

Vorg Limited

Southwoods Nursing Home

Inspection report

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Date of inspection visit:
14 October 2019
24 October 2019

Date of publication:
01 January 2020

Ratings

Overall rating for this service	Requires Improvement 
Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Inadequate 

Summary of findings

Overall summary

About the service

Southwoods Nursing Home provides personal and nursing care for up to 38 older people in one adapted building. At the time of our inspection, the service supported 27 people.

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

Robust systems of monitoring were not in place which led to issues which compromised the safety of the environment and people who used the service. For example, risks associated with fire management and legionnaires disease. Following the first day of our inspection, we liaised with the fire service about significant areas of concern. Parts of the environment and equipment remained unclean and cluttered. Limited action had been taken for some areas which were identified as requiring improvement at the last inspection. This did not demonstrate that feedback had been acted on to improve the service. Information relating to the running of the service was not well organised.

Although we received positive feedback about the visibility and approachability of the management team, there were significant shortfalls in the overview of the service.

We have made a several recommendations for the provider to address to improve the quality of the support provided. These include the development of a clear training policy, to review the activities available for people and to review the layout of communal areas and the storage of equipment.

People we spoke with felt safe living at the home and actions had been taken to ensure people received their medicines as required. Risk assessments were in place for identified risk to people and a more robust system to monitor accidents and incidents was in place. Staff continued to be recruited safely and safeguarding issues had been reported appropriately.

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. Staff sought people's consent before providing care and when decisions were made in people's best interest, records were available to support this.

People were complimentary about the quality of the food and people were supported according to their needs and preferences. People had access to a GP and input was sought from health and social care professionals.

People told us staff were kind and caring towards them. Staff explained how they ensured people's privacy and dignity was promoted. People's relatives were kept informed of any changes and involved in important decisions.

Care plans were in place which described the support people required, but some of these lacked person-

centred detail. We received mixed feedback about the activities available and some people had limited opportunities for stimulation, particularly those who were nursed in bed. Information was recorded about how people communicated and was available in a variety of formats. People were asked how they wanted to be cared for when they were approaching the end of their lives. The provider had a complaints procedure in place and people we spoke with felt confident in approaching the management team with any concerns.

People were encouraged to provide feedback about the quality of the service. Whilst the management team worked closely with health and social care professionals, there was limited involvement with other community organisations.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 24 January 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection not enough improvement had been made and the provider was still in breach of regulations.

Enforcement

We have identified continued breaches in relation to people's safety and the governance of the service. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan and meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

Southwoods Nursing Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector on the first day and two inspectors on the second day.

Service and service type

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

Notice of inspection

This inspection was unannounced for the first day. We told the provider when we would be returning for a second day of inspection so that they could meet with us at the service.

What we did before the inspection

We liaised with the local authority safeguarding team and commissioners. We reviewed all the information we held about the service including notifications we had received from the provider. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about. We used all of this information to plan our inspection.

During the inspection

We notified the fire service of our concerns. They visited the service and requested the provider act to address concerns.

We spoke with three people and three relatives and friends. 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 also spoke with seven members of staff which included the registered manager, business development manager, a nurse and three care assistants. We liaised with the nominated individual throughout. The nominated individual is responsible for supervising the management of the service.

We reviewed four staff recruitment and training files, three people's care records and multiple medication administration records. We also looked at records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and requested an update on the actions taken since the inspection visit.

The provider completed a provider information return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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

At our last inspection the provider had failed to robustly assess risks relating to medicines management, equipment and controlling the spread of infection. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- The provider had failed to ensure people's safety as fire risks had not been identified and managed. A detailed fire risk assessment was not in place and the premise's fire safety checks were not robust and had failed to identify the issues we found.
- We reported our concerns to the fire service who visited the service on the second day of our visit. The provider is working with the fire service to make improvements.
- A risk assessment was not in place to guide staff about the actions required to mitigate risks associated with legionella.

Preventing and controlling infection

- There was insufficient improvement regarding the cleanliness and condition of the premises; parts of the service remained unclean and cluttered.
- Equipment used to support people was not clean. This included wheelchairs, walking frames and commodes.
- We highlighted our concerns to the registered manager on the first day of our inspection. When we returned, whilst there had been some remedial action not all issues raised had been addressed.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, both fire and legionella risk assessments were completed. These identified immediate actions for the provider to undertake, which the provider has commenced.

