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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 caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 24 and 25 November 2015 at which breaches of legal requirements were found. We found that safe medicines management processes were not followed, people's social and recreational needs were not met, people were not consistently treated with dignity and respect and their independence was not encouraged. We also found that governance processes were not robust and the registered manager did not adhere to requirements of their registrations including submitting statutory notifications and displaying their rating. After the comprehensive inspection, the provider wrote to us to say what they would do to meet the legal requirements. They said they would make the necessary improvements by 19 February 2016.

We undertook a focused inspection on the 5 May 2016 to check that they now met legal requirements. This report only covers our findings in relation to this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Southdown Nursing Home' on our website at www.cqc.org.uk.

The service did not require a registered manager, as the provider was an individual provider who also managed the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We saw that whilst some improvements had been made the service was still in breach of some regulations. Safe medicines management processes were not consistently followed. We found medicine administration records were not complete and there were some stock discrepancies indicating medicines had been administered, but this had not been recorded. There were no written protocols for people who were prescribed 'when required' medicines and there was a risk that people would not receive their pain relief when they needed it.

Systems to monitor the quality of service delivery had been improved and the service had liaised with other healthcare professionals to develop these systems. However, at the time of our inspection sufficient action had not been taken to fully implement these systems and these were not effective enough to identify and address the concerns we identified, particularly for medicines management practices.

The provider had not adhered to all the requirements of their registration with the CQC. They had received authorisation from the local authority to deprive some people of their liberty, but they had not submitted the associated statutory notifications. They had met the requirement to display their rating and we saw that a copy of their previous CQC inspection report was available in the communal hallway.

Improvements had been made in regards to providing person centred care. Staff had consulted with people about what activities they would like to participate in and the service had developed an activities

programme, which was in the process of being embedded at the service. We observed that arrangements had been made to have local performers come to the service to entertain people. People's social and recreational needs were now being met.

We observed that staff spoke to people politely and respected their privacy. Staff supported people to maintain their dignity and we observed that people were well-presented. At lunchtime we observed that staff encouraged and enabled people to eat independently.

The provider remained in breach of the legal requirements relating to safe care and treatment, good governance and notifications. We are taking further action against the provider in relation to notifications and will report on this when our action is completed. You can see what action we have asked the provider to take to address the breach of regulation in relation to safe care and treatment and good governance 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 aspect of the service continued to be not safe. Safe medicines management processes were not consistently followed. We found that accurate records were not maintained of medicines administered, and there were some stock discrepancies where medicines were not accounted for. We also saw that written protocols were not in place to instruct staff when to give people their 'when required' medicines, particularly in regards to pain relief medicines.

The registered provider continued to be in breach of the regulation relating to safe care and treatment.

Is the service caring?

Requires Improvement

Improvements had been made to provide a caring service. Staff spoke to people politely. Improvements had been made to the environment to ensure people's privacy was maintained and staff supported people to maintain their dignity. Staff supported and encouraged people to undertake tasks where they were able to, and to maintain their independence.

The registered provider was now meeting legal requirements with regards to ensuring people's privacy and dignity. While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for 'caring' at the next comprehensive inspection.

Is the service responsive?

Requires Improvement

Improvements had been made to provide a responsive service. Staff had spoken with people to identify hobbies or interests they had. Staff used this information to develop an activities programme, and we saw that more activities were being provided for people to enjoy. The provider confirmed they would continue to develop and embed the activities programme at the service.

The registered provider was now meeting legal requirements with regards to person centred care. While improvements had

been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for 'responsive' at the next comprehensive inspection.

Is the service well-led?

Requires Improvement

Improvements had been made to provide a well-led service. However, the service had not made all the required improvements and had not submitted statutory notifications in line with their CQC registration.

Systems had been improved to monitor and review the quality of service delivery. However, these were not yet fully embedded so were not effective. Sufficient progress had not been made to identify and address the concerns we found during this inspection, particularly in relation to medicines management.

The service was displaying the outcome and rating of their previous inspection as required.

The registered provider continued to be in breach of the regulations relating to good governance and notifications.

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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.

