open to enable staff to access the bins without touching them. This placed people at risk of contamination from infected and soiled incontinence pads and PPE.
- The provider failed to have a system to ensure scheduled cleaning in communal areas and bedrooms were completed daily. This placed people at risk of COVID-19 from contaminated surfaces that had not been cleaned regularly.

The provider failed to assess, prevent and control the spread of infections. This placed people at risk of harm. This was a continued breach of regulation 12 (2) (h) (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had ordered new bins prior to the inspection but they had not been delivered. After the inspection the provider implemented a risk assessment to mitigate the risks of having bedroom doors open when people are in isolation.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Staffing and recruitment

- The provider had a number of staffing vacancies. They used regular agency staff to ensure there were enough staff to meet peoples' needs. However, the registered manager and senior managers also covered

care shifts and administered medicines regularly, which left their roles and responsibilities such as management and audits uncovered. The provider had a recruitment drive to employ more care staff.

- Staff were recruited using safe recruitment practices whereby references were checked and their suitability to work with the people who used the service.
- The provider had a system and process in place to ensure Disclosure and Barring Service (DBS) checks were completed for all staff prior to them working with people. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Using medicines safely;

- People received their medicines as prescribed.
- Systems were in place to ensure time critical medicines were administered in a timely way.
- Staff had received training and their competencies checked for safe administration of medicines. Staff followed the providers medicines policies and guidelines.
- The provider carried out monthly medicines audits and acted to improve, where issues had been identified.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider did not have risk assessments for people accessing the kitchenettes where hot appliances were used, and cleaning products were stored in unlocked cupboards. We brought this to the attention of the registered manager who promptly assessed the risk and implemented actions to mitigate the risks.
- People's risks had been assessed and reviewed regularly or as their needs changed. Staff referred to people's care plans for guidance on how to mitigate the known risks.
- There were systems in place to regularly assess the fire and water safety.
- The provider had implemented systems to monitor people after a fall or accident to ensure any injuries were detected. People were referred for medical care where they had incurred injuries.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies and procedures in place to safeguard people from abuse or improper treatment.
- Permanent and agency staff had received training on safeguarding procedures. Staff demonstrated they understood their roles to safeguard people and reported concerns to the manager.
- The registered manager followed the provider's safeguarding policies and procedures. Safeguarding alerts had been raised appropriately with the relevant agencies.

Is the service well-led?

Our findings

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

This is the first inspection of this newly registered service. We have not reviewed the rating as we have not looked at all of the key questions at this inspection.

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

- The provider had implemented a series of audits to measure the quality and safety of the service. However, the infection control audit did not identify where the provider's policies did not follow all the government guidance.
- The registered manager and other staff had been unable to carry out the planned audits since November 2021 due to staff shortages. Staff who would normally carry out audits had been providing care. The Registered Manager told us this had given them the opportunity to assess the quality of the care first-hand. We observed staff understood their roles and people were receiving their care as planned.
- The registered manager understood their responsibilities in reporting incidents to CQC.
- There were systems to ensure people were referred to health and social care professionals to seek specialist advice.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager had ensured people's care plans were written in a person-centred way, taking into account their personalities, likes, dislikes and protected characteristics.
- All permanent and temporary care staff received a handover and were encouraged to read people's care plans to ensure they understood people's needs.
- The registered manager had implemented additional training for regular agency staff to ensure people received care from skilled staff who were knowledgeable about the way the provider's systems worked.
- The registered manager held regular meetings with senior staff to share information and gain feedback about the service. There had not been team meetings for all staff since January 2021; the registered manager told us they had found it difficult to get staff to attend due to staffing levels.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager understood the need to be open and honest when things had gone wrong and remained open and transparent throughout the inspection. Records showed families were kept informed of any incidents or concerns with their relative.

This section is primarily information for the provider

Action we have told the provider to take

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

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to assess, prevent and control the spread of infections. |