London Residential Healthcare Limited

Southborough Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We undertook an unannounced inspection of this service on 6 and 7 January 2016. At our previous inspection on 24 July 2014 the service was meeting the regulations we inspected.

Southborough Nursing Home provides nursing and personal care to older people, some of whom have physical disabilities and/or dementia. Southborough nursing home can accommodate up to 45 people. At the time of our inspection 41 people were using the service.

The service had a registered manager who had been in post since May 2015. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received safe care that met their needs. Staff undertook assessments to identify the risks to people's safety and their support needs. Management plans and care plans were developed outlining what support people required and how this was to be delivered. Care records also identified what people were able to do for themselves and people were encouraged to do things independently. Where risks to people's safety were identified staff provided people with the necessary equipment to reduce the risk, including pressure relieving equipment and mobility aids. Staff supported people with their nutritional and health needs. Safe medicines management processes were followed and people received their medicines as prescribed.

Staff liaised with other healthcare professionals to ensure people received the specialist care they required. They followed the advice and guidance provided to ensure people received safe and appropriate care. Staff were aware of the reporting procedures if they had concerns about a person's health or safety, and escalated their concerns to senior staff.

Staff were aware of people's communication methods and involved them, as much as possible, in decisions about their care. Staff adhered to their responsibilities under the Mental Capacity Act 2005 and if they had concerns that a person was unable to consent to their care, capacity assessments were completed. 'Best interests' meetings were held to make decisions for people when they were unable to do this themselves.

There was a range of activities on offer to people, including group and individual activities. Staff were aware of people's preferences and their daily routines. They were in the process of gathering information about people's lives including significant people, places and events that took place, to further strengthen and tailor the support provided to people.

Safe recruitment practices were in place to ensure suitable staff were employed. There were sufficient staff deployed to ensure people's needs were met in a timely manner. Staff received the support they required to undertake their roles and responsibilities. Staff undertook regular supervision sessions and participated in

training courses. Staff meetings took place to discuss good practice.

The registered manager undertook checks on the quality of care provided, and ensured staff adhered to the service's policies and procedures. They discussed with staff any areas identified as requiring improvement and the necessary action was implemented to address any concerns.

People, and their relatives, were encouraged and supported to feedback about the service and the care provided. The registered manager listened to suggestions made and took the appropriate action to address any concerns raised. The complaints process was made available to people and their relatives, and people told us they felt comfortable speaking with the registered manager.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Staffing levels had been adjusted to ensure people received the support they required in a timely manner. Safe recruitment processes were followed to ensure appropriate staff were employed.

Staff were knowledgeable about safeguarding adults procedures. Staff assessed the risks to people's safety and management plans were in place to address the identified risks. Appropriate equipment was in place to support people with risks to their safety.

People received their medicines as prescribed.

Is the service effective?

Good

The service was effective. Staff had the skills, knowledge and competency to support people and provide them with the care they required. Staff liaised with healthcare professionals to provide people with specialist care in a timely manner, and staff followed the advice given.

Staff supported people with their nutritional needs. They were aware of who had particular dietary requirements and provided meals in line with these. People were supported to make choices about what meals they would like to eat.

Staff were aware of their responsibilities under the Mental Capacity Act 2005 and supported people in line with the principles of the Act. The registered manager applied for authorisations in cases where people might have been deprived of their liberty in order to maintain their safety and to meet legal requirements.

Is the service caring?

Good

The service was caring. Staff had a good rapport with people and spoke to them in a friendly manner. Staff respected people's privacy and supported them to maintain their dignity.

Staff were aware of people's preferences and daily routines. Staff were aware of people's communication methods, and supported

them to make decisions about the care they received and how they spent their time.

Staff supported people to maintain relationships with their families, and we saw many relatives visiting during our inspection.

The service was beginning to develop their end of life care. They were in liaison with a local hospice to strengthen the support provided to people whilst planning and delivering end of life care.

Is the service responsive?