We undertook a focused inspection of Southdown Nursing Home on 5 May 2016. This inspection was completed to check that improvements to meet legal requirements planned by the registered provider after our comprehensive inspection on 24 and 25 November 2015 had been made. We inspected the service against four of the five questions we ask about services: is the service safe? Is the service caring? Is the service responsive? Is the service well-led?

The inspection was undertaken by one inspector. Before our inspection we reviewed the information we held about the home, this included the registered provider's action plan, which set out the action they would take to meet legal requirements.

At the inspection we spoke with three staff, including the provider, and three people using the service. We reviewed medicines management processes, records relating to reviewing the quality of the service, activity plans and aspects of seven people's care records. We also undertook observations throughout the day. After the inspection we spoke with an additional member of staff.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection on 24 and 25 November 2015 we found that adequate stocks of medicines were not kept at the service which meant that one person did not receive their medicines as prescribed.

At this inspection we found there were still not sufficient systems in place to ensure safe medicines management. We found that staff did not follow safe practice in regards to recording of medicines and on the day of the inspection we saw that one person's medicine administration record had not been signed to record all medicines they received. This person had also missed one dose of one of their medicines. We saw there were some discrepancies in stock balances at the service, and not all medicines were accounted for. There was a risk that people had medicines administered but this had not been recorded.

Safe practice was not followed in regards to 'when required' medicines were prescribed for people. There were no written protocols in place to instruct staff when to give these medicines. For the medicines we checked, the 'when required' medicines were prescribed for pain relief. Some people who required them were unable to speak English and they were not always able to tell staff when they were in pain. We also saw that pain assessment charts were not used to monitor people's condition to establish whether they were in pain and the level of pain they might have been experiencing. Therefore there was a risk that people would not receive their 'when required' medicines when they needed these and adequate pain relief if they were in pain..

We saw that appropriate records were not kept to ensure people received their medicines safely. We saw one person's medicines record did not include a photograph so there was a risk that the wrong person may be given their medicines. We also saw that the section on people's medicines records to record any allergies was left blank, and therefore staff unfamiliar with people's needs may not know whether the person did or did not have any allergies.

The provider continued to be in breach of regulation 12 of the Health and Social Care Act (2008) Regulations 2014.

Requires Improvement

Is the service caring?

Our findings

At our previous inspection on 24 and 25 November 2015 some people's relatives reported that staff spoke to them rudely. People's privacy was not always maintained as there were glass panels in people's bedroom doors which meant their privacy was not fully safeguarded, and people's dignity was not always maintained as people were not supported to have their clothes changed when they became dirty. We also observed that people were not enabled or encouraged to maintain their independence, particularly at mealtimes.

At this inspection we observed that staff spoke to people politely, patiently and were understanding of people's emotions. They were quick to reassure and comfort people that became distressed.

We saw that the glass panels in people's bedrooms had been frosted and staff were respectful of people's privacy. People received support with their personal care in the privacy of their rooms.

Staff supported people to maintain their dignity. We saw that people were well presented and in clean clothes. People's nails were clean, and some people had recently had their nails painted. We saw that people's hair was clean and had been brushed. The majority of men were cleanly shaven. We spoke to the nurse on duty about the men that had not had a shave that morning and they informed us that some people preferred to have a shave every other day due to their sensitive skin.

At lunchtime we observed that people were supported to maintain their dignity. More people were supported to eat at a table than previously, and staff provided people with cushions to ensure people were in a comfortable upright position to eat. People were provided with napkins to protect their clothes from any spills. Staff encouraged people to maintain their independence and encouraged them to eat independently where able to. Staff offered to cut up food for people who found it challenging. Some people required assistance from staff at mealtimes. This was done respectfully and at a pace dictated by the person. People were able to eat at a pace they were comfortable with. One person spent longer eating than others and they were supported to finish their meal whilst enjoying the afternoon activities.

The provider was now meeting the regulation in regards to treating people with dignity and respect.

Requires Improvement

Is the service responsive?

Our findings

At our previous inspection on 24 and 25 November 2015 we found that people's social and recreational needs were not met. There were a lack of activities delivered and people were not kept stimulated and engaged. There was a risk that people would become bored and socially isolated.

