

Hoople Ltd

Southbank

Inspection report

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12 October 2022

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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

Southbank is a residential care home providing personal care to up to 13 younger adults and older people with a learning disability and autistic people. Southbank also offers care to disabled people. The service also provides people with long-term and short-term care. At the time of the inspection there were 8 people permanently living at the home, and 1 person who was staying at Southbank for a short stay.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

Some people were supported to make their own day to day decisions and choices, however, we found instances where staff did not always empower people to do this. People and relatives were not always supported to be involved in planning people's care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care

People's care plans and risk assessments did not always reflect their current needs and did not consistently promote their wellbeing. Staff understood people's needs but did not always ensure care was delivered in a safe and effective way. This placed people at risk of harm. Parts of the home required refurbishment, and furnishings needed to be replaced, to promote people's dignity and enjoyment of life. Staff understood people's individual ways of communicating.

Right Culture

People did not always lead inclusive and empowered lives because the systems and processes to monitor the culture of the service had not always been effective. There had been changes to the leadership at the home and quality assurance process. This meant people's wishes, needs and rights were not always at the heart of how the home and service was managed. The provider was taking steps to improve the governance of the home, but these improvements were not yet fully embedded.

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 21 April 2022 and this was the first inspection.

The last rating for the service under the previous provider was requires improvement, published on 11 January 2020. The service remains rated requires improvement.

Why we inspected

The inspection was prompted in part due to concerns received about management of medicines, staffing levels and people's care needs not being met. There were also concerns people were at increased risk of harm because staff were not guided by up to date information on people's risk. A decision was made for us to inspect and examine those risks.

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.

Enforcement

We have identified breaches in relation to how people's safety is managed, and how the home and service is run at this inspection.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Southbank

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 Health and Social Care Act 2008.

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

The inspection was carried out by two inspectors.

Service and service type

Southbank is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us.

Southbank is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The first day of the inspection was unannounced. We announced the second day of the inspection. We visited the service on 11 and 12 October 2022 and continued to review information and contacted relatives

and staff until 01 November 2022.

What we did before the inspection

We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spent time with people to see how they were cared for. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 6 relatives about their experience of the care provided. We spoke with 12 members of staff including care staff, the registered manager, deputy manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

- Risks to people's safety were not always monitored effectively. For example, there were gaps in people's weight monitoring records and staff did not consistently follow the provider's guidance for monitoring and managing people's health. This placed people at risk of harm.
- Improvements were required to the way people's risks were managed. For example, people's risk assessments and care plans were not always reviewed when their needs changed. This increased the risk people's safety needs would not be met, as staff were not always given easy access to the guidance they needed to support people safely.
- Information and guidance issued by health care professionals to support people was not always followed. For example, guidance supplied by specialists to reduce the risk of people experiencing poor posture or choking.
- The safety of premises and food required improvement. Substances which may be hazardous to people's health had not been locked away and food items in the fridge were out of date. The provider took action to address this, however, other health and social care professionals identified similar risks during their visit a week after our inspection. This meant people were still at risk and lessons had not been learned.
- Checks undertaken by the provider had not identified some of the concerns found during this inspection. The provider representative told us they were implementing a new auditing system. This needed to be embedded before we could fully assess the effectiveness.
- Incident forms did not contain all relevant information. For example, we found when incidents had occurred, the actions taken were not always recorded. This meant staff were not always aware of what, if any, lessons had been learnt.

Using medicines safely

- The provider could not be assured people received their medication as prescribed. We saw examples where records were not signed to say medication had been administered. This increased the risk people's health conditions may not be managed effectively.
- Medication stock balances were not carried forward onto new medicine administration records (MARs). This meant it may not possible to check for potential errors which could put people at risk of harm, if not picked up promptly.
- Medicines were not always stored safely. For example, we found out of date medication stored with current medications. This meant people were at risk of being given medication that may not be safe or effective.

We found no evidence of harm to people, but systems were either not in place or robust enough to

demonstrate people's safety was being effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff obtained guidance from people's GPs to promote safe administration of medicines, where people experienced swallowing difficulties.
- We saw staff supported people to receive their medicines in their preferred way and took time to check people had taken them.

