New Century Care (Southampton) Limited

# South Haven Lodge Care Home

## Inspection report

69-73 Portsmouth Road
Woolston
Southampton
Hampshire
SO19 9BE

Tel: 02380685606
Website: www.newcenturycare.co.uk

Date of inspection visit:
04 November 2021
01 December 2021

Date of publication:
13 January 2022

## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

| | |
|---|---|
| Is the service safe? | **Inadequate** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

About the service
South Haven Lodge Care Home is a care home providing personal and nursing care for up to 46 people, who tend to be older and may be living with dementia. There were 32 people living at South Haven Lodge Care Home at the time of the inspection. It accommodates people in one adapted building with an enclosed garden.

People's experience of using this service and what we found
People were not safe because identified risks had not been mitigated. People's care plans and risk assessments identified their individual risks but actions to reduce these risks were not clearly defined. Staff had not followed guidance, where it had been provided, this which meant people had been injured or placed at risk of injury.

New staff had not completed moving and handling training which meant they should not support people to move, for example, using a hoist. However, an untrained staff member had assisted other staff in supporting a person to move and the person slipped out of the hoist, which put them at risk of serious injury.

Staff had not always reported concerns such as red skin marks and burns on people's skin, to enable any required action to be taken.

People had not always received their medicines as prescribed, which put them at risk.

Staff recruitment records did not contain all the relevant checks needed by legislation.

The manager considered how many staff were needed for each shift based on people's needs. However, the provider relied on agency staff and there was a lack of oversight of their practice. Staff gave us negative feedback about staffing levels as they felt people sometimes waited too long to be supported with their morning personal care routine.

Systems were in place to report any safeguarding concerns to the local authority. Infection control procedures were in place to reduce the risk of people catching infections.

There was not a registered manager at the home. Staff felt the culture of the home was not positive.

Some records were not accurate or complete and some were not kept securely.

Feedback on the provision of care had not been sought from people, their relatives, staff or professionals this year. Monthly audits had not always been completed which meant the quality of care had not been consistently monitored.

We saw staff interacting pleasantly with people and responding to their needs. Staff were respectful of people's dignity when they were talking to them. One person was supported to put their legs on a stool, which was in their care plan. We saw a nurse supporting someone with their medicines in an unrushed way, whilst sitting at their level.

We received positive feedback about the new manager.

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

Rating at last inspection and update
The last rating for this service was requires improvement (published 6 March 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection not enough improvement had not been made and the provider was still in breach of regulations. We also identified further breaches of two regulations.

Why we inspected
We received concerns in relation to risk management and staffing levels. As a result, we undertook a targeted inspection to look at management of risk and staffing. During the first day of our inspection we found concerns and we subsequently received more information of concern. We therefore extended the inspection to a focused one which looked at the key questions of safe and well-led only.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

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.

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

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

The overall rating for the service has remained requires improvement. The provider has been responsive to the concerns identified and is committed to improving the service.

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

Follow up
We will request an action plan for 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 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?**<br><br>The service was not safe.<br>Details are in our safe findings below. | **Inadequate** |
| **Is the service well-led?**<br><br>The service was not always well-led.<br>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.

Initially, we undertook a targeted inspection to look at concerns we had received about people not being safe and staffing levels. Further to this, we received further concerns and broadened the inspection to look at the key questions of safe and well-led.

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
The inspection was undertaken by three inspectors.

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 previous registered manager had recently left the home and another manager had been recruited.

Notice of inspection

This inspection was unannounced.

What we did before the 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.

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

We used all of this information to plan our inspection.

During the inspection
We spoke with eight staff, the manager, senior management and the provider. We observed people and staff in communal areas of the home to help us understand the experience of people who could not talk with us.

We reviewed a range of records, including care plans and risk assessments for five people, medicines administration records, three staff recruitment files and staff training records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We requested further documentation and continued to seek clarification from the provider to validate evidence found.

