

Southpark Residential Home Limited

South Park Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

South Park Residential Home provides residential accommodation for up to 11 older people, some with a diagnosis of dementia. At the time of our inspection there were 11 people using the service.

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

Although feedback from people and relatives was positive and they told us they felt safe and were satisfied with the care they received, we found a number of areas of improvement that the provider needed to address.

Staff recruitment checks and medicines management procedures and medicines records were not safe. We also found the provider's quality assurance checks were not robust enough to identify the issues we found at this inspection.

We have made a number of recommendations to the provider in relation to end of life care planning, activities provision and formal engagement methods with people and relatives.

People using the service, and their relatives told us the service was safe. Risks to people were assessed and included ways in which staff could support people to keep safe.

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.

The environment was clean and the provider worked with healthcare professionals to ensure people's healthcare needs were being met. People were supported in relation to their nutrition and hydration. We received positive feedback about the food and where people needed additional support in relation to their diet this was being met.

People had individual care plans in place which met their needs and staff supported them in line with their wishes. People and their relatives told us they knew who to speak with if they were not happy about the service.

Relatives and staff told us there was an open culture in the service and the manager was approachable. They thought the service was well-managed.

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 9 June 2018), this was published under the previous provider.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for South Park Residential Home on our website at www.cqc.org.uk.

Enforcement

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 will take further action if needed.

We have identified breaches in relation to safe care and treatment, fit and proper persons and good governance at this inspection. 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 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 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 

South Park Residential 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 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

This inspection was conducted by one inspector and an Expert by Experience (ExE). An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of community care service.

Service and service type

South Park Residential Home 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. South Park Residential Home 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was no registered manager in post.

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. We sought feedback from professionals who work with the service. The provider was asked to complete a provider information return prior to this inspection. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three people living at the home, three relatives, three support workers, the manager, the deputy manager, the director, the chef and the activities co-ordinator. We reviewed a range of records. This included three people's care records, three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, training records, policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to 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.

Using medicines safely

- We could not be assured that the provider's medicines management systems were safe.
- Although we observed staff administering medicines to people in a safe way, gaining their consent and accurately recording this on the medicines administration records (MAR) charts, some of the record keeping was not in line with good practice.
- The provider kept medicines profiles with people's MAR charts, however these were out of date and the details did not match the medicines on people's MAR charts.
- Staff did not accurately record when people had been prescribed controlled drugs. The administration records did not make it clear when people were being prescribed this as the controlled drugs register did not match the MAR charts.

We could not be assured that the provider's medicines systems were safe. This is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- The provider's recruitment systems needed improving.
- In one staff file, there was only one professional reference on file covering the period up until 2018. There was a gap in their employment history from 2018 until their start date. This had not been explored. In another file, there was only one character reference on file and no employment history.
- This was not in line with good practice or the provider's own recruitment policy and procedure which stated, "Please provide two character references if you are unable to obtain two professional references."
- The provider's recruitment checks were not robust, their application form had no space for applicants to record their employment history.

We could not be assured that the provider operated safe recruitment procedures. This is a breach of regulation 19 (Fit and proper person employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff employed had Disclosure and Barring Service (DBS) checks in place. DBS checks provide information including details about convictions and cautions held on the police national computer. The information helps employers make safer recruitment decisions.

Assessing risk, safety monitoring and management

- There were individual risk assessments in place for people which highlighted any areas of high risk, these included areas such as skin integrity, risk of falls, mobility and nutrition and hydration.
- Risks were scored low, medium or high and included the steps that staff needed to take to manage the identified risk. Risk had been reviewed recently and were therefore effective in identifying the areas which people needed support in to keep them safe.
- Staff we spoke with were aware of the risks to people and the steps they needed to take in order to keep them safe as recorded in their risk assessments.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to safeguard people from abuse.
- People using the service and their relatives told us the service was safe. They said, "I feel extremely safe here. 10 out of 10" and "I feel very safe."
- The manager confirmed there were no safeguarding concerns that were under investigation. There were Safeguarding adults flowchart on display for staff to refer to if needed. Staff training records showed they had received up to date training and they were aware of the reporting procedures and how they would identify if a person was potentially being harmed. One staff member said, "Safeguarding procedures are put in place to keep residents safe, If I observe anything bad, I would report to the manager."

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely. We observed staff wearing PPE throughout the inspection.
- The manager told us that testing was in place for those that displayed symptoms, in line with current guidelines.
- We were assured that the provider's infection prevention and control policy was up to date.

Visitors were safely supported to enter the home with face masks and the option of a lateral flow test if required.

Learning lessons when things go wrong

- The provider documented any incidents and accidents that occurred however we found instances where individual records were not always signed off by the manager. We have reported on this in the is the service well-led section of this report.
- Although individual incidents and accidents were recorded, there were no systems to oversee the number and types of incidents that had occurred over a period of time and there were limited formal ways to monitor incidents and accidents that occurred or to analyse them for any trends. The manager said they monitored incidents and accidents on an ongoing basis to analyse any trends or repeated patterns and additional steps such as updating care plans or risk assessments were taken if needed. They said due to the size of the service and the low level of incidents, formal methods such as trends analysis were not done. We were reassured by this.

