

New Century Care (Southampton) Limited

South Haven Lodge Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

South Haven Lodge Care Home is a residential care home providing personal and nursing care to 36 people at the time of inspection. The service can support up to 46 people. It accommodates people in one adapted building with an enclosed garden.

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

People were placed at risk of harm because the management of medicines was not always effective. Medicines audits had not identified the concerns we found during the inspection. Staff were not clear regarding the emergency evacuation process should there be a fire.

People told us there were enough staff to support them safely. The provider followed a recruitment procedure which ensured pre-employment checks were in place before new staff started work at the home.

Systems were in place which ensured safety checks and maintenance was completed for equipment such as hoists, gas and electric installations.

People had risk assessments in place which identified potential risks to their safety. Staff had received training to ensure they supported people safely.

The provider had policies and procedures in place designed to protect people from the risk of harm and abuse.

Infection and control procedures were followed to minimise the risk of the spread of infection.

The manager ensured when things went wrong, issues were investigated and lessons were learnt.

There was a system of audits in the home, which were used to monitor the quality of the service. The new manager had identified areas where improvement was necessary to improve the culture of the home and they worked in partnership with other professionals.

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

Rating at last inspection

The last rating for this service was good (published 3 April 2020).

Why we inspected

We received concerns in relation to the safety of people when staff supported them to move with a hoist and issues with infection control. We had also received several statutory notifications about errors made when administering medicines. As a result, we undertook a focussed inspection to review the key questions of

safe and well-led.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and we will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

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

Follow up

We will continue to monitor information we receive about the service until we 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

South Haven Lodge Care 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 two adult social care inspectors and one medicines inspector.

Service and service type

South Haven Lodge Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 did not have a manager registered with the Care Quality Commission. The new manager had been in post for four months and had started the application process.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection.

The provider was not asked to complete a provider information return prior to this inspection. 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. We took this into account when we inspected the service

and made the judgements in this report.

During the inspection

We spoke with two staff, the deputy manager and a member of the senior management team. We looked at a range of records including people's risk assessments, staff recruitment files and medicines charts.

After the inspection

We spoke with three people living at the home over the telephone, three staff, the manager a member of the senior management team and the 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.

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 some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always administered as prescribed. Records did not always show the most up to date dose or the length of treatment. Professional advice was not sought when 'as required' medicines were administered on a frequent basis. This included medicines used to manage a person's behaviour.

We found no evidence 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 breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines were stored safely, at the right temperature and for the right length of time. Staff completed medicines administration records (MAR) after giving a medicine. MARs were an accurate record of the medicines given.

Assessing risk, safety monitoring and management

- Staff were not clear regarding the emergency evacuation process should there be a fire. There were different views about whether people would be evacuated or not and staff were unsure how long the fire doors would be safe for.

- There were personal evacuation plans in place for an emergency situation which meant people needed to leave the home suddenly. However, the plans did not include instructions on how to evacuate people where they had percutaneous endoscopic gastronomy equipment in place. This is where people receive food and medicine through a tube directly into their stomach. This process can last for several hours and the bags are supported on stands. In the event of an emergency, for example, a fire, it would be important for emergency workers to understand the individual's needs for evacuation.

- Systems were in place which ensured safety checks and maintenance were completed on equipment such as hoists, gas and electric installations.

- People had risk assessments in place which identified potential risks, for example, regarding how they moved around the home and the support they needed to reposition in bed.

- Staff had received training to ensure they supported people safely and told us they worked in pairs when supporting people with a hoist. The manager had previously identified a concern regarding how the hoist was sometimes used and had taken immediate action to ensure people were supported in a safe way.

- People told us they felt safe when staff supported them. One person told us, "Oh yes, [I do feel safe when staff use the hoist], they won't drop me" and another said, "Yes, they are brilliant with me."

Staffing and recruitment

- The provider had systems in place to ensure people were supported by sufficient numbers of staff.
- Staff had received training to ensure they supported people safely. The provider followed a recruitment procedure which ensured pre-employment checks were in place before new staff started work at the home. However, two files we looked at had gaps in employment history and these had not been explored. Further to our feedback, the manager took action to explore this with staff and was satisfied with the outcome.
- Staffing levels were based on people's level of need and extra staffing was available when needed.
- People told us there were enough staff. Comments included, "There are new staff here now," "There are enough staff to help me. [The staff] who deal with me have been marvellous, they help me out when I'm stuck" and "[Staff] work very hard, there is always something for them to do, they are a good bunch here."

Systems and processes to safeguard people from the risk of abuse

- The provider had policies and procedures in place designed to protect people from the risk of harm and abuse.
- Staff had completed safeguarding training and were aware of the different types of abuse. Staff knew what they should do if they suspected abuse or had any concerns.
- The manager knew how and when to contact the local authority safeguarding team as necessary.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment effectively and safely.
- We were assured that the provider was accessing Covid-19 testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The manager ensured when things went wrong, issues were investigated, and lessons were learnt. Issues were discussed at team meetings.
- Where necessary, new policies and procedures were put in place and staff made aware of what they needed to do to improve outcomes for people.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership 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

- There was not a registered manager at the home. The new manager had been in post for four months and had started the application process.
- There was a system of audits in the home, which were used to monitor the quality of the service, for example, administration of medicines. We were told medicines audits were completed monthly, but there was not a monthly audit in place for November or December 2020. Where audits were in place, they had not identified the concerns we found regarding medicines.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The new manager had identified areas where improvement was necessary to improve the culture of the home.
- This meant some improvements to the service had already been made and plans were ongoing.

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 manager understood their responsibilities regarding duty of candour and were clear about the process they would follow. This included apologising to people when something went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The manager involved people and staff in the running of the service with a view to the home being "resident led".
- People could provide feedback by talking to staff or the manager, attending "residents' meetings" or completing a form for the suggestion box.
- The manager held staff meetings which gave staff the opportunity to discuss any issues or learning.

Continuous learning and improving care

- The manager had a clear vision to ensure there was continuous reflection and learning to improve care for people. They had put new quality assurance systems in place, which included spot checks. They had taken action to address concerns they identified and ensured improvements continued.

Working in partnership with others

- The manager understood the importance of working in partnership with health and social care professionals. They had a positive ethos and valued professional input from others.
- External professionals included the local authority and clinical commissioning group; tissue viability nurses and speech and language therapists.

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 Systems for medicines administration were either not in place or robust enough to demonstrate safety was effectively managed.