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Southdown Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 28 and 29 November 2016. At which a breach of legal requirement was found in regards to good governance. After the comprehensive inspection, we undertook a focused inspection on 10 March 2017 to follow up on the breach of regulation. At the focused inspection we found the provider was in breach of legal requirements relating to safe care and treatment and good governance. We issued a warning notice in regards to the continued breach of good governance and gave the provider until 16 April 2017 to make the required changes. In addition, the provider wrote to us and said they would take the necessary action to address the breach of regulation relating to safe care and treatment by 7 April 2017.

We undertook this focused inspection on 23 May 2017 to check they had followed their plan and to confirm they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Southdown Nursing Home' on our website at www.cqc.org.uk

Southdown Nursing Home provides accommodation, personal and nursing care to up to 28 older adults. At the time of our inspection 20 people were using the service, some of whom were living with dementia.

At this inspection we found improvements had been made to address the concerns identified at our inspection on 10 March 2017. Pressure ulcer care had improved with risk assessments being regularly reviewed and preventative measures being carried out. People with wounds received appropriate treatment and staff regularly reviewed wounds to ensure they were healing.

New processes had been introduced to review the quality of service delivery and ensure accurate and complete recording of the care delivered. We saw additional audits had been introduced to review key aspects of care, including care records. Accurate daily support records were maintained, including repositioning charts and food and fluid charts.

The provider had worked with health and social care professionals from the local authority and clinical commissioning group (CCG) to improve the quality of the service. The provider had met the breaches identified at our previous inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Improvements had been made to pressure ulcer care. Pressure ulcer risk assessments were reviewed regularly and appropriate wound treatment plans were in place.

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

Requires Improvement ●

Is the service well-led?

New systems had been introduced to ensure regular review of the quality and completeness of care records. Records had improved and provided an accurate reflection of the support provided.

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

Requires Improvement ●

Southdown Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced focused inspection on 23 May 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider after our focused inspection on 10 March 2017 had been made. We inspected the service against two of the five questions we ask about services: 'Is the service safe?' And 'Is the service well-led?'

The inspection was undertaken by one inspector.

Prior to the inspection we reviewed the information we held about the provider, including any statutory notifications received. These are notifications the provider is required to send us by law about key events that occur at the service. We also liaised with representatives from the local authority's commissioning team, their safeguarding team and from the local Clinical Commissioning Group (CCG).

During the inspection we spoke with three staff, including the provider, the administrative manager and the clinical lead and spoke with one person using the service. We reviewed two people's care records and records relating to the management of the service.

Is the service safe?

Our findings

At our previous inspection on 10 March 2017 we identified that people were not adequately protected from the risk of pressure ulcers and those who had pressure ulcers were not protected from further skin breakdown. Pressure ulcer risk assessments had not been updated in response to changes in people's skin conditions and there were a lack of treatment plans available for those that had pressure ulcers to establish how the wounds were being managed. Pressure relieving equipment was not always correctly set to protect people from the risk of pressure ulcers developing. The provider wrote to us after the inspection to state they would make the required improvements to pressure ulcer care by 7 April 2017.

At this inspection we saw people were receiving the care they required with their skin integrity. A person using the service who received care in bed confirmed staff regularly supported them to reposition, that their pressure relieving equipment was checked and they had access to food and drink throughout the day and night. They said staff regularly checked on them and they were comfortable and free from pain.

Pressure ulcer risk assessments were regularly reviewed and management plans were in place to minimise the risk of people developing wounds. This included ensuring people had pressure relieving equipment in place which was appropriate for the individual and ensuring people were regularly repositioned. As well as meeting people's other needs which may impact on their skin integrity including in relation to continence needs, nutrition and mobility. When people did have pressure ulcers or moisture lesions, wound treatment plans were developed. The nursing staff worked with the tissue viability nurse to ensure people received appropriate care and wounds were regularly reviewed to ensure they were healing.

The provider was now meeting the breach of regulation we identified at our previous inspection in regards to safe care and treatment.

Is the service well-led?

Our findings

At our previous inspection on 10 March 2017 we found concerns regarding the management and quality of care records continued. There continued to be a lack of audits to review the quality of care records and we identified errors in the recording of daily support provided, in particular in regards to repositioning charts, food and fluid intake charts. We issued a warning notice in regards to the continued breach and the provider had until 16 April 2017 to make the required improvements.

At this inspection we saw that new systems had been introduced to review the quality of service delivery, especially in regards to the quality and completeness of care records. The administrative manager had dedicated one day a week to undertake audits on different areas of service provision, including care plans, daily records, wound charts, dietary requirements, end of life preferences, medicine stock checks and health and safety environment checks. We saw where improvements were required these were identified and addressed. New processes had also been introduced to review key data and to understand any lessons that could be learnt. This included reviewing falls and people's weight.

The administrative manager informed us they worked in partnership with the clinical lead and the nursing staff to ensure care records were maintained. The clinical lead said they had been working with care staff to educate them as to why certain paperwork needed to be completed and why this was important to meet people's care needs. We saw that recording of the daily support had improved. Repositioning charts, and food and fluid intake charts were complete and kept up to date.

The management team were working with representatives from the local authority and the Clinical Commissioning Group (CCG) to review aspects of service delivery and make improvements where required. The administrative manager told us they welcomed feedback from these groups and took on board advice given by the health and social care professionals who visited the service.

The provider was now meeting the breach of regulation we identified at our previous inspection in regards to good governance.