Inadequate

# 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 deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

- People were not safe because identified risks had not been mitigated. People's care plans and risk assessments identified individual risks but actions to reduce the risks were not clearly defined. Where guidance had been provided, staff had not followed this which meant people had been injured or placed at risk of injury.
- New staff had not completed moving and handling training which meant they should not support people to move, for example, using a hoist. However, an untrained staff member had assisted other staff in supporting a person to move and the person slipped out of the hoist. This put the person at risk of injury.
- The home can support people who use specialist equipment, for eating, drinking and taking medicines. The provider could not assure us the relevant staff were suitably trained or had the necessary guidelines to ensure people did not come to harm.
- Staff had not always reported concerns such as red skin marks and burns on people's skin. This meant prompt action had not been taken to reduce further risks.
- Risk assessments did not always explore where people's behaviours were described as could "become verbally and physically aggressive" or where "behaviours have escalated." There was not any detail as to what this meant for people or what action had been taken to reduce these risks.
- For two people, their pressure relieving mattresses were set higher than their weight, which may have put their skin at risk of damage.
- We found issues relating to safety when we walked around the home. A door to a sluice room did not lock. When the door was pulled to close, it did not shut and could be opened without using the keypad. This meant there was a risk people could access the room and injure themselves on equipment. A clinical waste bin foot pedal was not working which meant the lid needed to be touched by hand to open the bin. This was not hygienic. The laundry flooring had cracks which meant it may not be possible to thoroughly clean it. We were told there was a plan to lay new flooring.
- Two hoists did not have a label to show whether they had been inspected and were safe to use. We raised this with the new manager who sought further advice. The manager confirmed the equipment was not safe to use. They told us they had since put appropriate labels on the equipment and stored it away from where it would be used.

The failure to ensure risks were fully assessed and mitigated was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Where one person was assessed as needing specific care when sitting in the lounge, we saw their needs were being met during the inspection.

● There was a call bell system in the home for people to call staff when they needed support. There was not a system in place to monitor how quickly the bells were answered. However, staff told us they were answered quickly.

Using medicines safely

At our last inspection we found medicines were not always administered as prescribed. 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.

During this inspection we found improvements had not been made and the service is still in breach of this regulation.
● The systems in place for recording medicines did not include tablets carried forward each month. The home held stocks of people's medicines, which meant there was more than needed for the current month. There was no system in place to record how much medicine was in stock which meant not all medicines could be accounted for.
● Incident records noted there had been two medicines errors in November 2021. Staff had made a decision to not give the complete prescribed dose of medicine to prevent seizures, on one occasion. This had been investigated and action had been taken. However, the person was at risk having a seizure because they did not receive the correct prescribed dose.
● One person had not received one dose of their medicine. On investigation, the prescription had noted 14 tablets were prescribed but only 13 were counted and signed into the home. The missing dose had not been identified and followed up.

The failure to ensure the proper and safe management of medicines was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● We observed staff supporting a person with taking their medicines. The staff member sat down next to them and did not rush them.
● Medicines were stored correctly in the medicines room.
● Controlled drugs were stored correctly and records were accurate.
● Staff told us they ensured medicine doses were equally spaced, for example, every four hours.
● Care plans were in place for medicines prescribed as 'when needed'.

Staffing and recruitment
● The provider had a recruitment procedure in place which included seeking references and checks through the Disclosure and Barring Service (DBS) before employing new staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
● However, the provider did not have all the necessary required information in place. For one staff member, there were unexplained gaps in their employment history. For another staff member, there was no record of satisfactory evidence of conduct in, or the reason they left previous employment in health or social care settings.

The failure to carry out appropriate employment checks as detailed in Schedule 3 was a breach of Regulation 19 Fit and proper persons employed of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The manager told us they considered staffing needs, "all the time." They used a dependency tool to assist in identifying how many staff were needed on shift. They also took into account the building, the skill mix and individual needs such as when people needed one to one staffing.
● Rotas showed which staff worked on shifts and we looked at the most recent four weeks. The manager told us there should be two nurses on duty during the day. However, we found there was only one nurse on duty for the whole home on nine days. The staffing team had specific allocated roles and only the nursing staff can support people with some aspects of their care, for example, medicines administration. This meant one nurse had responsibility for all the nursing tasks on their own for 12 hours.
● Staff gave us mostly negative feedback about staffing levels. One staff member told us, "No, there's not enough staff, definitely not. Staff stay for a month then leave. There is a lot of agency or bank [staff]. Nurses have been let go. We are able to meet needs but there is not enough time to understand each person. There is not much time to interact as we spend the whole day feeding and making sure they are washed." Another staff member told us, "They are always short staffed and there are lots of agency staff and nurses who don't know the residents and don't know what they are doing."
● Other comments included, "Staffing shortage is an issue and staff phone in sick" and "They get agency if short of permanent staff, we cope." One staff member said, "There is enough staff at the moment, except some days when people are sick. Yes, we are able to meet needs."
● However, staff were also concerned about how long it took them to support people with their morning care routines. One staff member told us, sometimes, people were not supported with their personal care until later in the day. Staff told us, "We aim to finish before lunch, [personal care] has on occasion gone past lunch" and "Personal care can take until lunchtime. There are so many residents on the list it takes too long. We can finish between lunchtime and 4pm on a bad day."

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; they were aware of the different types of abuse and told us what they would do if they suspected abuse or had concerns.
● The registered manager had reported safeguarding concerns to the local authority as required.
● At the time of the inspection, the local authority were working with the home to improve people's care.

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 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.
● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong
● Incidents and accidents were recorded and reviewed on a monthly basis. They were sent to the provider's quality team to look for any trends in incidents. The team had not identified any trends for the previous two months.