Preventing and controlling infection

- We were somewhat assured the provider was making sure infection outbreaks could be effectively prevented or managed. We identified there was no evidence to confirm a deep clean of the home had been undertaken after an infectious outbreak. The provider gave us assurances this would be addressed in the future. In addition, prior to the inspection the provider had identified some refurbishment of the premises was required to ensure surfaces were fully sealed.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.
- People were able to see personal and professional visitors without restrictions.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People's relatives said they felt their family members were safe. One relative said, "[Person's name] doesn't come back unhappy. I would address it if I thought [Person's name] was unhappy".
- Staff were able to tell us what safeguarding was and had received appropriate training to support them to recognise potential abuse. A staff member told us, "If there was anything concerning like abuse, verbal or physical, I would address it with management".
- The provider and quality assurance manager undertook regular checks to reduce the likelihood of the risk of people experiencing financial abuse.
- The provider had up to date policies for safeguarding people from abuse and harm.

Staffing and recruitment

- During our inspection there were enough staff to care for people, and people did not have to wait long if they wanted any support from staff. However, relatives and staff told us there had been times when there had not been enough staff to support people to do things they enjoyed.
- The provider told us they were recruiting more permanent staff to cover any shortfalls.
- The registered manager said they used the same regular agency staff. This was because they were familiar with the home and the people living there. We spoke with an agency staff member during the inspection who had a good understanding of people's needs.
- The provider carried out recruitment checks for new staff. This included checking with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's assessments and care plans did not always reflect their current needs. We found reviews had not always taken place regularly and some assessments were not up to date. This increased the risk people's changing needs would not be met.
- Key worker meetings were held however, these did not capture people's feedback on their care. This meant people did not have control over how their care and support was being delivered.
- Some areas of people's assessments were detailed. For example, where people required modified diets there were clear assessments to reflect this. Staff, including agency staff, knew which people required modified diets.
- People's initial assessment were used to decide if the home and service would be able to meet their needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had undertaken training to develop the skills and knowledge needed to care for people. For example, staff had received training in how to support people who were at risk of choking.
- Staff had completed additional training relating to people's specific care and support needs. For example, training had been provided on specific health conditions for example, seizure management.
- From 1 July 2022, it became a legal requirement for all providers registered with CQC to make sure staff receive training on learning disabilities and autism appropriate to their role. Whilst not all staff had completed the training the provider had plans in place to address this.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough in line with their assessed needs, so they would remain well. However, people's weights were not consistently monitored. This increased the risk unplanned weight loss may not be promptly identified and addressed.
- We found no evidence of harm to people, but oversight of fluid intake for people who were at risk of dehydration required further development. For example, fluid monitoring charts were used where there were concerns people may not drink enough, but fluid targets had not been met and records did not always show this had been evaluated and acted upon. This may increase the risks to people associated with poor hydration.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- The majority of people were supported to access health and social care services in a timely way. However, we found some instances where people's appointments had been cancelled by staff. Systems were not in place to ensure these were consistently rebooked, so people would benefit from the specialist advice they wanted.
- Staff did not consistently use the guidance and advice provided by healthcare professionals. For example, some staff were not aware guidance had been issued in relation to the equipment one person used. This could put the person at risk of accident or injury.
- People had hospital and health passports in easy read formats which were used by health and social care professionals to support them in the way they preferred.

Adapting service, design, decoration to meet people's needs

- The home was showing signs of wear and tear and some areas needed urgent attention to reduce the likelihood of accidents and injury. For example, flooring was damaged.
- The provider had already identified the building required refurbishing and plans were in place for this. Assurances were given the areas we had identified would be promptly addressed.
- One room had been turned into a sensory room. A relative told us, "[Person's name] likes to use the sensory room".
- People's bedrooms were personalised and reflected what mattered to them.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Where applications had been made to deprive people of their liberties these had been authorised by the supervisory body. We found some inconsistencies in how conditions on authorisations to deprive people of their liberties were managed. The registered manager gave us assurances they would immediately address this.
- The provider undertook assessments of people's capacity to make specific decisions about aspects of their care and support.
- Where people lacked capacity to make certain decisions these were made in their best interest.
- Staff took time to obtain people's consent before caring for them. Where people were unable to verbally give this, staff observed body language to check people were in agreement to the care offered.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity;

- People were not always provided with compassionate and dignified care.
- There were occasions where some staff did not always ensure people were provided with the time they needed to communicate effectively with staff.
- In addition, there were instances where staff did not show compassion when people were anxious or take time to interact with people in a meaningful way.
- People's privacy was not consistently respected. For example, we saw a staff member discussing the health of another person in a communal area of the home, when staff and other people were present. This did not uphold people's rights to privacy and dignity.
- However, we observed many positive interactions between people and individual staff.
- Relatives were positive about how their family member's dignity and independence was promoted. One relative told us, "[Staff member] is lovely to [Person's name]. You couldn't wish for a nicer carer". Another relative told us "We are very happy with the care and support [Person's name] gets".