At our last inspection the provider had failed to ensure the property was well maintained, including ensuring people consistently had access to hot water. This was a breach of regulation 15 (Premises and Equipment)

of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- People now had access to hot water.
- Equipment being used had been maintained and checks were completed to ensure their safety.

At our last inspection the provider had failed to ensure people were safeguarded from the risk of abuse and harm. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

Systems and processes to safeguard people from the risk of abuse

- The provider had made improvements to how people were protected from risk of abuse or harm.
- Staff were knowledgeable about how to protect people and explained the action they would take if they suspected a person was at risk. A staff member told us they would report concerns without hesitation.
- Records of concerns reported to the local authority safeguarding team were completed appropriately.

Learning lessons when things go wrong

- The provider had improved their systems for monitoring and responding to accidents and incidents.
- Monthly monitoring of accidents and incidents was now in place. This allowed for identification of any trends or themes, enabling action to be taken to mitigate risk for people and the service.
- Staff took appropriate actions following accidents or incidents and were aware of how to report them.

Using medicines safely

- The provider had improved how topical creams were managed.
- People's topical creams were kept securely in lockable cabinets in their bedrooms. Creams were labelled correctly, and this system ensured that people's creams were not misplaced.
- Staff completed daily records to show that people's cream had been applied as prescribed.
- Systems were in place to ensure the ordering, receipt and storage of medicines was safe.
- Records reviewed demonstrated that people received their medicines as prescribed and staff had sufficient guidance to do so.

Staffing and recruitment

- The provider ensured that sufficient staff were in place.
- Staff were visible in communal area throughout our inspection and were responsive to people's needs.
- Agency staff were used to cover any shortages. Where possible, the same agency staff worked at the service to promote consistency.
- The provider operated robust recruitment procedures.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider did not have a training plan which clearly identified what training clinical staff should undertake. This meant there was no clear strategy for how nurses would be supported to develop their skills and ensure they met people's needs.
- Staff had completed training in some areas, which included moving and handling, safeguarding and equality and diversity. Training specific to people's needs had not been completed, for example in areas such as dementia care or falls.
- Systems to monitor the completion of training were not robust.
- Staff felt supported in their roles.

We recommend the provider develop a training policy which clearly defines what training staff should undertake to ensure people's needs are met.

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

- The provider had not ensured the service met the needs of people using the service.
- The communal areas and corridors of the home were cluttered with large pieces of furniture, leaving limited space for people to mobilise safely.
- Space was limited for people to eat their meals. People were observed having their meals on tray tables in front of them, when it was not clear this was their preference.
- Equipment used to support people was stored along corridors. We gave the provider time to find alternatives for this and they did take some action but more work was needed.

We recommend the provider review the layout of communal areas and access to storage to promote a safe environment which is in line with best practice.

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

- People's needs were assessed before they moved into the home. Staff were aware of people's needs and guidance was recorded in care records to ensure staff could support people appropriately.
- People and their relatives were involved in planning care and support. Records demonstrated that people's choices and preferences were included and supported.
- People's diverse needs and protected characteristics were considered within assessments, in line with the requirements of the Equality Act 2010.

- Care plans referred to and included best practice guidance. For example, oral healthcare needs were assessed, and care plans contained guidance for staff. One staff member raised concerns that staff were not always following this guidance and observed some people's teeth did not appear to have been cleaned. This was raised with the provider and registered manager who agreed to monitor this.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Guidance from health care professionals was sought if people's needs changed and this information was recorded within their care plans.
- People had access to a GP when required. A relative told us, "They are very good at getting the doctor in when they need them."

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

- Staff supported people to maintain a healthy diet.
- People had care plans and risk assessments in place to identify their dietary requirements.
- People and their relatives gave positive feedback about the quality of the food. A relative told us, "There is a reasonable choice and always an alternative."

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 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider had systems in place to monitor applications and authorisations to deprive people of their liberty.
- Staff understood the circumstances under which people may need to have an application made.
- Staff asked people for their consent before providing care. Care records contained information which showed people had consented to their care and their relatives had been included. A relative told us, "The staff always involve me. I've never had any issues about being kept up to date or involved in decision making."
- If decisions were made in people's best interests, information was available to support this.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Feedback was received regarding how the layout of the premises and staff practice had compromised a person's dignity. We reported this concern to the registered manager and the provider who told us they would address this issue.
- Other people and their relatives told us their privacy and dignity were respected. One person told us, "If I'm in my bedroom, the staff always knock and wait for an answer to come in." A relative told us, "I am confident that the dignity of my family member is very important to the staff. I have watched for a long time how they treat them."
- Staff provided examples of how they supported people to feel comfortable when delivering support with personal care tasks. This included offering people care in their rooms and placing a cover over them.
- Staff supported people to maintain their independence and skills where possible. For example, if people were able to wash themselves but needed support to wash their hair staff would only do what the person could not. People's feedback supported that this approach was used by staff.