Good

The service was responsive. Staff supported people with their care needs. Care plans were developed identifying what support people required and how this was to be delivered. The staff were starting to obtain further information about people's life histories to further strengthen the support provided.

People were able to engage in a range of activities. Group and individual activities were provided, and people were able to request what activities were delivered.

People and their relatives were asked for their feedback about the service. A complaints process was in place. Action was taken to improve the quality of support provided in line with feedback received.

Is the service well-led?

Good

The service was well-led. There was open and transparent communication within the staff team. Staff felt able to express their opinion and felt their views were listened to. There were regular staff meetings to discuss service provision and identify any improvements required.

The registered manager monitored the quality of service provision and undertook audits to ensure staff followed the service's policies and procedures. Where improvements were identified as being required these were discussed with staff and implemented.

The registered manager adhered to the requirements of their registration with the Care Quality Commission.

Southborough 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 was planned to check 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.

This inspection took place on 6 and 7 January 2016 and was unannounced. An inspector and an expert by experience undertook this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the information we held about the service, including the statutory notifications received. Statutory notifications provide us with information about important events that occur at the service. We reviewed information contained in the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We spoke with a representative from the local authority.

During the inspection we spoke with seven staff, including the registered manager, seven people and four relatives. We reviewed five staff records and five people's care records. We undertook general observations at lunchtime and used the short observation framework for inspection (SOFI) during the afternoon in the main lounge. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed records relating to the management of the service and medicines management processes.

After the inspection we spoke with two healthcare professionals who are involved in the care provided to people at the service.

Good

Is the service safe?

Our findings

People felt safe at the service. One person said, "Yes, I feel safe. I am very happy living here."

There were sufficient staff deployed to meet people's needs. One person's relative told us, "There seems to be enough staff about." Staffing levels were calculated depending on people's needs and the support they required. It had been identified through the registered manager's quality checks that additional staffing was required during the afternoons to enable staff to have breaks whilst ensuring people still received the support they required. An additional staff member was allocated to the afternoon shift to ensure the same level of staffing throughout the day. Staff were allocated to teams to organise the support provided and ensure staff took responsibility for meeting people's needs. The nursing staff we spoke with were aware of the importance of appropriate staff allocation to ensure staff were available to provide timely support to people. We observed call bells being answered quickly and staff regularly checking whether people required any assistance or support to ensure a responsive service was provided. One person said, "When I use the call bell, the response is quick." People's care records showed staff undertook checks on people during the day and night to ensure their safety was maintained.

Information from the provider, as well as discussion with the registered manager, acknowledged there had been a high staff turnover within the previous year. Staff had been recruited to fulfil the vacancies within the team, and the registered manager was focussing on building and stabilising the staff team. We saw that recruitment checks were undertaken to ensure staff had the appropriate skills, knowledge, experience and values. The management team checked that staff were suitable to work, including obtaining references from previous employers, checking people's identification, their eligibility to work in the UK and undertaking criminal record checks.

Staff were aware of their responsibilities to safeguard people from harm and they informed us they would report any concerns they had to the management team. Staff escalated their concerns to the provider's senior management team if they felt it was necessary. Whistleblowing procedures were available and staff were aware of these. The registered manager liaised with the local authority's safeguarding team if they had concerns about a person's safety.

Staff assessed the risks to people's health and safety. This included identifying those at risk of developing pressure ulcers, malnutrition and falling. Management plans were in place for each identified risk. These included information about what support people required to minimise the risk. Staff checked people's skin integrity during personal care to ensure any signs of pressure ulcers developing were identified early and people received the appropriate support. People at high risk of pressure ulcers had pressure relieving equipment in place and were regularly supported to change position. People at risk of falling had the appropriate equipment and mobility aids, and staff regularly checked on them to ensure they were safe. Some people at risk of falling from their beds and had bed rails in place. Staff assessed the risks of having bed rails in place, and involved people, and/or their relatives in decisions about using bed rails.

