

Vorg Limited

Southwoods Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

About the service

Southwoods Nursing Home provides accommodation and nursing care to 26 older people at the time of our inspection. The service can support up to 38 people in one adapted building.

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

We received mixed feedback from people and their relatives who told us they were happy living at Southwoods Nursing Home. However, some relatives felt there was some improvements needed regarding regular communication from the home. People received personalised care and the staff team knew people well. However, their care plans didn't always reflect this.

Medicines were administered safely. However, the policies and procedures in place were not up to date or in line with current best practice and not all staff had their competency to administer medicines carried out. Not all staff received regular supervisions and not all staff training was up to date. We have made a recommendation about staff training.

Recruitment and selection procedures were in place to ensure suitable staff were employed. However up to date staff records were not kept and were not audited regularly to maintain best practice standards.

People had risk assessments in place however we found the providers missing persons policy was outdated and didn't follow best practice. There were no regular systems in place for communicating with relatives regarding people's care and support. Or for collecting people and their relative's views.

People had care plans and they covered all aspects of people's care needs however they didn't all contain person centred information or include life histories and people's personal preferences. We have made a recommendation to add more information in people's care plans.

The environment was clean and maintained to a safe standard. Improvements to health and safety issues were ongoing at the time of our inspection and good progress was being made against action plans in place for the provider's fire safety risk assessment and legionella water safety risk assessment.

Improvements to audits and manager oversight of the home were being put in place by the manager and these needed more time to have a positive impact on the home. Good progress was being made in areas such as managing medicines, infection prevention and control and managing and analysing accidents and incidents.

Infection prevention control practices were in place. All essential visitors had to wear appropriate personal protective equipment (PPE), and complete NHS Track and Trace information. Additional cleaning of all areas and frequent touch surfaces was in place and recorded regularly by staff. Training included putting on and taking off PPE, hand hygiene and other COVID-19 related training. Additional competency and spot

checks were carried out by the manager with all staff regarding safe use of PPE.

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. However, staff requires more training in this area.

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 12 February 2021) and there was a breach of regulation. 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 not enough improvement had been made to meet the breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This remained a continued breach.

The overall rating for the service has not changed based on the findings at this inspection and it remains requires improvement. We have found evidence that the provider needs to make improvement. Please see the Safe, Effective and Well-led section of this full report. The provider had taken some action during the inspection to mitigate risks and continued to liaise with the inspector after the inspection to advise of further improvements scheduled and/or carried out.

Why we inspected

This was a planned inspection based on the previous rating. 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.

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.

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 have identified a breach in relation to the management of the service. Records and audits were not always in place, some policies and procedures were out of date and staff didn't always receive supervision and training to support people effectively.

Please see the action we have told the provider to take at the end of this report.

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

Southwoods Nursing 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.

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

One inspector and an Expert by Experience carried out the 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.

Service and service type

Southwoods Nursing 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. There was a new manager in place who had begun their registration process.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spent time with people living at the service. Observing interactions and talking to three people who used the service, the area manager and the manager. We reviewed a range of records. These included four people's care records, a variety of records relating to the management of the service, audits and procedures.

After the inspection

We carried out telephone interviews with five members of care staff and 15 relatives. We continued to seek clarification from the provider to corroborate evidence found. We looked at more audits, care plans, reports and policies.



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 rated inspection this key question was rated as Requires Improvement. At this inspection this key question remains 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.

Learning lessons when things go wrong

At our last inspection the manager did not sufficiently record their review or investigation of incidents and accidents to support improvements when things went wrong. Whilst action had been taken to prevent incidents from happening again, no documentation existed to support a consistent and thorough approach to learning from such events. At this inspection not enough improvement was found in this area.

- Accidents and incidents were recorded. However, records of falls and analysis of these records was not robust.
- The manager had recently put new recording systems in place to record incidents to look for any patterns or trends and then took appropriate action to minimise risk of further incidents. This new system needed more time to be effective.

Assessing risk, safety monitoring and management

- Risks Identified were being improved but more time was needed for the improvements.
- Risks identified by external safety professionals regarding fire and water safety were in the process of being improved. Environmental changes were required to fire doors and wall coverings this work was on going and the manager was working to an action plan.
- Fire safety procedures were in place along with regular checks of equipment.
- Regular maintenance checks, risk assessments and repairs were carried out to keep the home safe.
- People's risk assessments were improved and regularly reviewed, and personal emergency evacuation plans were in place.

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.

Using medicines safely

- Medicines were not always managed safely
- Not all staff who administered medicines had their competency checked by the manager.
- The providers medicines policy was not up to date or in line with current best practice.
- Medicine protocol records for people who take medicines as and when required (PRN) were in place.
- The manager had implemented recent changes to the recording of when PRN medicines were given, and this had improved the medicines records.
- Medicine administration records were completed correctly with no gaps.

Staffing and recruitment

- Staff were recruited safely, using robust checking methods to ensure only suitable people were employed. However, the staff records were not always completed fully.
- There were enough staff on duty to meet people's individual needs and maintain their safety.
- The manager used a dependency tool to calculate safe staffing levels staff at busy times to enable individualised support to be maintained.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse.
- Staff had received safeguarding training and knew how to raise any concerns.
- Where safeguarding concerns had been raised, investigations and appropriate action was taken.

