

# Southpark Residential Home Limited

# South Park Residential Home

## Inspection report

193 South Park Road  
Wimbledon  
London  
SW19 8RY

Tel: 02082969602

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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 well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

At our last comprehensive inspection of this service, which we carried out on 23 and 24 February 2017, we continued to rate Southpark Residential Home 'Requires Improvement' overall and for the three key questions 'Is the care home safe', 'effective' and 'well-led'. Although we found the service had taken appropriate action to resolve all the outstanding breaches from previous inspections, we identified three new breaches of the regulations that included a failure to check the suitability and fitness of new staff, ensure staff were suitably trained and supported to effectively carry out their duties and effectively monitor the quality and safety of the service people received.

After the February 2017 inspection the provider wrote to us to say what they would do to meet their legal requirements in relation to the three breaches of the regulations described above. We undertook this unannounced focused inspection to check the provider had followed their action plan and to confirm that they now met legal requirements.

This report only covers our findings in relation to this inspection. You can read the report from our previous comprehensive and focused inspections, by selecting the 'all reports' link for 'Southpark Residential Home' on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Southpark Residential Home provides accommodation and personal care for up to 11 people. The home specialises in supporting older people living with dementia. At the time of our inspection there were eleven people living at the home, which included one person receiving temporary respite care.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC). Registered managers like registered providers 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.

During this focussed inspection we found all three outstanding breaches had been satisfactorily resolved. Specifically, the provider had improved their staff recruitment practices by ensuring appropriate employment and criminal record checks had been carried out for all new staff. Staff had either completed or were booked to attend refresher training on dementia awareness, moving and handling, food hygiene and fire safety. This ensured staff had the right knowledge and skills they needed to perform their roles effectively. And, measures had been put in place to ensure the provider operated more effective governance systems to routinely assess and monitor the quality and safety of the service people at the home received. The new quality assurance processes helped the registered manager and staff identify issues promptly and ensure appropriate action was taken to address shortfalls in staff recruitment checks, staff training and one-to-one supervision meetings.

In addition, as we had discussed with the registered manager at our previous inspection we saw the provider

had purchased a range of new furniture for people's bedrooms and the main communal area.

However, while we saw significant improvements had been made by the provider at this inspection, we did identify a new breach in respect of the service's fire safety arrangements. Specifically, fire safety equipment they used in the home was not always appropriately maintained and safe for its intended use, staff did not routinely participate in fire evacuation drills of the building, and fire safety risk were not always identified, assessed and mitigated.

This meant fire safety risks people might face were not suitably managed and represents a breach of the Health and Social Care (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the 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?

Some aspects of the service were not safe. Whilst we found appropriate action had been taken by the provider to improve the way they recruited new staff; their fire safety arrangements were found to be inadequate. This meant fire safety risks people might face were not suitably managed.

Whilst we saw improvements had been made to the way the provider managed staff recruitment, we have not changed the rating for this key question because of the fire safety issues identified at this inspection.

**Requires Improvement** ●

### Is the service effective?

We found that appropriate action had been taken by the provider to improve the training and support staff received.

We saw the provider had followed their action plan and taken steps to ensure staff were appropriately trained and supported to carry out the duties they were employed to perform.

Whilst we saw improvements had been made we have not changed the rating for this key question because to do so requires consistent good practice over time.

**Requires Improvement** ●

### Is the service well-led?

We found that appropriate action had been taken by the provider to ensure the service was well-led.

The provider had significantly improved the way they assessed, monitored and improved the quality and safety of the service people received. However, further improvements were still needed to ensure the provider identified fire safety issues we identified at this inspection promptly.

Whilst we saw some improvements had been made we have not changed the rating for this key question. To improve the rating would require the provider to demonstrate consistent good practice over a more sustained period of time in relation to operating effective good governance systems.

**Requires Improvement** ●

# South Park Residential 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.

This unannounced focussed inspection was undertaken on 29 June 2017 by a single inspector. The inspection was carried out to check all the improvements the provider said they would make to ensure they met their legal requirements had been implemented. We inspected the service against three of the five questions we ask about services: Is the service safe? Is the service effective? Is the service well-led?

Before our inspection we reviewed the information we held about the service. This included notifications the provider had sent to us since their last inspection and the action plan we had asked them to send us. The action plan set out how the provider intended to meet the regulations they had breached at their last inspection.

During this inspection we spoke with two people who lived at the home, a visiting local authority social care professional, the registered manager, two care workers and the cook. We also looked at a range of records including two peoples' care plans, five staff files and other records that related to the overall management of the service.

# Is the service safe?

## Our findings

At our last comprehensive inspection of the service in February 2017 we continued to rate the home 'requires improvement' when answering the key question 'Is the service safe?' This was because although we found the service continued to take appropriate action to improve the way they mitigated risks and hazards people might face, which was previously identified as an issue, we found a new problem with the provider's staff recruitment practices.

Specifically, although we saw most pre-employment checks had been undertaken by the provider in relation to new staff's professional references from previous employers and criminal records checks; we found a number of staff files did not contain any evidence that showed these staff's eligibility to work in the UK had been checked. In addition, Disclosure and Barring Service checks (DBS) had not been carried for over three years for long standing members of staff and the registered manager told us the provider did not have any protocols in place that clearly stated how frequently DBS checks for existing staff must be renewed. This meant the provider had not done enough to satisfy themselves about the suitability and fitness of new and existing staff members.

During this focussed inspection we found improvements had been made to the process followed by the provider when recruiting new staff. We saw the registered manager had obtained recorded evidence that showed the services two mostly recently recruited members of staff had their suitability checked in terms of their right to work in the UK, any criminal records they might have and previous employment and/or character references. Records also indicated the provider now carried out criminal records checks at three yearly intervals on all existing staff, to assess their on-going suitability. This was confirmed by discussions we had with the registered manager. These measures helped the provider assess the suitability of staff and minimise the risk of people being supported by people who were not 'fit' to work in an adult social care setting.