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to make day to day decisions about their care. For example, some people chose their preferred method of mobilising around the home and were supported by staff to do this.
- Relatives gave us examples showing how their family members made some day to day decisions. For example, where they wanted to spend their time and with whom. One relative said, "[Person's name] interacts very well with other people through the efforts of staff. When [person's name] first started to spend time at the home they would spend all their time in their room. Now [Person's name] will go and spend time with others and socialise or watch a film in the lounge."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met. Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives were not always encouraged to express their views and make decisions about their family members planned care. For example, people's care plans were not regularly reviewed, to explore if people's preferences and needs had changed. Staff did not consistently explain options to people and offer them choices. This did not promote people's choice or give them control of their care.
- One relative told us, "We haven't had a review of [Person's name] care plan for a while." This increased the risk people's care plans would not reflect their choices or guide staff to meet their needs.
- Other relatives highlighted their family members needs were met. One relative told us " [Person's name] has been quite poorly but [staff] have always given the support [Person's name] has needed ".
- Another relative told us the service worked flexibly to meet their family members preferences including the food they liked to eat.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had communication plans and their communication preferences and needs had been considered. Staff gave us examples of support they had provided to people in assisting their communication. This included the use of Makaton (a form of sign language), pictures and symbols to interact. Care plans contained information about people's likes and dislikes and communication needs.
- Staff had good awareness, skills and understanding of individual communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to do a range of things they enjoyed and to keep in touch with others who were important to them. People's interest and hobbies were identified in their care plans.
- We received mixed view from relatives regarding the level of support their family members received to do things they enjoyed doing. One relative said, "There are not enough activities when [person's name] doesn't go out to the farm".
- Other relatives were positive about the range of things people were encouraged to do, which included

regularly attending the community farm, spending time going out for meals and walks, socialising with each other and using sensory objects made available for people's enjoyment. This helped to reduce the risk of people experiencing social isolation.

- Staff told us people's access to the community was restricted by the limited number of staff who could drive the minibus. The registered manager said they continued to explore alternative options, such as the use and availability of specialist taxis.

Improving care quality in response to complaints or concerns

- The provider had a system to record, investigate and respond to any concerns or complaints raised.
- Relatives we spoke with told us they knew how to raise a complaint if they needed to.

End of life care and support

- The service was not providing end of life care at the time of the inspection. The registered manager had begun to identify people's wishes at the end of their lives.

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 for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People did not always receive a service which was well led. There had recently been a number of changes in management resulting in inconsistencies in the way the service was led. This increased risks to people's safety and the likelihood of the quality of care being compromised.
- The registered manager had undertaken a new role within the company. This meant they did not have day to day management of the service and relied on effective governance checks to identify and address any concerns. We found the governance systems in place were not robust or embedded.
- A new manager had been appointed who we were advised would be applying to be the registered manager. The changes in management meant staff had received inconsistent support.
- The quality assurance systems in place had failed to identify some of the concerns found on this inspection. These included the management of people's safety, environmental risks and medicines management.
- Where the provider's governance checks had identified areas for improvement, the actions required and timescale for completion were not always effectively documented had not been properly planned. This meant there was a risk the issues would continue without appropriate, timely follow up.

Continuous learning and improving care

- New auditing tools had been introduced by the provider. However, these were not yet embedded or undertaken with sufficient regularity to identify where lessons could be learned and to drive through the improvements required to reduce risks to people.

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

- The provider had not sought the views of people, relatives, staff or visiting professionals on the service and how this might be improved.
- Some relatives we spoke with were not aware of changes in management structure and had not been asked for their views on the service.

Working in partnership with others

- Systems for working with other health and social care organisations did not always support positive outcomes for people. Health and social care professionals told us staff did not consistently escalate

concerns, seek support and act on advice provided. However, on other occasions staff did work appropriately with organisations, to ensure people's well-being needs were met.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the service was well managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had recently introduced daily meetings for staff to share specific issues or concerns. Feedback from staff was positive.
- The provider told us they had plans to implement surveys to gather feedback from people, relatives and professionals.
- The provider representative told us they were proud of the team and the work they did with the residents and acknowledged further development of their governance systems were required.
- The registered manager understood their statutory obligation to notify CQC of important events that impacted the care and support people received.

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 registered manager understood their responsibilities under the duty of candour. The Duty of Candour is to be open and honest when untoward events occur.

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>People did not always have care plans and risk assessments which reflected their current needs. The provider did not consistently identify risks in relation to the premises, storage of food and substances hazardous to health.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Processes to monitor and improve the quality and safety of the services were not always effective.</p> <p>The provider did not have systems in place to effectively consult people about their care.</p>