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question remains the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Some people's DoLS authorisations had expired. However, the manager was in the process of reapplying for them and setting up a tracking system to avoid them running out in future.
- Not all staff were trained in DoLS and some were unsure who in the home had one in place or what it meant for individuals.
- Staff understood their role in making decisions in people's best interests and these decisions were appropriately recorded.
- Where people did not have capacity to make decisions in an area of their life, they were supported to have maximum choice and control.
- Health professionals and staff completed capacity assessments where required, to ensure people were supported appropriately to make decisions.

Staff support: induction, training, skills and experience

- People were supported by staff who required further training.
- Staff training was not up to date some areas that needed refreshing had lapsed.
- Staff did not always receive training required to meet people's individual needs in areas such as; diabetes, epilepsy and learning disability.

We recommend that the provider seeks appropriate training for staff to meet people's needs regarding long-term conditions.

- Not all staff received supervisions, due to the changeover in managers. However, the manager had

decided to plan them in for the rest of the year were required.

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

- The home décor was not always suitable for people living with dementia some areas were painted with age inappropriate murals. Work was ongoing to redecorate the whole home and the manager had begun plans to address this.
- The environment was fully accessible, with a range of adaptations and equipment to meet people's needs.

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

- People's eating and drinking needs were met by a varied and nutritionally balanced diet. People gave us positive feedback about the food.
- Staff were aware of people's dietary needs and people who required a specialist diet were supported well for example, allergies and food textures were catered for.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked in partnership with external professionals, such as social workers and GPs to support and maintain people's health.
- People had care plans in place covering their healthcare needs.

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

Supporting people to live healthier lives, access healthcare services and support

- Outcomes for people were met, their care and health needs were assessed and regularly reviewed.
- The service enabled people to maximise their health outcomes by working with specialists such as the speech and language therapy team.
- Timely referrals were made to other healthcare professionals.

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.

This is the first inspection for this key question with this provider. This key question has been rated Good. 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

- There was a positive rapport between people and their support staff. Positive interactions were observed throughout the inspection. One member of staff told us, "I have spent time to get to know people they know me too. Always time to go and have a chat with people."
- People were supported to maintain relationships with their friends and family during the pandemic through safe visiting.
- Staff always treated people with kindness and respect. Staff were trained in dignity and respect.

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

- People were supported to discuss any changes to their care plans along with their family.
- People were supported to have their say and had an independent advocate where required.
- We observed positive atmosphere and mutual respect between people and staff.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who respected their privacy.
- People were supported to have increased independence.
- Staff engaged with people in a dignified way. One relative told us, "The staff are all very welcoming and friendly and I do go at different times so see a range of staff members."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were in place for people who used the service, these covered all aspects of care and support however, these were not always personalised.
- The support people received was individual to their needs and staff knew people well, but their care plans didn't reflect this.

We recommend that people's care plans are updated to reflect the knowledge staff have of people and to include their preferences.

Supporting people to develop and maintain relationships to avoid social isolation, support to follow interests and to take part in activities socially and culturally relevant to them

- People were encouraged to take part in a range of activities of their choice. One member of staff told us, "I like spending time with everyone and one person likes the same music as me I sing with them and also put on music when we are in their room it makes them happy they join in and are all smiles."
- People were supported by the recently employed activity co-ordinator. During our inspection they were developing an activity plan and spending time with people in groups and on a one to one basis, finding out what people enjoyed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Communication needs were met individually. Accessible materials were used where appropriate. Information and communication was adapted to suit people's preferences.

Improving care quality in response to complaints or concerns.

- A complaints procedure was in place that was followed by the manager and staff.
- People were supported to raise any issues. Where issues had been raised these were addressed.

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

At our last inspection the provider failed to ensure systems and processes were established and operated effectively to assess, monitor and mitigate the risks relating to the health, safety and welfare of people and to improve the quality and safety of the service provided. Not enough improvement had been made at this inspection and the new provider was still in breach of Regulation 17.

- The providers medicines administration policy was not up to date or in line with best practice.
- The providers policy regarding missing people was not up to date or in line with best practice.
- Some staff didn't have their competency checked to administer medicines by the manager.
- The providers audit systems did not identify issues found during this inspection regarding records; gaps in staff training and files.

The above demonstrates a continued breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had contingency plans for people, to ensure minimal disruption to care in case of an emergency and in response to the COVID-19 pandemic.
- The provider had sent CQC notifications of significant events occurring within the service, as required.

Continuous learning and improving care and Working in partnership with others

- The provider didn't always take on board the opinions and views of people and their relatives to make improvements. Quality assurance questionnaires or regular communication was not in place. Feedback from relatives was mixed regarding communication from the provider.

The above demonstrates a continued breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were supported by a range of healthcare professionals and the care and nursing staff had developed working relationships.

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

- People had access to advocacy support to help support their human rights where appropriate.
- People had care plans in place that included information regarding their religious choices and relationships.

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 open with the inspector during the inspection and began to take action to make improvements.

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

- Staff responses regarding the culture of the home were positive
- The manager encouraged people and staff to go to them and be open and honest. Staff told us they could approach the manager to share ideas or concerns.

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 17 HSCA RA Regulations 2014 Good governance |
| Treatment of disease, disorder or injury | The provider had failed to ensure that robust oversight, monitoring and auditing was in place to ensure people's needs were being met and that records were accurate and consistently completed. |