

Contemplation Homes Limited

Southlands Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Southlands Nursing Home is a residential care home that was providing personal and nursing care to 24 people aged 65 and over at the time of the inspection. Southlands can accommodate up to 32 older people.

People's experience of using this service:

- Improvements had been made since the last inspection and previous breaches of regulations had been met. However some work was needed to fully embed the providers governance systems to ensure they were fully effective and to ensure that people's records were fully person centred and responsive to their needs. The manager had an action plan to address areas of improvement and monitored this plan regularly.
- People were safe because improvements had been made to the assessment of risks to people and the plans developed to mitigate the risks. Their medicines were managed well and they received these as they needed them. The staff supporting them had been recruited in a manner which aimed to ensure only those suitable to work with vulnerable adults did so.
- People were supported by staff who were kind, caring and who understood their likes, dislikes and preferences. Staff ensured people had choices and respected their right to make their own decisions. Where they needed external health input they were supported to receive this. People were cared for by staff who were well supported and received appropriate training and supervision to meet people's needs effectively.

Rating at last inspection:

Requires Improvement (report published December 2017)

Why we inspected:

This was a planned inspection based on our last rating. In the previous inspection, we found a three breaches of regulations. The provider informed us what they would do to meet the regulations. This inspection planned to follow up on these areas. We found improvements had been made and there were no longer breaches of the regulations.

Follow up:

As this is the second time this service has been rated as requires improvement we will request a plan from the registered person on how they intend to achieve good by our next inspection. We may decide to meet with the provider following receipt of this plan. We will continue to monitor all information received about the service to understand any risks that may arise and to ensure the next inspection is scheduled accordingly.

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 safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was good.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our Well Led findings below.

Requires Improvement ●

Southlands 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 as part of our regulatory functions. This inspection checked 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.

Inspection team:

One inspector and a specialist nursing advisor conducted the inspection.

Service and service type:

Southlands Nursing Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of the inspection Southlands Nursing Home provided both personal and nursing care for up to 30 people.

Although a manager was registered with the Care Quality Commission, they were no longer working in the home or for the provider. A new manager had been appointed and was making applications to become the registered manager. Throughout the report we refer to this person as the manager.

Notice of inspection:

The inspection was unannounced.

What we did:

Before the inspection we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, for example, injuries that occur in the service and any allegations of abuse. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with two people using the service and three relatives to ask about their

experience of care. We also spoke with six members of staff, the manager and two senior managers for the provider. Everyone we spoke to told us that the service had improved since the new manager had started. Details are in the Key Questions below.

The report includes evidence and information gathered by the specialist advisor.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met. People and their relatives said that people were safe living at Southlands Nursing home. One relative said "They [staff] do a good job. Its always clean". They described how a special diet to help reduce choking was provided and how staff were quick to respond when they were needed.

Systems and processes

Assessing risk, safety monitoring and management:

- At our last inspection in November 2017 we found people were at times placed at risk because appropriate assessments and actions had not been completed when a risk was identified. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection this had improved and was no longer a breach of regulation.
 - Risk assessments had been introduced for those people who had allergies and provided clear information for staff to follow.
 - The management of choking risks had improved; assessments were in place and mitigation plans provided guidance to staff about how to minimise the risk, how to identify when a person was choking and the action to take; staff were seen to be following these plans.
 - Ensuring the equipment that people needed to reduce the risk of pressure related injuries had improved. Air mattresses used to reduce this risk were checked twice a day by registered nurses to ensure the settings were correctly and did not place people at higher risk.
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- At our last inspection we were concerned that some records about risks for people were unclear and inaccurate. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection this had improved. Plans were in place for people living with health conditions such as diabetes. These contained clear guidance to staff about a person's normal blood sugar readings, the risks associated with their condition and clear escalation plans. Staff were aware of these and care staff knew to report any concerns to a registered nurse.

Learning lessons when things go wrong:

- The provider had a system to record accidents and incidents. Where this required further investigation, this took place and the manager identified actions to be taken and further learning for staff.
- For example, where medicines errors had occurred, staff had been required to undertake a reflection exercise to help them understand what went wrong and why as well as be supervised to ensure their competence.
- Where incidents occurred that placed people at risk, action was taken, risk assessments were implemented and staff were made aware of the action to take to minimise the risk.
- Staff told us the manager encouraged learning from incidents.

Staffing:

- People were protected against the employment of unsuitable staff as the provider followed safe recruitment practices; There were sufficient staff to meet people's needs.
- Staffing levels met the needs of people and helped to ensure their safety.
- The manager told us they would adjust staffing levels based on people changing needs; People and staff confirmed they had no concerns with staffing levels.
- Observations throughout the day demonstrated call bells were responded to promptly and people did not wait for prolonged periods to receive support.

Using medicines safely:

- Medicines were safely managed and stored securely.
- The temperature of medicines storage areas was checked daily and maintained at safe levels.
- Medicines records were clear and accurate; Topical Medication Administration Records (MARs) were signed with no gaps. Body maps were clear and indicated each cream and location to be applied with any special instructions; Medicines prescribed on an as required basis were supported by clear protocols to guide staff.
- Medicines were disposed of safely and in line with legislation.

Supporting people to stay safe from harm and abuse:

- People were supported by staff who understood safeguarding, what to look for and how to report concerns; The service had effective safeguarding policies in place.
- Staff were confident to raise concerns and to whistle-blow if required.
- The manager was aware of their responsibility to report concerns to the relevant external agencies although they had not had any need to.
- Records confirmed the registered manager reported concerns to the relevant agencies and undertook investigations where these were required.

Preventing and controlling infection:

- The service managed the control and prevention of infection well.
- Staff received infection control training.
- Staff had access to and used appropriate personal protective equipment.
- The home was clean, tidy and free from bad odours.