At this inspection the staff had started to develop their activities programme and to ensure people's social and recreational needs were met. A member of staff had been identified to lead on activities. They had met with each person and gathered information about their hobbies, interests and what activities they would enjoy. This information was used to develop an activities programme. The programme included opportunities to undertake reminiscence discussions, play games and puzzles, undertake baking, join in music sessions and movement exercises. The staff had identified which people had similar interests. They had allocated people with similar hobbies to groups so they could undertake the same activities that met their interests.

On the day of the inspection we observed that people were sitting together with other people they had built friendships with and engaging in conversations. We also saw that an external performer came in the afternoon to perform live music and a sing along session. We observed people happily joining in this activity.

The staff member who led on activities was not on duty on the day of our inspection, and there were no activities provided by staff during the morning. We spoke with the provider about this and they said they had identified additional staff members to get involved in the delivery of the activities programme to reduce the reliance on one staff member. This would enable more activities to be provided throughout the day. The provider also confirmed that they would continue to support staff develop and embed the activities programme within the service delivery.

Improvements had been made and the provider was now meeting the regulation relating to person centred care.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection on 24 and 25 November 2015 we found that the provider had not adhered to the requirements of their registration and had not submitted statutory notifications to the CQC in regards to the outcomes when they had applied for authorisation to deprive people of their liberty. At this inspection we saw that the staff had applied to the local authority for authorisation to deprive people of their liberty and these had been granted for three people since our previous inspection. However, we had not received notifications of the outcomes of these applications under DoLS as required by law. The provider remained in breach of Regulation 18 of the Care Quality Commission (Registration) regulations 2009. After the inspection the provider retrospectively submitted the statutory notifications required.

At our previous inspection on 24 and 25 November 2015 we found there were not sufficient checks in place to review the quality of service delivery and ensure that appropriate action was taken when areas requiring improvement were identified.

At this inspection we saw that the provider had improved their processes to review the quality of the service. A new system had been introduced to review the quality of care records. We saw that this system enabled the provider to review whether care records were complete and up to date. Where improvements were identified we saw that records were kept of these so that the senior staff could track when they were completed.

The service was part of the 'Vanguard' initiative. This initiative supported people to experience smoother transitions and coordinated care when accessing both health and social care services. The Vanguard project team were undertaking an evaluation of the initiative. This evaluation enabled staff to review the quality of service delivery, particularly in regards to meeting people's health and social care needs.

The staff had worked with the community pharmacist to review the medicines management auditing processes. We were informed by staff and saw records of the audits undertaken on people's medicines. At the time of the inspection audits had not been undertaken on all people's medicines. Staff confirmed that they had planned to roll out the process to quality checks all people's medicines. However, due to their process not fully being implemented the service did not have sufficient checks in place to identify and address the concerns we found with medicines management. We also found that appropriate systems were not in place to track people's deprivation of liberty safeguards (DoLS) authorisations and ensure statutory notifications were submitted.

Therefore, the provider continued to be in breach of regulation 17 of the Health and Social Care Act (2008) Regulations 2014.

At our previous inspection on 24 and 25 November 2015 we found that the provider had not ensured that the rating from their previous inspection was displayed as required. At this inspection we found that the previous inspection report, including their rating, was displayed in the communal hallway. One person told us they had read the previous report and were aware of the rating awarded. The service was now meeting

the regulation relating to displaying their rating.

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 did not take formal enforcement action at this stage. 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 registered person did not ensure robust systems and processes were in place to assess, monitor and improve the quality of the service. (Regulation 17 (1) (2) (a)).

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents
Treatment of disease, disorder or injury	The registered person did not notify the Commission of applications for standard authorisations to deprive a person of their liberty. (Regulation 18 (4A) (a)).

The enforcement action we took:

A warning notice was issued.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The registered person did not ensure the proper and safe management of medicines because they had not ensured people's medicines were always in stock so they were available to administer to people as prescribed. (Regulation 12 (1) (2) (g)).

The enforcement action we took:

A warning notice was issued.