The registered manager reviewed all incidents that occurred at the service to ensure appropriate action was

taken to maintain a person's safety and minimise the risk of incidents recurring. Staff were aware of the reporting procedure to follow in the event of an incident or accident. The registered manager had identified through their analysis of incidents that some people were falling because they were trying to do things independently without consistently using their mobility aids. People had been reminded to use their aids and also to use their call bell if they required assistance. The people we saw in their rooms had their call bells within reach. Appropriate action was taken in response to other incidents. For example, one person was found outside of the service and staff had concerns about their capacity to manage their own safety. The registered manager had organised for the person to be assessed as to whether it was appropriate for them to be deprived of their liberty.

In response to a serious incident at the service staff had worked with people to minimise the fire risk associated with smoking. Meetings had been held with staff to discuss fire safety procedures and discussions had been had with people who smoked about management of their cigarettes. We also heard from staff that they had worked with people to transfer from cigarettes to using e-cigarettes which reduced the fire risk and also the risk to people's health.

Staff maintained a safe environment and undertook checks to ensure safe and secure premises were provided. Gas safety, water safety, and electrical safety checks were undertaken. We saw the necessary action was taken to address areas requiring improvement identified through safety checks by external contractors.

People received their medicines as prescribed. One person told us, "I get my medication when I should." All medicines administered were recorded on a medicine administration record (MAR). Medicines were securely stored. The nursing staff undertook regular stock checks and ensured the medicines stocks balanced. However, we observed that some people's 'when needed' medicines had some minor stock discrepancies. Staff had not recorded the number of medicines given and the reason why 'when needed' medicines were administered on the back of the MAR chart which was not in line with best practice. The registered manager and the nursing team told us they were reviewing the process for recording 'when needed' medicines and would ensure appropriate recording of the medicines administered. There were appropriate procedures in place for the storage, administration and recording of controlled drugs.

MARs were kept by the healthcare assistants to record when they applied topical creams. We saw that people had received their topical creams as prescribed, however, staff had ticked the MAR rather than recording their initials. This meant the management team was unable to identify who had applied which creams. We bought this to the attention of the senior nurse on the first day of our inspection. We saw that on the second day they had discussed this with the staff on duty and that day's MAR had been completed correctly.

Good

Is the service effective?

Our findings

People received support from staff who had the knowledge and competency to care for them. A newly appointed staff member told us there was support from their colleagues and the registered manager when they started. During induction staff familiarised themselves with the service's policies and procedures, and with the people's needs. Newly appointed staff were supported to complete the Care Certificate, a nationally recognised tool to provide staff with the basic knowledge and skills to undertake their roles within a care setting. A training programme was in place to ensure staff had the core skills and knowledge to support people. One person said, "The staff are good at their work and there is a lot of compassion here." Another person told us, "Yes, I feel the staff are well qualified." Staff completed a mandatory training programme. Staff had completed a range of training, including, first aid, safeguarding adults, dementia awareness, health and safety, and moving and handling. Nursing staff also completed additional training to undertake their duties including medicines administration, catheterisation and venepuncture.

The nursing staff worked with the healthcare assistants to increase their knowledge about people's support needs, and to ensure they knew what preventative measures to implement to maintain a person's health. The nursing staff we spoke with told us they regularly spoke to staff about recognising signs of pressure ulcers, urinary tract infections and changes in blood sugar levels for people with diabetes and what support people required to prevent these from occurring.

Staff were supported through regular supervision sessions. There was a supervision structure in place. The registered manager reviewed all supervision sessions to review the discussions had, review staff's training needs and to identify any performance concerns or concerns raised by staff members. Staff also had annual appraisals. Supervision and appraisal processes were used to discuss staff's career development and future targets.

Staff worked with other healthcare professionals to ensure people's health needs were met. One person told us, "I am having a health assessment next week." There was a regular visiting GP, and staff liaised with other primary medical care professionals including domiciliary dental services, opticians and chiropodists. Staff also liaised with specialist healthcare professionals to get people the level of support they required. This included liaising with tissue viability nurses when people had pressure ulcers or wounds, dieticians and speech and language therapists for people with nutritional needs, and other professionals including physiotherapists and occupational therapists. The healthcare professional we spoke with told us staff involved them appropriately in people's care, and followed the advice and guidance given.

