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# Southcrest Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Southcrest Nursing Home is a care home that provides nursing and personal care for up to 40 people within one large adapted building. It provides care to people requiring general nursing care some of whom live with dementia and have physical disabilities. At the time of our inspection, 31 people were living at the home.

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

There were some elements of care documentation which required reviewing further to ensure the information provided was personalised and an accurate account of people's care to guide staff. More could be done to provide people with consistent recreational and social activities to meet their interests and stimulate people's senses.

People's care and support had been enhanced by the provider and management team working together to make improvements since our last inspection. Work was continuing to drive through further improvements required as identified at this inspection. The registered manager understood time was needed to embed improvements and sustain these.

People's safety was protected from abuse by staff who knew what procedures to follow to keep people safe from harm. Staffing arrangements were reviewed to promote people's safety and individual needs.

Improvements were made since our last inspection to infection prevention and control practices. Staff were provided with training and protective equipment to manage the risks associated with infection prevention and control. People were provided with assistance to take their medicines and their health was promoted by staff who worked alongside the relevant professionals.

Systems for the safe recruitment of staff were robust. Staff received an induction which was based on the providers expectations of their staff team and ongoing management support to assist staff to continually improve in their roles.

People's individual needs and requirements were assessed prior to them moving into the home. People had support to eat and drink safely and comfortably, and contact had been made with doctors where required to obtain advice about meeting people's nutritional needs.

The provider had made improvements following our previous inspection to ensure people's rights under the Mental Capacity Act were understood and promoted by staff and management.

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. People's consent was sought by staff who knew people's preferred communication styles to aid their understanding in making everyday choices and decisions.

Staff supported people to be pain free at the end of their lives and for their wishes to be followed at this important time in their lives. Relatives were welcomed into the home and included in their family member's care. Incidents and complaints were analysed, and learning was shared with staff. People living at the home and their relatives were encouraged to raise issues around quality and safety.

The registered manager was open and responsive to making ongoing improvements and achieving good quality care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 20 December 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Southcrest Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### 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 ●

# Southcrest 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

This inspection was carried out by one inspector and specialist nurse advisor on 26 November 2019. One inspector concluded the inspection on 28 November 2019.

#### Service and service type

Southcrest 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.

This inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

Before this inspection visit we looked at the information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and the clinical commissioning group who work with the service. We also requested feedback from Healthwatch to obtain their views of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and

social care services in England. We used all of this information to plan our inspection.

#### During the inspection

We spent time with people and spoke with six people who lived at the home and two relatives about their experience of the care provided. 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 the registered manager, deputy manager, the office administrator, a nurse, three care staff and the cook.

We looked at a range of records. This included people's care and multiple medication records. We also looked at two staff recruitment files, incident records, selected records relating to the safety of the premises and management of the service.

#### After the inspection

We spoke with three relatives about their experiences of the care provided. We also looked at the information the registered manager sent us about the actions they had taken to drive through improvements.

# 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 now improved to Good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Since the last inspection the registered manager had worked with their staff team to develop and make ongoing improvements to electronic care planning system. People's care records identified risks to people and provided guidance for staff, so people's safety was promoted.
- The main entrance door had been made secure following our last inspection. There was an electronic door device so no unauthorised people were able to enter the home.
- People felt safe living at the home. They told us the availability and attitude of staff, along with the security of the premises, helped them feel safe and secure. Most relatives were confident staff and management took appropriate steps to support their family members to stay safe. One relative told us, "I have no worries about [family member's] safety."
- Staff supported people's needs with a variety of equipment, such as hoists and wheelchairs. When staff assisted people's physical needs with hoists this was done so people's safety was promoted.
- The provider had robust systems and processes in place to check the safety of the premises. This included fire alarm checks and individual personal evacuation plans so people's needs would be accounted for in the event of a fire.

### Using medicines safely

- Following our last inspection, the registered manager had made sure people's care records held information about their medicines including 'as required' (PRN) medicines and these were accurate.
- The registered manager was already aware further work was required so any decisions to administer people's medicines covertly were taken in line with the principles of the Mental Capacity Act 2005. This was through consultation with the person's representative, GP and pharmacist.
- The provider had systems and procedures in place to ensure people received their medicines as prescribed.
- People's medicines were administered by staff trained to do so with regular checks of their competencies.

