London Residential Healthcare Limited

Southborough Nursing Home

Inspection report

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05 July 2018

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 04 and 05 July 2018 and was unannounced.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Southborough 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.

The care home accommodates up to 45 people in one adapted building. At the time of our inspection 40 people were residing at the home.

A registered manager was in place at the time of our inspection. 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 this inspection we found that window restrictors and some of the thermostatic mixers that controlled hot water required updating at the home. Medicines stock balance checks and recording of the administration of 'as required' medicines also required clearer definition. We raised this with the registered manager and action was taken to remedy these issues immediately.

Risks to people were clearly recorded, and action to take to mitigate risk were in place to guide staff. Recruitment procedures were in place to check the suitability of staff prior to them commencing employment. People were safeguarded from the potential risk of abuse and staff knew how to manage any concerns raised. The premises were clean, free from odour and hygiene levels were maintained regularly.

People's care needs were holistically assessed, in line with national guidance. Records showed that people were sufficiently hydrated and had access to a balanced diet. Access to other healthcare professionals was provided at times that people needed them. Staff were supported to access training, supervision and appraisal that was relevant to their role and enabled them to carry out their duties. Procedures were in place to ensure that people's mental capacity was appropriately assessed and decisions made in people's best interests.

People felt cared for and supported by compassionate, kind and thoughtful staff. Staff knew people's needs well as respected people's privacy and dignity. People were supported to make decisions and express their views in relation to their care.

The home was responsive to people's needs, involving them and their relatives in reviews and developments in their care needs. A range of activities were on offer both inside the home and as external trips and visits. People were supported with a comfortable and dignified end of life where their wishes were taken into account. A complaints policy was in place, and records showed these were appropriately responded to.

The provider and registered manager prioritised the safety and wellbeing of people at the home, and we observed a 'hands-on' approach. The provider worked to improve the quality of the care delivered at the home and considered people's views and feedback.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Southborough 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 04 and 05 July 2018 and was unannounced. We told the provider we would be returning for the second day of inspection.

The inspection was conducted by one inspector on the first day, with a second inspector assisting on the second day.

Prior to the inspection we reviewed information we held about the service. This included notifications the provider is required by law to send us about events that happen within the service. We also reviewed the information included in the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with four people who lived at the service and three relatives. We also spoke with the registered manager, the regional manager, a registered nurse, a healthcare assistant, the activities co-ordinator and the cook.

We looked at five care records, four staff files and a range of other documents that related to the overall management of the service which included quality assurance audits, accident and incident reports and complaints records.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home telling us, "Oh yes, where I can't cope myself I'm very well looked after", "Yes, I feel safe. Oh yes" and "Yes, very safe because everything's looked after." A relative said of their family member, "I feel he'll get the care he needs here."

The building was in need of a decorative update, and the provider had plans in place to remedy this. On our first day of inspection we noted that not all of the window restrictors were suitably fitted on the first floor, however the provider was aware of this through their regular premises audits and had ordered replacement window restrictors. Following the inspection we were informed that fitting of these had commenced. The provider was required to check all hot water outlets in the premises to ensure these did not exceed the maximum temperature of 44 degrees Celsius as recommended by the Health and Safety Executive (HSE) in their guidance 'Health and safety in care homes'. We reviewed the provider's hot water temperature checks and found that these had sporadically exceeded safe levels in the communal bathroom areas. The provider immediately instructed that thermostatic taps be updated for the necessary areas. We were happy with the provider's response and will check on this at our next inspection.

The cleanliness of the home was well maintained with housekeeping staff attentive to environmental needs throughout the day. Regular checks were made of communal areas and people's rooms were cleaned on a daily basis. Staff utilised personal protective equipment when supporting people, including aprons and gloves.

The home was subject to regular safety checks including electrical equipment testing, legionella and fire safety procedures. Each person also had a personal emergency evacuation plan in place to support staff to help people out of the building safely in the case of an emergency.

Medicines were stored and administered in line with pharmacy guidance. People's medicines were primarily administered through a blister pack provided by the pharmacy. The administration of PRN (as required) medicines were not always clearly recorded, during the inspection the provider implemented an updated PRN specific form to ensure staff could fully record the details of administration. Where people were administered other boxed medicines records showed that stock balance checks were not always up to date. We raised this with the provider at the time of inspection who told us they would implement an additional quality assurance check to ensure these were accurately completed. We were happy with the provider's response.

The provider ensured that medicines were securely stored in an appropriate temperature controlled environment, and records showed that these were checked regularly. Staff responsible for administering medicines were subject to annual competency assessments and records showed that these were up to date.