Staff were aware of the procedures to follow if they had concerns about a person's health. Staff obtained assistance from senior staff and contacted the person's GP or support from the emergency services depending on the severity of the concerns.

Staff supported people with their nutritional needs. One relative told us, "The food's excellent. [The person] likes her food." One person said, "The meals are fine, well presented and tasty." We observed people at lunchtime. Mealtimes were pleasant with conversation and interactions between people and staff. People

were aware of what meal options were available and had chosen what they wanted to eat. One person said the chef was, "The best cook. He always comes back to see if we're happy with the food." Another person told us, "The food is always good."

Staff were aware of people's dietary requirements and these were communicated to the catering staff. We saw that the chef had a record of people's dietary requirements, whether they had any allergies and instructions from healthcare specialists about nutritional needs, for example, whether people needed soft or pureed meals.

Staff regularly weighed people and monitored their weight. If people were consistently losing weight staff liaised with healthcare professionals to ensure the person received the support they required.

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. The application procedures for this in care homes and hospitals are 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 were being met. The staff were aware of the principles of the MCA and DoLS. People were encouraged and enabled to make decisions about their care. Where staff had concerns that a person was unable to consent to their care, they undertook capacity assessments in line with the MCA. 'Best interests' decisions were made for people who did not have the capacity to make decisions. Staff were reminded that people's capacity could change and that this should be regularly reviewed. We saw that 'best interests' decisions were reviewed to ensure they still applied and were beneficial to the person. It was documented in people's records if there were nominated individuals to make decisions on behalf of people, for example, one person's records we saw included details of their power of attorney who made financial decisions for them.

The registered manager had made applications for people to be assessed as to whether they required authorisations under DoLS to keep them safe. Staff adhered to the conditions of the authorisations to ensure people received the support they required. The registered manager kept track of who had DoLs authorisations in place and when they were due to be reviewed, so that people were not unlawfully deprived of their liberty. The registered manager was waiting for some people to be assessed by the local authority but in the meantime they continued to support the person in line with their risk assessments.

Good

Is the service caring?

Our findings

One person told us, "Staff are wonderful…they're very very good. I'm lucky." They also said, "I enjoy it here very much. We all get on…I like the company." A relative told us, "Everyone is extremely friendly." Another person said, "The staff are communicative, they just drop in to say hello." A third person told us, "The staff are kind and respectful" and "I can't fault the staff here at all."

We observed staff speaking and interacting with people. There was a friendly rapport and staff spoke to people politely and respectfully. People knew staff by name and what support they were able to provide. For example, they knew who the manager was, who the activities coordinator was and who the nursing and care staff were.

Staff were respectful of people's privacy and supported them to maintain their dignity. Personal care was delivered in the privacy of people's bedrooms or bathrooms. One person said, "They always shut the door when treating me." Staff asked people whether they had a preference as to the gender of staff who supported them with their personal care, and this was documented in their care records. Staff asked people's permission before entering their bedroom. Staff ensured people's dignity was maintained by ensuring they were wearing appropriate clothes and got prompt support with any continence needs.

Staff knew people's preferences, including where they liked to sit, what belongings they liked to have with themselves throughout the day, and what drinks they liked. They were aware of their interests, preferences and daily routines. Staff were aware of who liked to spend time on their own and who liked to socialise and have the company of other people. There was a range of spaces at the service for people to use. We saw that some people choose to spend time in their rooms, some preferred the quiet lounge and others enjoyed spending time in the main lounge.

Staff were aware of people's communication methods. The majority of people were able to communicate their wishes and preferences verbally. A couple of people spoke limited English. 'Flash cards' had been developed which people kept with them with some basic phrases translated from their first language into English to aid communication. The registered manager organised for translators to come to the service to aid communication for more complex discussions and decisions. Other people at the service used non-verbal communication. Staff used pictures aids and their knowledge of people's gestures to communicate with these individuals.