At our last inspection of this service we recommended the registered manager seek advice from a reputable source about current best practice in relation to the frequency of fire drills staff should be involved with. During this inspection we saw fire alarms and extinguishers were regularly tested and serviced in accordance with the manufacturer's guidelines. Care plans also contained personal emergency evacuation plans (PEEP) which explained the help individuals would need from staff to safely leave the building in an emergency. Staff also demonstrated a good understanding of their fire safety roles and responsibilities and told us they had recently received fire safety training.

However, these positive points about the homes fire safety arrangements notwithstanding, we identified a number of new issues with fire safety at the home during this visit. For example, staff told us they had not participated in a fire evacuation drill for well over a year. These staff went on to say they would benefit from regular involvement with fire evacuation drills at the home. The registered manager told us the services last fire evacuation drill was conducted in March 2017 which staff on duty at the time had participated in, but

confirmed no record of this or any other fire drills conducted at the home had been kept. In addition, during a tour of the premises we saw two fire resistant bedroom doors fitted with automatic closure devices did not close flush into their frames when tested, another fire resistant bedroom door would not close automatically because it had been inappropriately wedged open with a wooden block and two automatic closure devices fitted to fire doors in the ground floor hallway were faulty and therefore no longer functioning. Furthermore, no fire safety risk assessments were in place to mitigate the risks associated with one person who lived at the home smoking in the conservatory, which the registered manager confirmed this individual often did.

This meant people living at the home had been placed at unnecessary risk of harm from fire. The provider is in breach of regulation 12 of the HSCA 2008 (Regulated Activities) Regulations 2014.

## Is the service effective?

### Our findings

At our last comprehensive inspection of the service in February 2017 we continued to rate the home 'requires improvement' when answering the key question 'Is the service effective?' This was because although we found the service continued to take appropriate action to comply with the Mental Capacity Act 2005 (MCA) and consent, we identified a number of new issues with the provider's staff training, supervision and appraisals arrangements.

This was because we found the provider had failed to ensure staff were always suitably trained and supported to carry out the duties they had been employed to perform. Specifically, not all staff had received up to date training in some key aspects of their role which included dementia awareness, moving and handling, food hygiene and fire safety. We also found staff did not have sufficient opportunities to regularly attend individual supervision meetings with the registered manager or deputy manager or have their overall work performance appraised annually. This meant staff had limited opportunities to review and develop their working practices. The provider sent us an action plan and told us they would make the necessary improvements by June 2017.

At this inspection we found the provider had taken appropriate steps to follow their action plan and address the staff training and support issues described above. We found people received care and support from staff who were appropriately trained and supported. Training records showed staff had either recently refreshed or were booked to attend training in dementia awareness, moving and handling, food hygiene and fire safety. Staff spoke positively about the training they had received from their employer. One member of staff told us, "I think the training is good here. I've completed lots of E-learning training recently." Another member of staff said, "Since the beginning of the year I've been on a moving and handling, safeguarding adults and dementia courses."

Other records revealed that in the last four months staff had received at least one individual supervision meeting with the registered manager and have their overall work performance formally appraised. This was confirmed by staff we spoke with who said they felt they received all the support they needed from the registered manager. One member of staff told us, "One-to-one supervision, team meetings and appraisals with the manager happen regularly these days. She's [registered manager] is very approachable and supportive." Another staff member said, "I had a supervision meeting and my work appraisal done just last month with the [registered] manager."

At our previous inspection we had discussions with the registered manager about replacing worn out and damaged furniture that was being used in people's bedrooms and the main communal area. During a tour of the premises we saw new furniture was available in the home, which included new wardrobes, chest of drawers, chairs and bedside lamps in people's bedrooms, as well as new armchairs and a matching dining table and chairs in the main communal lounge/dining area. The registered manager told us additional funding had also been set aside by the provider to purchase new curtains for people's bedrooms. Progress made by the service to achieve this stated aim will be assessed at their next inspection.



## Is the service well-led?

### Our findings

At our last comprehensive inspection of the service in February 2017 we continued to rate the home 'requires improvement' when answering the key question 'Is the service well led?' This was because the provider had failed to operate effective governance systems to routinely assess, monitor and improve the quality and safety of the service they provided. Specifically, they did not have any formal processes in place to regularly monitor the effectiveness of their staff recruitment procedures or staff training and support arrangements.

During this inspection we found the provider had taken appropriate steps to significantly improve the way they assessed, monitored and improved the quality and safety of the service people received. Records showed the registered manager had introduced a monthly audit of staff files to check staff were up date with their training, supervision meetings and work performance appraisals. We saw other audits were regularly conducted by the registered manager that checked care plans, risk assessments, medicines management, food hygiene and nutrition, health and safety, and accidents and incidents.

However, these improvements made to the services governance systems notwithstanding, we had discussions with the registered manager about how they had failed to pick up all the fire safety issues we identified at this inspection. They agreed further improvements were needed to ensure in future their quality monitoring arrangements were sufficiently robust so they could identify quickly any fire safety issues the service might have, including those described throughout this report.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not always provide care and treatment in a safe way for people using the service because they did ensure the premises and fire safety equipment they used in the home was always properly maintained and safe for its intended use, staff had the right competencies, skills and experience to evacuate the building safely in the event of a fire and the provider did all that was reasonably practicable to assess and mitigate any such fire safety risks. Regulation 12 (1) (2) (a) (b) (c) (d) and (e)</p>