

# Northamptonshire County Council

## Southfields House

### Inspection report

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11 March 2021  
19 March 2021

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### Ratings

Overall rating for this service	Requires Improvement ●
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Is the service safe?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Southfields House is a residential care home providing personal and nursing care to 24 people aged 65 and over at the time of the inspection. The service can support up to 45 people.

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

Staff completed body maps where injuries and bruises on people had been identified and these were regularly reviewed. However, not all unexplained injuries and bruises had been investigated to identify the possible cause. Staff received training on safeguarding and understood how to recognise and report abuse.

People had individual risk's assessed with strategies in place to mitigate risks. However, staff did not always follow the strategies.

Staff demonstrated a knowledge of people's care needs and how to keep them safe.

Checks were in place to ensure the environment was safe.

Medicines were administered and stored safely.

People were protected against infection. Staff wore appropriate personal protective equipment [PPE] and the home appeared clean.

Auditing and oversight of some care records required improvement.

People and relatives spoke positively about the care provided and people were supported to stay in contact with their loved ones.

### Rating at last inspection (and update)

The last rating for this service was requires improvement (published 23 September 2020) and there were breaches of regulation identified. 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.

The service remains rated requires improvement. This service has been rated requires improvement for four consecutive inspections.

### Why we inspected

We carried out an unannounced focused inspection of this service on 11 August 2020. Breaches of

Regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were found. This included risks in relation to eating and drinking, pressure area care, hot water and fire. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

We also checked whether the Warning Notice we previously served in relation to Regulation 17 (1) of the Health and Social Care Act (Regulated Activities) Regulations 2014 Good governance had been met.

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 coronavirus and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Southfields House 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.

## 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.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

**Requires Improvement** ●

# Southfields House

## 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.

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 carried out by an inspector and an assistant inspector.

#### Service and service type

Southfields House 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 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.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with four people who used the service and six relatives about their experience of the care provided. We spoke with 10 members of staff including the area manager, registered manager, shift leaders, care workers and head cook.

We reviewed a range of records. This included three people's care records and multiple records relating to pressure care and fluid intake. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# 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 remained the same.

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.

At our last inspection the provider had not maintained effective oversight of risks to people's health and wellbeing. This included risks in relation to eating and drinking, pressure area care, hot water and fire. This was a breach of regulation 12 Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements and was no longer in breach of this regulation.

Systems and processes to safeguard people from the risk of abuse

- Staff completed body maps where injuries and bruises on people had been identified and these were regularly reviewed. However, not all unexplained injuries and bruises had been investigated to identify the possible cause. Following the inspection, the registered manager implemented systems to ensure that these were monitored and additional training for staff was sourced from an external professional.
- Staff received training on safeguarding and understood how to recognise and report abuse. One staff member said, "If I see something or if someone has bruises on their body, I will report it with body maps to my manager."
- Referrals had been made to the local authority safeguarding team and investigations had been completed by the registered manager where required.

Assessing risk, safety monitoring and management

- People had individual risks assessed, with strategies in place to mitigate these risks. For example, one person had been identified as high risk of falls and sensor equipment was in place. However, staff did not always follow these strategies. We observed one person seated throughout the inspection without a sensor mat in place, as per their risk assessment. Following the inspection, the registered manager implemented daily checks to ensure all sensor equipment was being used as required.
- Staff demonstrated a good knowledge of people's care needs and the risks associated with their care and told us what they did to keep people safe.
- Checks were in place to monitor the safety of the environment including water temperature and fire safety.

Using medicines safely

- Medicine administration records (MAR) were in place and people's medicines had been administered as prescribed. Where gaps of recording had been identified, action had been taken to address this.
- Administration of prescribed thickener had not been consistently recorded, to evidence that staff had

given to people who required it.

#### Staffing and recruitment

- Staff were recruited safely. The provider completed pre employment checks such as references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
- Staff told us that they felt at times, there was not enough staff on shift to meet people's needs in a timely manner. Staff also reported that the service used a lot of agency staff who did not know people's needs as well as the permanent members of staff. The registered manager advised they were actively recruiting.

We recommend that the provider reviews staffing levels, considering peoples individual dependency needs to ensure that support is given when needed.

#### 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 PPE 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.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded including actions taken and were reviewed to identify trends or patterns to ensure lessons were learnt.



# 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 now 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.

At our last inspection the provider did not have suitable systems in place to assess, monitor or mitigate risks relating to people's health and welfare. This was a continued breach of regulation 17, good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements and was no longer in breach of this regulation.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Quality assurance systems had been implemented following the last inspection which included oversight of care planning and care delivery. These systems required further development as improvements were identified during this inspection. For example, fluid charts were regularly checked to ensure staff were recording people's input and to identify any cause for concern. However, for those with thickener, records of administration did not correspond with the fluid charts. This had not been identified through the current auditing system.
- The service had regular input from the provider's quality team who completed comprehensive audits of the service which identified areas of improvement with actions to be completed to improve the service.
- The area manager and registered manager were open and honest during the inspection and changes were implemented following feedback from the inspector.
- The registered manager had submitted CQC statutory notifications where required.
- Staff and relatives gave positive feedback regarding the registered manager and the improvements that have been made since they were in post. One staff member said "They are really trying to make sure all the paperwork and everything is correct and staff, residents and families are looked after. [Registered manager] is just brilliant. Most of our staff are much happier."

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

- The registered manager was in the process of implementing meetings with people to gain their feedback on the care received. This requires embedding, considering people's diverse communication needs.
- Staff had developed an additional translated care plan for a person whose first language was not English. The service had staff who were able to speak to this person in their preferred language and other staff used technology to communicate effectively with this person.
- Relatives told us that they felt involved with the service and were in regular contact with the staff. One

relative said, "I call the home a couple of times a week. Every person I come into contact with is lovely, informative and respectful. They know the things [person] likes."

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

- People had care plans in place that were person centred detailing likes, dislikes and preferences. Staff demonstrated they had a knowledge people's individual needs.
- People and relatives spoke positively about the care provided. One person said, "The carers are nice. We get on well." A relative told us, "I think they go the extra mile and I can see [person] is happy."
- People were supported to stay in contact with their family during the pandemic. Systems had been put in place to enable people to see their friends and relatives safely.
- Staff told us that they would feel confident raising any concerns, including whistleblowing, with the management team and that action would be taken to address these.

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 provider and registered manager understood their responsibility under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support and truthful information.

Continuous learning and improving care; Working in partnership with others

- We saw evidence of referrals being made to external healthcare professionals when required such as GP, District Nurse and Dietician.