People felt that there were sufficient numbers of staff to meet their needs. One person said, "[sic]There's always several about. They have time to have a chat with me. Although they are very busy." Two people told us that they felt they had to wait for toileting support due to lack of an additional hoist. The provider raised

this issue with staff, and following this feedback ordered an additional standing hoist. Staff told us that they wished they had more time to talk with people, however they felt there were suitable numbers of staff to enable them to carry out their duties. The registered manager told us that they were currently in the process of recruiting additional staff to reduce the numbers of agency staff in use.

Any potential risks to people were assessed and regularly reviewed. Risk areas included manual handling, falls, pressure sores, medicines and nutrition and hydration needs. Where one person had been reviewed at high risk of pressure sores records were in place to regularly review their skin integrity and support required through specialist equipment such as a pressure mattress. Where people required bedrails appropriate risk assessments had been completed to ensure that these were used safely.

Measures were in place to safeguard people from the potential risk of abuse. The provider had a robust safeguarding policy in place which detailed staff accountability in reporting any suspected incidents. Staff were able to recognise the different types of abuse and knew the steps they would take to ensure that people were kept safe.

Staff recruitment checks were robust in checking that staff were safe to work with people at the home. All staff were subject to a DBS (Disclosure and Barring Service) check that was regularly updated by the provider. Staff files showed that they were required to provide their employment history, two references and proof of identity.

The provider ensured that incidents and accidents were thoroughly investigated as they occurred. The type of incident and any action taken was clearly recorded, with the provider identifying any trends to mitigate risk across the home.

Good

Is the service effective?

Our findings

People's needs were assessed in line with best practice guidance to ensure that the care provided to them was effective in meeting their needs. The MUST (Malnutrition Universal Screening Tool) was used to identify and manage those as risk of malnutrition, and the Waterlow score used to identify the risk of pressures sores.

People were impressed with the quality of food available to them. One person said, "The foods very good. I can ask for seconds or if I want something outside of mealtimes they'll give it to me". Another person told us, "Generally speaking it's very good. If there's something you don't like you can choose something else." We observed lunchtime on the first day of inspection, and saw staff checking people's comfort and satisfaction with the food. We overheard positive comments and saw people offered refreshments of their choosing. Both hot and cold drinks were available to people both in their rooms and the communal areas throughout the day.

We spoke with the chef, who was knowledgeable in the needs of people that required a specialised diet. This included pureed, soft foods or those people with allergies. An information sheet was clearly placed in the kitchen for all staff to refer to, as well as in people's care plans. At their last Food Standards Agency inspection they had been rated as level 5 for their hygiene standards.

When people required access to other healthcare professionals this was facilitated by the team of nurses. A local GP attended the home on a weekly basis to support with any presenting needs. Records showed that people had accessed the chiropodist, optician, dentist, speech and language therapist (SALT) and physiotherapist. Where one person had recently refused one of their regular medicines records showed a referral had been made to the GP to ensure that their current medicines regime was reviewed.

People's rooms were personalised in line with their preferences, with items such as ornaments, pictures, family photographs and flowers. The environment was not as dementia friendly as it could be. The provider told us they had highlighted this issue and had plans in place to improve this.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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 registered manager kept a log of people subject to DoLS, including expiration date so that it was clear when applications required renewal. People's records included capacity assessments to assess their ability

to make decisions in relation to their care, and records showed that where appropriate best interests meetings were held.

Staff were supported to receive training relevant to their roles. Topics included basic life support, food safety, dementia awareness, fluids and nutrition, health and safety, moving and handling and person centred-care. Records showed that the staff team were up to date with the provider's refresher requirements.

Regular supervision and appraisal was in place to ensure staff received support and review of their practice. We identified that some staff supervisions were overdue, the registered manager had a supervision schedule in place to ensure these were completed. Staff felt that supervision was an effective process, with one staff member telling us, "We discuss issues, it is good. We can say if we're stressed. We can identify from them [supervisors] how we're working."

Teams across the home worked together to ensure they communicated effectively in relation to people's daily needs. Daily 10am meetings were held to discuss any events for the day and highlight the needs of people at the home. Staff felt they worked well together to meet people's needs with one staff member telling us, "We spread allocations across staff in the morning and work on each group and help each other out when we need to."

Good

Is the service caring?

Our findings

People and their relatives felt they were treated with kindness at the home. People told us, "One staff here is my best friend. I get lots of love and emotional support, absolutely, I always give them a cuddle" and "They're extremely nice, I've not come across a nasty one yet. They're very friendly".

Relatives were also very positive about the care their family member received telling us, "Mum calls this place home, she doesn't consider it a care home" and "The team are fantastic, supportive and very focused on caring for his needs."