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 our last inspection we rated this key question good. At this inspection the rating has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received the appropriate training and support to enable them to carry out their roles effectively.
- Staff told us they were happy with the training they received and they demonstrated an understanding of the topics when asked. Training records showed they received training in moving and assisting people, safeguarding, understanding and managing behaviours that challenge, introduction to dementia and falls amongst others.
- Staff also received checks on their competency to administer medicines.
- Staff told us the manager was approachable and supportive. Records showed that staff received regular supervision to discuss any work related issues.

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

- At the time of the inspection, the provider's call bell system was not working. People told us, "There are no call points. I shout if I need anything. They come quickly when I shout for them." We raised this with manager who said they were aware of this and showed us evidence that they had contacted a contractor to come and fix this. We will follow this up at the next planned inspection for the service.
- People and their relatives told us the environment was clean. They said, "This home is spotless 10 out of 10 for cleanliness", "Her room is lovely" and "Every day the floor is washed with mop and bucket."
- The home's interior, including communal and individual bedrooms, was clean. People's bedrooms were furnished to a reasonable standard and were personalised to their liking.

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

- The provider had access to appropriate referral forms and assessments when they were considering new admissions to the service.
- Individual care plans for people were completed when they first moved into the service. These included a dependency assessment tool, a needs assessment and also any risks that needed to be considered.

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

- People were supported to live healthier lives and were able to access healthcare services if needed.
- People and their relatives told us they had access to healthcare services. Comments included, "If I need to see a GP the home arranges this for me. The same for the optician and other health care professionals."
- Records of external visits were kept and these showed staff working with healthcare professionals to support people. We spoke with a visiting healthcare professional on the day of the inspection who said they

visited every day and said the provider kept them informed of any changes. The manager said the GP visited the service as required. A relative told us, "They let me know if the chiropodist or anything coming in. If mum has a fall, they will tell us."

- There were guidelines on display for staff to refer to about who to contact if they were concerned about a people's health. This included details of the local authority intervention team, mental health team, GP, and more.

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

- People were supported to eat and maintain a balanced diet. People said they were given a choice about a range of everyday choices, "Yes we can eat where we like, in the dining room or in the living area on a tray."
- We received positive feedback from people and their relatives about the food. They said, "Pretty good, 9 out of 10", "The food is very good" and "[Relative] was losing weight but since she's moved in, she has put weight on which is amazing."
- There was a two week rolling menu in place. This included a range of meals with an alternate option available and a choice of vegetables and dessert. People were offered snacks throughout the day and we observed staff encouraging people to drink fluids.

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.

- The provider ensured people consented to their care in line with the law.
- People told us that staff asked for their consent and agreement before supporting them and they were able to make everyday choices. Comments included, "Yes they always ask me before they do anything", "Yes I choose my clothes. I can get up when I want and go to bed when I want", "Yes I make all the decisions relating to me" and "Yes I make all my decisions myself."
- The provider had submitted applications and sought authorisation to deprive people of their liberty and where they were not able to make decisions for themselves and this was in their best interests.
- There were guidelines on display in the home around MCA/consent and Best Interest Decisions on display for staff to refer to if needed.
- Records showed that staff received training in the MCA. They were aware of the importance of obtaining consent when supporting people and the need to consult with others if people had been assessed as not having the capacity to do so. One staff member said, "Some residents don't have capacity so the MCA is there to safeguard them, their rights, how to gain consent."

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 our last inspection we rated this key question good. At this inspection the rating for 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.

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

- People using the service were well cared for.
- People using the service and their relatives told us that staff were caring and they were happy with the care they received. Comments included, "The staff look after me very well. I have no complaints" and "The staff are wonderful here." People described the culture as "Friendly, warm and inviting."
- People said there was consistency in the care staff team which helped to get to know them. Comments included, "I know them all more or less. They do change occasionally", and "I know most of the staff."
- We observed friendly and caring interactions between staff and people using the service. Staff encouraged people during lunch, encouraging them to eat, asking if people liked the food and supporting them if needed.
- Training records showed staff received training in equality and diversity.

Respecting and promoting people's privacy, dignity and independence

- People's personal care was delivered in a dignified manner, whilst at the same time promoting their independence.
- Personal care was delivered discreetly and where people had shared bedrooms, there were partitions in shared bedrooms which helped to ensure people's privacy could be maintained.
- People told us that staff encouraged them to maintain their independence. Comments included, "They always listen to me", "Staff treat me well, yes with dignity and respect" and "I shower whenever I want. I do this on my own." A relative told us, "They try to encourage him to eat and wash."