### Preventing and controlling infection

- The home environment was clean and hygienic. One person told us, "They [staff] do a good job keeping my room clean."
- Staff received infection control training to help them understand how to protect people from the risk of infections. The provider had an infection control policy in place, and the registered manager had appointed an infection control lead to monitor and improve working practices in this area.
- The registered manager had undertaken improvement work following our last inspection. People now had their own individual hoist sling, where these were required to avoid the risk of cross infection.

- Staff had been provided with personal protective equipment (disposable gloves and aprons) and we saw they made appropriate use of this.
- As part of infection control measures, regular checks were completed on the condition of people's mattresses to identify any damage to these.

#### Systems and processes to safeguard people from the risk of abuse

- People told us they felt comfortable speaking to staff if they had any concerns or worries about their safety. We saw people looked comfortable in the presence of staff.
- Staff received training in how to identify and alert others to potential abuse involving people who lived at the home. They told us they would report any abuse concerns to the management team without delay and had confidence these would be acted on.
- The provider had safeguarding procedures in place to ensure the relevant external agencies, such as the local authority and police, were notified of any suspected or witnessed abuse.

#### Staffing and recruitment

- People told us staff were available to help them when they needed support. One person said,
- Staff felt the staffing levels maintained by the management team supported people's safety.
- The registered manager monitored and adjusted their staffing requirements in line with people's current care needs, using a 'dependency tool'.
- Pre-employment checks were completed on all prospective staff to confirm they were suitable to work with people who lived at the home.

#### Learning lessons when things go wrong

- Staff understood the provider's procedures for reporting any accidents or incidents involving people who lived at the home.
- The registered manager reviewed all reports of incidents and accidents to monitor any patterns and trends and took action to reduce the risk of reoccurrence.

# 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 Requires improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People who lived at the home and their relatives described having confidence in the skills of the staff. One relative told us, "They [staff] know [family member] well, [and] how to help them [family member] in the right way with everything they [family member] needs. They [staff] certainly know their job."
- Since the previous inspection the registered manager has reviewed the induction policy and procedures. The care certificate was now consistently incorporated into new staff members induction and training. The Care Certificate is a set of agreed standards that should be covered in the induction of all new care staff.
- Staff had received the training and support they needed to be effective in their roles. The registered manager was now able to monitor and review staff training through their electronic systems which generated accurate records.
- Staff told us that they were able to access training that was relevant to their role. One staff member described how they had learnt about reducing risks of cross infections which they had enjoyed. Another staff member said the registered manager supported all staff in regular training sessions about different aspects of their role which included the subject of dignity.
- In the provider information request [PIR] the registered manager told us, 'Consistent supervisions and formal, documented appraisals' were now undertaken. This was an improvement following our previous inspection. All staff told us they felt supported in their roles by the registered manager and had individual meetings [supervision] which staff found supported them in their caring roles. One staff member told us how they valued their supervision as they were able to ask questions and check any areas for improvement in relation to their role.

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

- Since the previous inspection the provider had continued to make improvements to the home environment. This included replacing the corridor carpets on the top floor which were noted as being very worn at our previous inspection.
- Further refurbishment work was planned which included redecoration of rooms and replacing flooring where required.
- Signage was in place to support people living with dementia to navigate around their home environment with further work planned in relation to providing more sensory items.
- People told us they found the home environment comfortable, and they were able to personalise their own rooms. One person spoke about the photographs they had in their room which reminded them of different times in their lives.
- We saw people had space to socialise with others and meet with their visitors.

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

- People's needs were assessed before they came to live at the home. People and relatives where appropriate had been involved in discussions about the care people would require together with their likes and dislikes to ensure care was centred on each person.
- Where people required one to one care to meet their needs effectively the registered manager had worked alongside agencies to ensure funding was sourced to make this a reality.
- Staff had access to guidance about best practice such as accessible information from various organisations including the Alzheimer's Society.

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

- People received the support they needed to have enough to eat and drink. Staff were knowledgeable about people's needs and the support they required. We noted staff were attentive and ensured people who needed help to eat were supported with their meal.
- All staff worked together including the cook to effectively meet people's food choices, specific dietary needs and any food allergies. For example, texture modified diets were prepared for people where required to meet their specific needs and so they were not discriminated.
- People told us they enjoyed the food and they were offered choices. One person told us, "If I don't like what is on the menu I can have whatever I like at the time."
- Staff encouraged and provided people with continuous drinks throughout the day.
- People's eating and drinking needs were monitored. When concerns had been raised healthcare professionals had been consulted.