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

- Staff offered people choices and involved them in discussions. We observed warm and kind interactions between staff and people who lived at the home.
- There was a record of people's agreement to their care plan, and when required, there was information to demonstrate people's relatives had been involved in discussions about their care.
- People could access independent support to express their views and seek support. The registered manager was aware how to support people to access local advocacy services.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were treated well and respected. One person told us, "The staff are lovely with me; they know my needs and treat me with kindness and respect." A relative told us, "The staff have supported and cared for me as well as my family member. I couldn't ask for a better place for care."
- People were supported to follow their faith; there was information in people's care files about any needs in relation to protected characteristics of the Equality Act.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

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

- The service had an activities coordinator to facilitate activities. However, during the inspection we observed limited opportunities for stimulation for some people. For example, for people nursed in bed, relatives told us their family members were pleased when staff came in to chat to them, but these activities were not always offered.
- There was a scheduled timetable of activities for people to take part in. We received mixed feedback on the activities provided; some people felt there were adequate activities available, whilst others felt these were not sufficient.
- People's relatives told us they felt welcomed to visit and were supported to maintain relationships with their relatives and friends.

We recommend the provider review the provision of activities to ensure all people have the opportunity to engage in stimulating activity.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People's care plans contained person-centred information to guide staff about the support they required. Staff knew people well and could tell us their likes and dislikes, and shared this information with agency staff.
- Information about people's life history was not always completed. Some people's families had been approached for their input in this area, but this was not consistent.
- Feedback from relatives was positive regarding the support staff had provided.
- People's end of life wishes had been discussed and recorded. Relatives had been involved in gathering this information where appropriate.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Documents were available in easy read formats to ensure people were able to understand information.
- People's communication needs and preferences were recorded in their care plan and staff were aware of them.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. Complaints had been responded to appropriately.
- People and their relatives said they knew how to complain and felt any concerns would be listened to. A relative told us, "I have never needed to complain; but I would tell the staff and the manager if I needed to say anything. I know they would do something; they are good at sorting things."

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.

At the last inspection this key question was rated as requires improvement. At this inspection, this key question has now deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

At our last inspection the provider had failed to effectively assess, monitor and mitigate risks relating to the health, safety and welfare of service users and to improve the quality and safety of the service provision. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider did not operate robust systems and therefore had failed to identify, capture and monitor the safety and quality of the service. For example, audits completed by the provider were not detailed and did not demonstrate actions had been completed as required. Limited checks had been undertaken by the registered manager.
- Due to the lack of improvement regarding the governance of the care provided, we judged, that since our last inspection, learning had not been applied to make the necessary improvements. This could significantly impact on the care people received.
- We made several requests for information during the inspection, which was not always provided in a timely manner.
- Whilst in the service, records were not well organised and there were large amounts of historical information being stored.

This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since the inspection the provider and registered manager have provided updates as to the works being undertaken to address our concerns.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 ineffective systems of monitoring risked compromising the person-centred support people received.

- Staff, relatives and people provided positive feedback about the registered manager, noting they were approachable and supportive. A relative described the registered manager as, "Utterly dedicated and utterly thoughtful."
- The provider had notified CQC when incidents had occurred. The management team were open and transparent in their sharing of information.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Whilst there were links with health and social care professionals, there was limited involvement with other community organisations which could enhance people's quality of life.
- Feedback was sought from people in a variety of ways. This included 'residents and relatives' meetings' and questionnaires. Results from the most recent questionnaire were not available as they had been sent out just before our inspection.
- Staff meetings were held, and staff felt they could raise their concerns or feedback at these meetings.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Risks associated with the premises and environment had not been fully assessed and actions to mitigate risks had not been taken. Parts of the service and equipment remained unclean. Regulation (1)(2)(a)(b)(h).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems and processes had not been established and operated effectively to assess, monitor and mitigate the risks relating to the health, safety and welfare of people and to improve the quality and safety of the service provided. The provider had not evaluated and made improvements to practice. Regulation 17(1)(2)(a)(b)(f).