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

- People were supported to maintain family relationships that were important to them. People and relatives told us they were able to visit and the home encouraged this.
- We observed staff encouraging but not forcing people to accept support with personal care. In one instance, a person declined to have a shower and the staff respected their wishes after gently encouraging them and seeing they were sure they did not want this.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has changed 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

- People and their relatives were generally satisfied with the activities provision on offer within the service. However, we found that there were limited activities on offer.
- Although there was an activities co-ordinator employed, they were only contracted for six hours a week, split equally over two days. The manager said care workers usually did activities with people when the co-ordinator was not working. The activities co-ordinator was available on the first day of the inspection and they arranged some group and individual activities. They did this in an engaging and encouraging manner, with a friendly demeanour. However, on the days and times they were not present there was very little engagement from care workers and activities provision was sparse.
- There were activities record sheets that were completed to show the activities that people were supported with. There was very little evidence of activities taking place outside of days and times the activities co-ordinator was not on shift.

We recommend the provider reviews activities provision and look into ways to make them more readily available to people. We will follow this up at the next inspection of the inspection.

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

- There were individual support plans in place which had been reviewed recently. People had individual care plans which included their support needs and how staff could support them. Care plans had an identified need and an outcome and the steps that staff needed to take to support them to achieve their outcomes.
- Staff that we spoke with were aware of people's needs and the areas in which they needed some support. However, we found that key worker sessions which were supposed to take place monthly were not being done.
- Although there were care plans in place for people, the provider did not have end of life care plans or document people's end of life wishes in their support documents.

We recommend the provider reviews its end of life care planning and considers ways in which people's end of life care wishes can be recorded. We will follow this up at the next planned inspection of the service.

Improving care quality in response to complaints or concerns

- Although there were no formal complaints that had been raised, more could have been done to obtain feedback about the service.

- People using the service and their relatives told us they did not have any ongoing complaints under investigation. They said they would speak to a staff member if they had any concerns.
- The manager confirmed there had been no formal complaints received over the past year.
- There were limited avenues in place for people's concerns or complaints to be explored. There were no key worker sessions that took place and residents meetings were also held infrequently. The manager confirmed there had been no recent feedback surveys to gather feedback.
- We raised this issue with the manager who said due to the size of the service, they knew their residents and their families well so were able to capture any concerns or complaints.

We recommend the provider reviews its process around gathering formal feedback from people. We will follow this up at the next inspection of the inspection.

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 our last inspection we rated this key question good. At this inspection the rating for this key question has changed to 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; Continuous learning and improving care

- There was no registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.
- The current manager of the service had been in post since May 2021 and there had been no application submitted to register as the manager for the service. We raised the length of time the service had been without a registered manager with the Director who said they would submit one as soon as possible.
- The provider was not aware of their regulatory responsibilities. Statutory notifications were not submitted in line with legal requirements. There had been an instance in June 2022 where the police had been contacted after a resident had left the home without support and CQC notification had not been submitted. The provider had also failed to notify CQC about DoLS authorisations. We raised this with the manager during the inspection and the provider subsequently submitted a late notification.
- The provider's quality assurance audits and governance process needed improving. For example, they failed to identify the issues we found in relation to staff recruitment and medicines management.
- Some checklists such as the staff file audit were blank. This meant they did not identify the gaps in staff files we found during the inspection.
- A number of facilities and health and safety audits were undertaken but were not fully completed. For example, a manager's annual audit of health and safety systems and practices dated 27 July 2021 had not been fully completed. There was a food safety audit in place, however this was blank. Therefore, it was not possible to track whether there were any areas of improvement and whether these had been addressed.
- Some aspects of the record keeping needed to be improved. For example, some incidents and accidents records had not been signed off by the manager so we could not be assured they had been reviewed.

We could not be assured that the provider's governance and audit processes were robust. This is a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Although relatives and staff told us they were kept informed of any changes and were able to speak with the manager, we found a lack of formal engagement mechanisms for people, relatives and staff.

- Although staff meetings were held, the minutes were just an overview of the agenda items that were discussed rather than a record of the discussion held. This meant there was no way of recording any actions or feedback that needed to be followed up.
- There were no residents meetings to hear feedback about the service such as the activities provisions or meals. The manager told us meetings were not held and feedback was sought through individual 1:1 meetings. However, records showed these did not take place regularly either.
- There were also no feedback surveys completed for people using the service or staff.

We recommend the provider looks into ways in which the views of people using the service could be captured and acted upon to improve the service.

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 manager had an open door policy and was open to feedback.
- We received positive feedback about the manager from people, relatives and staff. Comments included, "Supportive", "She listens" and "We work well together."
- The service's current CQC inspection report and rating were clearly displayed in the home. This is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

Working in partnership with others

- The provider worked with health and social care professionals to meet people's needs.
- Records showed engagement with these professionals including referrals and regular reviews. One healthcare professional said, "I am regularly updated with any changes to the person's support needs."

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 The provider did not operate safe management of medicines. Regulation 12 (2) (g).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider was not operating effective systems and processes to assess, monitor and improve the quality and safety of the services provided in carrying on the regulated activity. Regulation 17 (1).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures were not established and operated effectively. Regulation 19 (2).