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

- People who lived at the home and relatives told us they had received the help they needed to see their doctor and other healthcare professionals such as the dentists and opticians. One person told us, "If I was unwell they [staff] would soon call a doctor and make sure I'm comfortable. I have no doubts about this whatsoever."
- Where people had specific health needs for example diabetes, care plans reflected this and detailed how to meet these needs.
- Staff supported people with their oral healthcare which was assessed so care provided was right for each person.

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.

- Where people lacked capacity, mental capacity assessments and best interest decisions had been completed for any restriction placed on them.

- Care plans described people's capacity and whether DoLS applications had been applied for or authorised. There were systems in place to reapply as needed.
- People were asked if they agreed to staff helping them and about their choice of meals and drinks.

## 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 Requires improvement. At this inspection this key question has now improved to Good. 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

At our last inspection the provider had failed to ensure people's right to privacy was consistently protected. This was a breach of regulation 10 (Dignity and Respect) 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 10.

- Since our last inspection staff have improved their practices to ensure people's personal information was protected. At this inspection people's personal information was secure to ensure people's right to privacy was consistently protected.
- People told us staff treated them with respect. One person said, "They [staff] are always polite to me and help me where I need it but know what I can do myself. I like to be as independent as I can be and carers [staff] know this."
- Staff understood people's rights to privacy and gave us examples of how they promoted this on a day-to-day basis. One staff member said, "[I] always knock residents [people who live at the home] and close doors when helping residents with their washing and dressing." We saw this happened during our inspection.

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

- People told us they liked the staff, as they treated them well. One person said, "They [staff] are a caring bunch and help me with anything I need."
- Staff knew people well and spoke about their care needs with respect and compassion.
- Staff addressed people in a friendly and professional manner, adjusting their communication to suit people's individuality. For example, a staff member spoke with a person about the changes which had taken place in life which the person was able to relate to.

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

- Staff took time to listen to people and involve them in decisions which affected them.
- People confirmed they made their own choices, such as how to spend their time on a day-to-day basis and what they wanted to eat and drink. Relatives we spoke with also told us staff always took time to ensure their family member's choices in their care were promoted.
- The registered manager showed good insight into the sources of independent support and advice

available to people. This included advocacy services, and helped people to access these where required.

# 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 requires improvement. At this inspection this key question has remained the same. 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

- Staff were responsive to people's needs during our inspection and relatives we spoke with confirmed they felt staff knew people well.
- However, an agency staff member did not ensure when responding to a person's needs in a communal lounge area the support promoted individualised care.
- When speaking with staff we became aware similar responses to the person's needs were practised by other staff members. For example, using a blanket to try to reduce other people from seeing the care provided. Following our inspection, the registered manager told us the person's care plan had been updated so staff had guidance to inform their practices when responding to the person's needs.
- The registered manager told us since our last inspection improvements were ongoing to people's care plans so these were individual to each person, covered a broad range of needs and were kept under regular review to ensure they remained accurate and up-to-date.
- However, we found some areas of care documentation which required further development to ensure they were accurate to promote consistency in responding to people's needs. For example, in one person's daily records there were some discrepancies to whether the person's needs and preferences had been responded to in relation to their food. The registered manager acknowledged this and felt this was a recording error but would take action to rectify this.

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

- At our previous inspection there were mixed views about the opportunities people had to pursue their interests and hobbies.
- At this inspection we found the opportunities for people to take part in following their interests and take part in activities they found interesting and enjoyable needed to be improved further.
- People who lived at the home had mixed feelings about how activities were planned and provided. One person told us, "I'm happy to sit and chat with others. There are some things to do like quizzes." Another person said, "Perhaps there could be more things going on as sometimes the days seem long." One relative told us activities was the only area in the care their family member received which could be improved further.
- We saw recreational activities were limited during our inspection. For example, some people were supported to play a game they enjoyed, another person was supported to complete a jigsaw whilst other people watched television.
- The activities coordinator was seen to provide individual support to some people in their rooms during our inspection.