People were involved in day to day decisions and their choices were respected. This including supporting people to make decisions about their daily routine, what clothes they wished to wear, what they wanted to eat and how they spent their time. One staff member told us, "We pick clothes together. I help them to make choices." Staff respected and encouraged people to do things independently. Staff were aware of how people's medical conditions impacted on their ability to make decisions. We observed staff orientating people and informing them what time of day it was and what they were usually doing at that time during the day. For example, informing them that usually they enjoyed a cup of coffee after their breakfast.

People were supported to maintain contact with their family. There were many relatives visiting during our inspection, and we observed relatives having meals with people. The activities coordinator also supported people to stay in contact with their relatives who were not able to visit regularly through the use of video chat software on a computer tablet.

Staff supported people to practice their faith. We saw that people's care records documented their religion and staff supported them in line with their wishes. For example, on the second day of our inspection some people were supported to attend communion at the service. The chef was aware of people's dietary requirements in regards to their religion and ensured food storage and preparation adhered to people's religious preferences.

Staff had started to discuss with people their end of life wishes. The registered manager told us and we saw from staff meeting minutes that further work was planned to ensure appropriate end of life care was provided in line with people's wishes and preferences. The registered manager was in discussion with the local hospice to support staff to implement the Gold Standard Framework (GSF) at the service. GSF is a nationally recognised initiative to help plan and implement good end of life care. We saw that some people's end of life wishes were documented in their care plans. This included whether they wanted to be resuscitated and whether they wished to be hospitalised in the event that they needed additional healthcare.

Good

Is the service responsive?

Our findings

One person told us, "I do feel I get the care I need." Another person said, "Staff help with everything."

The registered manager assessed people's care and support needs to identify whether staff were able to meet those needs. Care plans were developed based on those assessed needs informing staff about what support people required and what they were able to do for themselves. Care plans were discussed with people and their relatives to ensure they were in agreement with the support planned. A care plan was developed for each assessed need, including their physical and psycho-social needs. The staff had started to work with people and their families to develop 'life stories'. This included gathering information about previous occupations and key life events. This will help staff to learn more about what's important to people and use the information to tailor the care planned for people.

Staff were aware of people's support needs and we saw that daily records kept of the care delivered was in line with people's care plans. Daily monitoring forms were kept for people that required closer support, including repositioning charts for people at risk of pressure ulcers, and fluid charts for people at risk of dehydration. However, we saw that a few charts were not always completed at the time the care was delivered. We also noted that there were some gaps in the recording, meaning the records might not provide an accurate record of the care and support provided. We spoke with the senior nurse and the registered manager and they told us they had been reviewing the process for recording the ongoing support provided and they would reiterate with care staff the importance of maintaining accurate care records.

A wound management plan was in place for nursing staff to review any wounds people had. This enabled nursing staff to review whether wounds were healing and to identify any additional input required from specialist healthcare staff to support wound care.

The staff used the 'resident of the day' initiative to review the care and support provided to people, and to give people additional attention on a regular basis. As part of this initiative the staff ensured people had their favourite meals on the menu and were able to choose the activity delivered on that day. We saw pictures of the activities people took part in as part of this initiative including having the activities coordinator playing their guitar for them or playing cards with them in their room.

People were able to participate in activities of interest to them. One staff member told us, "We have a five day programme of activities morning and afternoon, but I am flexible about this" and "In the mornings I try to have one to ones with people in their rooms." We saw that more independent people engaged themselves in activities they enjoyed, including quiz books, colouring books, reading newspapers and watching TV. People were also able to participate in the activities delivered by staff at the service. The activities coordinator undertook a range of group activities as well as providing one to one engagement with people. The activities coordinator was able to describe people's interests and key events in their life and they used this information to develop an activities programme that met people's hobbies and interests. For example, one person had previously appeared on a TV quiz show and enjoyed participating in quizzes at the service.