Across both days of inspection we observed thoughtful and considerate interactions between staff and people. Staff were discreet and sensitive in responding to people's needs throughout the day, as well as positively engaging people in conversation.

Staff were aware of the importance of respecting people's privacy and dignity. A staff member said of delivering personal care, "I cover them up, clean the top part first and then the bottom. We close the door and pull the curtains." One person told us, "If they [staff] are going to help me to do something they ask my permission first, they respect my decision."

Staff worked to support people to be as independent as they were able to be. One staff member told us, "I'll ask people to wash their own face or upper part of their body, putting a glass on a table rather that always giving it to them. Any act of daily living I encourage them to do."

People were involved in decisions around their care and support. People's views around any religious preferences were recorded in their care plan and regular services were held at the home or people were supported to attend the local church. The home sought people's views on their care through quality assurance questionnaires, the outcomes of those completed were primarily positive.

Good

Is the service responsive?

Our findings

People and their relatives were supported to be involved in the care planning process. One person said, "Yes I do have one, it's full of various things and information my wife has given to them. It's centred around me and it's varied." A relative told us, "As a family member it's great to have a team that are very responsive, adaptive and flexible." Families were involved in updates to people's care with one relative telling us, "The home inform me of the very slightest change in health etc. They always phone and tell me."

Every resident at the home was subject to a pre-assessment prior to admission to ensure that the home was suitable to meet their needs. A relative told us, "We were involved in the pre-admission. Pre-admission was excellent, my sister came for two visits and we just thought this was perfect."

Records showed that people's personal preferences were sought from them, or their relatives where appropriate. Areas included people's life histories and their likes and dislikes. People's relatives were able to visit their family members at times that suited them and we observed people attending the home throughout the day.

People were supported to receive end of life care that reflected their wishes. One person had recently been admitted to their home, however their care plan did not reflect their end of life preferences. Following the inspection the provider confirmed to us that this had been completed. Areas covered included people's preferences for their service and the family members they wished to be contacted.

There were a range of activities on offer to help stimulate people. Activities on offer included quizzes, ball games, one to one room sessions and aromatherapy. The home also arranged external activities for people to attend. One person said, "I believe there's a lot of activities. Now and again they organise trips out.[sic]. We recently went to Hampton Court rose garden. It was well arranged and I enjoyed it." Another person told us, "Yes, there are activities – someone asks questions like a quiz, bingo, music. I do like to join in. And I have a TV in my room if I want to be alone." The home had recently held a summer garden party which was well attended by people at the home and their family members.

People were aware of how to complain about the home if they needed to. One person said "Absolutely I know how to make a complaint. They won't let me be unhappy, they'll fix things." We reviewed the provider's complaints records and any actions taken and outcomes of complaints were clearly recorded. The provider also kept a comments and suggestions book at the entrance to the home and this was utilised and appropriately responded to.

Good

Is the service well-led?

Our findings

People, their relatives and staff spoke positively of the management of the service. A relative told us, "They are very welcoming and informed, they have processes that work." A staff member said of management, "It's good. [sic] I really am happy working here" and another told us "I feel really really supported here, the help I've received here has been good."

The registered manager undertook regular quality assurance checks to monitor and improve the quality of the service. These included infection control, nutrition and hydration, mealtimes, catering and incidents and accidents. The home had a service improvement plan in place that identified actions for areas of improvement and progress made across various areas.

The registered manager ensured that we were notified of significant events as and when they occurred.

Staff attended regular team meetings to ensure they remained engaged and involved in the home's developments. Areas covered the home's environment, resident issues, training and discussion of policies.

The home kept people abreast of news around the home through a quarterly newsletter, shared with both people at the home and their relatives. People were also invited to attend resident's meetings, the management highlighted that a meeting was overdue however a meeting was due to take place on the second day of inspection. Records showed that people discussed their quality of living at the home and any activities they wanted to pursue, with action taken to make improvements.

The home was supported by a structured management team, with the head office being located next to the home. The registered manager told us that support was always available and that their priority was people's safety. A social media discussion group had been set up for all homes under the provider to share best practice and innovation. The registered manager attended the local providers forum for updates, as well as attending relevant conferences to keep up to date with developments in the field.

Links had been made with the local funeral home to support people and their families where necessary. Local schools attended for annual events and the registered manager told us that the home had access to the local impact team and utilised the hospitals 'red bag' system.

The registered manager was clear on the significant incidents they were required to notify us about, and records showed they had been compliant with this. The provider was also looking to implement new innovative practices into the home including advanced monitoring equipment that was being piloted in their other homes. Plans were underway to introduce enhanced sensory sessions, support a student with work experience and work alongside an agency to support those with disabilities back into volunteering and employment opportunities.