- However, it was unclear as to whether the recreational activities offered were based on the preference and interests of people as there was no evaluation of these. Additionally, the plans following our last inspection to use the 'activities room' on the middle floor was still to be implemented.
- The registered manager acknowledged improvements were needed to enhance the recreational activities provision for people to experience fun and interest. They described how they had had difficulties in recruiting and retaining a consistent dedicated person to support people with recreational activities. The registered manager told us how they were looking at different options such as key care staff being actively involved in supporting people to follow their interests and have fun. We will follow up on any further improvements in the opportunities people have to take part in recreational and social activities at our next inspection.
- Relatives and visitors were welcome at the home. One relative told us how they always felt staff warmly welcomed them and felt involved in their family members care.

### 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.

- People who lived at the home and relatives told us they were able to effectively communicate their needs and wishes to a staff team who had taken the time to get to know them well.
- The provider had procedures in place to enable them to identify and address people's individual communication and information needs. This was confirmed by the registered manager in the PIR as they stated, 'Where barriers exist in relation to communication alternative methods are used in the form of pictures, role play, hearing devices, [and] audio books'.

### End of life care and support

- At the time of our inspection the registered manager and deputy manager told us nobody was being provided with end of life care. However, care records had been developed following our last inspection so people's wishes at this important time in their lives were known to staff.
- The registered manager was working towards accreditation under the gold standards framework in end-of-life care at the last inspection and this continued to be the case at this inspection.

### Improving care quality in response to complaints or concerns

- People who lived at the home and relatives told us they knew how to raise any concerns or complaints with the registered manager, and felt comfortable doing so.
- The provider had a complaints procedure in place to encourage good complaints handlings.
- We looked at the provider's complaints records and found complaints had been recorded and investigated in line with the provider's procedure and, where necessary, an apology issued to the complainant.
- At the time of our inspection the registered manager was following the provider's complaints procedures while handling a complaint about a person's care.

# 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 improvements. At this inspection this key question has remained the same. 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; continuous learning and improving care

At our last inspection the provider's governance and quality assurance systems were not effective in identifying and addressing shortfalls in quality. This was a breach of Regulation 17 (Good Governance) 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 17.

- The provider had made enough improvement, so they were no longer in breach of regulation 17. However, we found there was scope for the provider and registered manager to further develop and strengthen the improvement actions they had implemented. This included continuing to further improve people's opportunities to take part in recreational activities and personalised care and care documentation.
- Since our last inspection infection prevention and control practices had improved. However, more could be done to ensure the daily checks in relation to the cleaning of the home environment was as effective as they could be. For example, toilet brush holders had liquid left in them, so toilet brushes were standing in this to ensure cleaning remained as effective as it could be.
- The registered manager showed an open and responsive management style. In the PIR they told us about their commitment to utilising monthly quality checks and how these would, 'Support the home manager to identify where improvements are required and also recognise where they have been made Improving service delivery, the environment, quality and experience for people who live at Southcrest.' The registered manager followed through this commitment by sending information to show the improvement actions they had taken following our inspection visits.

At our last inspection the provider had failed to notify the Care Quality Commission [CQC] about two significant events which they are required to do. This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The registered manager understood their regulatory responsibilities to notify us about significant events that happened in the home. Following our last inspection lessons had been learnt and the registered manager ensured notifications were submitted to the CQC as required.
- Staff we spoke with were clear what was expected of their respective roles and felt confident information about any new risks would be promptly communicated across the staff team.

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

- At this inspection whilst some improvements had been made these needed to be embedded in the culture of the home. In addition, quality checks needed to be strengthened in some areas to further promote good sustainable outcomes for people.
- People who lived at the home and relatives we spoke with knew who the registered manager and felt their care was well managed. One person told us, "She [registered manager] always takes time to have a chat and checks on the care to make sure it meets what I need." A relative said, "They [registered manager] has always been helpful. [Family member] is well looked after here."
- Staff spoke enthusiastically about their work and understood the need to respect and support people's right to make their own decisions, where they were able to. One staff member told us, "I love my job and helping residents and seeing them happy is rewarding."

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 responsibility to be open and honest with people and relevant others if things went wrong with the care provided.

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

- People who lived at the home and relatives told us they could share their views about their care and support, the home environment and express any ideas they had. They told us they could do this during meetings and daily conversations.
- Staff told us they too were encouraged by the registered manager to express their views and ideas for developing and improving the care provided. They said they felt the registered manager listened to them and respected their views.
- The registered manager sought to engage effectively with community professionals and involve them in the service provided. This included ongoing work with the GP to promote people's health needs and continue to aim for accreditation under the gold standards framework in end-of-life care.