People and their relatives were asked for their views and opinions about the service. They were aware of how to raise concerns and complaints. One person's relative said, "We've never needed to complain but if there was a concern, we would raise it." The complaints procedure was displayed in the reception area and was documented in the 'service user guide' which was kept in people's rooms. The registered manager acknowledged, investigated and dealt with all complaints received. We saw that appropriate action was taken in response to complaints made. For example, in response to a complaint about call bell response times a staff meeting was held to remind all staff of the importance of responding to call bells promptly. We saw that complaints were resolved to the satisfaction of the complainant and the registered manager met with relatives to discuss any concerns raised. People and their relatives were reminded about the registered manager's "open door" policy and that if they had any concerns they should feel able to discuss these with them.

Formal feedback was sought from relatives through the completion of satisfaction surveys. We viewed the surveys returned during 2015. The majority of relatives were positive about the care and support their family member received. Where relatives had suggestions about how to improve things these were discussed and accommodated. For example, one relative wished their family member was in a different room. The person was given a choice of the rooms available so they were able to choose a room they preferred.

The senior staff held meetings with people and their relatives to obtain their input into service delivery. This included discussing the activities and opportunities on offer. People wanted to continue with some of the regular activities including visits from the 'pets as therapy' dog and the 'music for health' sessions. Relatives also used these meetings to discuss what they felt would be beneficial for their family member. For example, one relative felt their family member would benefit from audio books and staff were supporting them to join the local library to access their range of audio books.

Good

Is the service well-led?

Our findings

One person said, "The manager comes round" and "She is very helpful and approachable." A person's relative told us, "The manager is very pleasant, her door is always open and she also pops in to say hello." Another relative said, "This home is run well, I believe" and "I am extremely happy [the person] is here." A third relative told us, "As far as the management is concerned, we can't believe our luck" and "We've never had a negative thought about this home."

There were clear leadership and management structures at the service. Staff were aware of their roles and responsibilities. Staff felt comfortable speaking with other members of the team and asking colleagues and their managers for advice. The registered manager told us they felt well supported by the provider's management team. They helped the registered manager to settle into the service and provided them with ongoing support to ensure they were familiar with the provider's values, expectations and policies.

Staff told us there was good team working. One staff member said, "We work as a team. Work and help each other." Staff also received regular support from the registered manager and felt comfortable speaking with them. One staff told us, "You can always talk to the manager. Her office is always open." Staff told us they were happy and confident to express their views and opinions, and felt their comments were listened to by their colleagues and the registered manager.

There were regular meetings with staff to discuss service provision. This included a quick update during '10 at 10' meetings, twice daily handover meetings, nursing meetings and monthly all staff meetings. These meetings were used to obtain staff's views about the service but also to remind them about certain procedures. For example, following the Mental Capacity Act 2005 and ensure that capacity assessments were undertaken for each care decision and blanket assessments were not implemented.

The registered manager undertook checks on the quality of the service. This included regular monthly management checks, which reviewed all aspects of care delivery. This included reviewing staffing levels and staff allocation. In response to a previous audit the staffing levels had been increased to enable staff to take their allocated breaks whilst ensuring people's needs continued to be met. These checks also reviewed completion and quality of people's care records. The checks had identified that improvements were to be made to ensure recognised pain assessment scores were used and that 'when required' medicines care plans were developed. These were in progress at the time of our inspection.

A range of audits were undertaken by the registered manager and senior staff to review the quality of care. We reviewed the findings from the most recent audits, including, medicines management, catering, mealtime observations, care records and manual handling. Where improvements were identified these were discussed with staff and actions were taken to improve the quality of service provision.

The provider's managing director came regularly to review the quality of the service, including ensuring staff followed the service's policies and procedures, and getting feedback from people using the service.

The registered manager was aware of the requirements of their registration with the Care Quality Commission and adhered to the conditions of their registration, including the submission of notifications of significant events that occurred at the service.