● Since arriving at the home, the manager had made improvements in response to incidents and accidents. For example, the manager had re-allocated the care of one person from agency staff to the home's own staff, so there would be more consistent oversight of their needs.
● The manager had plans to hold more team meetings and supervisions to further promote learning from incidents.

Requires Improvement

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

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

- There was not a registered manager at the home. The previous registered manager had left and the new manager had been in post since the beginning of November 2021. There had been an overlap of three days so the registered manager could give a handover and explain how the home worked.
- Staff morale had been negatively impacted by management changes over the last 13 months.
- Some records were not accurate or complete and some were not kept securely.
- An unlocked cupboard in the hallway was found to contain people's medication administration charts and continence records dated from 2013. We raised this with management. On our second visit to the home we found the cupboard remained unlocked and the paperwork was still inside. We raised this again and a lock was put on the door the same day.
- Fluid charts were in place to record how much fluid people had taken. However, these were not always completed appropriately. Therefore, staff could not rely on the records to assess whether people were drinking enough.
- Food records were also in place to show how much food people had eaten. However, for one person's records we looked at, their food chart had not been completed for three days before the inspection and previous records had gaps.
- Charts were in place for some people, to monitor their bowel actions. However, they had not been completed accurately and this had not been addressed.
- For one person, records which were needed to show a specialist piece of equipment had been cleaned and was safe to use, were incomplete. The provider could not therefore evidence the equipment was safe and clean.
- Some people had mattresses which needed to be set according to their weight. Charts were in place to monitor this but they were not always completed. For one person, there were 11 gaps for a two month period. These gaps had not been addressed. For another person, the new manager could not find any records and took action straight away.
- Incomplete records could not be used for the purpose they were intended for and therefore did not assist staff to provide good care to people.
- Some people were at risk of choking on fluids and were prescribed thickeners. There was a system in place to alert staff to people who needed thickened fluids, and the manager had already made some improvements to the system. We saw there was some inconsistency in different records. However, the kitchen records were understood to be correct, and staff followed the kitchen record.

The failure to maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided was a breach of Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Repositioning charts were completed and these showed how the person had been repositioned, for example, on their back. This was important to reduce the risk of pressure area sores.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● Staff told us there was not a positive culture in the home. The home has had three new managers since October 2020 which has led to inconsistent management of the staff team. The different staff roles did not work together as one team, which could cause tension and a culture which led to people not receiving good outcomes.
● Staff told us, "The main issue is the frequency of the changing management. There have been so many changes you can't really get used to it. As soon as you get used to one manager's way of working, they leave and you have to get used to another one. Not having consistent management has really affected the quality of care" and "Care staff do not feel valued, there is a separation between nursing and care staff and day and night staff."
● The manager had identified concerns since they started working in the home. They had already made some changes to systems, for example, extending the handover for day to night staff. This meant information could be given to night staff to ensure they were fully aware of people's current needs.

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 was aware of their responsibility to be open and honest when things went wrong. The manager was keen to improve the quality of care provided to people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Feedback on the provision of care had not been sought from people, their relatives, staff or professionals this year. Management told us they were thinking about trying to gain some formal feedback, for example, through questionnaires. They were not aware of any analysis or action plan from any previous feedback gained and had not considered how people could give their feedback if they could not complete questionnaires or give detailed verbal feedback.
● Management said there had not been a "resident's meeting" this year. "Resident's meetings" give people an opportunity to discuss everyday life in the home.
● One of the management team was supporting the new manager on a daily basis. They said when they visited, they spoke to people about their care, but there was no clear format for collating or analysing what people told them.

The failure to seek and act on feedback from people was a breach of Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care
● There had previously been a quality assurance system of auditing in place but this had not been sustained during the year. For example, some audits were to be done monthly but they had not been completed.

The failure to assess, monitor and improve the quality and safety of the service was a breach of Regulation

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

● The management team had plans in place to restart the monthly audits. This would assist them in improving the quality of care provided.
● The provider visited the home to speak with people and observe staff.

Working in partnership with others
● The provider and management team worked with other health and social care professionals when necessary. For example, referrals were made to speech and language therapists and tissue viability nurses.

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<br><br>Treatment of disease, disorder or injury | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>The provider failed to ensure risks were fully identified and mitigated.<br><br>The provider failed to ensure the proper and safe management of medicines. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br><br>Treatment of disease, disorder or injury | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The provider failed to maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided.<br><br>The provider failed to seek and act on feedback from people.<br><br>The provider had failed to assess, monitor and improve the quality and safety of the service. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br><br>Treatment of disease, disorder or injury | Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed<br><br>The provider failed to carry out appropriate employment checks as detailed in Schedule 3. |