Learning lessons when things go wrong:

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- Where incidents occurred that placed people at risk, action was taken, risk assessments were implemented and staff were made aware of the action to take to minimise the risk.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

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

- At the last inspection in November 2017 we found failures to ensure appropriate consent was sought and the Mental Capacity Act 2005 was applied in full meaning people could be at risk of receiving care and treatment that they had not agreed to and that was not in their best interests. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection this is improved and was no longer a breach of regulation.
- Where people lacked capacity to make certain decisions for themselves, capacity assessments had been completed and staff had ensured families and where appropriate others had been involved in making best interests decisions. For example, one person was receiving their medicine covertly and their ability to make decisions about this had been assessed and all other relevant people had been involved in making the decision to administer this covertly.
- Staff involved people as much as possible and ensured their practice aimed to encourage people to make their own decisions. For example, they provide people with explanations and choices throughout the day; People confirmed they could make their own decisions and relatives felt people's decisions were respected.
- Staff and the manager understood their role and responsibility under DoLS. No one had any conditions imposed with their DoLS and staff were aware of what these related to.

Supporting people to eat and drink enough with choice in a balanced diet:

- People spoke positively about the food and said they could make alternative choices if they did not want what was on the menu. The kitchen staff were aware of and had up to date information about people's likes, dislikes and any special dietary needs they may have.
- Meals were covered during delivery to keep hot. Meals were presented attractively on trays.
- People who required support were given support as soon as their meal was served. Staff sat with people and supported them with their meals at a pace that suited the resident. They spoke encouragingly to people, allowing them to dictate food selection throughout the meal.

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

- People's needs were assessed before the service began to provide support. People and their relatives confirmed this. One person said they had been involved and confirmed they had been happy for their relative to be consulted with. The assessment used did not explore all protected characteristics and all equality and diversity needs however a senior manager told us this document was moving to an electronic form which did ask these questions.
- The manager was clear about how people's equality, diversity and human rights were supported. They provided a clear example of a person with specific cultural needs and how this was met for them.

- Once people arrived into the service further assessments based on national guidance were used to identify the level of risk associated with fall, skin integrity and nutrition. This information was then used to develop care plans.

Staff skills, knowledge and experience:

- Staff completed a comprehensive induction which included the completion of the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.
- Staff were supported to maintain their professional registration and care staff were encouraged to undertake vocational qualifications.
- All staff were supported through supervisions and appraisals.
- Staff received training and underwent annual competency assessments to ensure they had the skills and knowledge to support people effectively.

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

- Some changes to the environment had been made since our last inspection.
- The dining room had been reorganised and ensured people with dementia would understand the purpose of this room. Signage had been placed on doors to indicate the purpose of rooms. Some rooms had memory photos outside to enable people to recognise this as their room.
- The manager was aware more work was needed to become more dementia friendly and said they planned to explore this in the new year.

Supporting people to live healthier lives, access healthcare services and support; Providing consistent, effective, timely care within and across organisations:

- Staff worked well with external professionals to ensure people were supported to access health services and had their health care needs met. Where a need was identified referrals had been made to other health professionals for advice and support. This included but was not limited to speech and language therapy, dieticians, GP's, dentists and older person mental health team.
- Care plans were developed based on advice given and staff were made aware of this, including where appropriate kitchen staff.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- People were supported by staff who treated them with kindness and compassion; Conversations between people and staff that demonstrated staff knew people well and understood their likes, dislikes and preferences.
- Staff recognised the support people required and offered positive encouragement. On one occasions we observed a member of staff escort a person to a hospital appointment. The person had said they did not want a blanket to cover their knees for travelling. They were wearing shorts. The member of staff was very encouraging and the person agreed to allow them to take a blanket and jumper in case they got cold.

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

- Although each person's care plan files contained communication care plans, for some people these provided very little guidance on how to optimise non-verbal communication for people living with dementia.
- We did note for one person who found it difficult to communicate verbally a pictorial system was in place and stored in their room to support them. Pictures were also used to help people make choices of meals and drinks.
- People and their relatives confirmed they were involved in making decisions about their care and records reflected relatives were kept updated where appropriate.
- The manager told us no resident meetings had taken place since they started however, they took a hands on approach to working with people and tried to regularly talk to them about their views. A relative told us the manager listened and acted promptly to resolve any concerns. They explained they manager had asked if they had any concerns and they had discussed the car parking problems the relative had. The relative confirmed the manager took prompt action and resolved this, meaning they no longer had concerns with parking when they visited their loved one.

Respecting and promoting people's privacy, dignity and independence:

- Peoples' right to privacy and confidentiality was respected. Doors were closed when personal care took place and staff knocked before entering people's rooms; Staff referred to people by their preferred names and spoke discreetly to them when offering care.
- Where people's needs required a specific approach this was detailed in care plans and we observed it taking place. For example, one person who was blind required their equipment and call bell to be placed on a particular side to enable them to maintain some independence. Everything in this person's room was positioned to support this.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs, wishes and preferences were not always reflected in their care plans. Activities for those who remained in their rooms were limited and did not always provide meaningful interaction.

Personalised care:

- Whilst care plans were in place the level of detail and personalisation within them was inconsistent. For example, one person with diabetes had a comprehensive and individualised care plan to guide staff whereas another person's contained very little information.
- The manager told us they had recognised this and were working with staff to add more personalised detail to care plans. The provider was introducing an electronic system into the service. A nurse who knew people well had been given time to start working on the care plans and ensuring the personalised detail was included. This had only started the day of our inspection.
- Care records indicated that staff responded to changing needs and sought input of other professionals most of the time. For example, the involvement of the older persons mental health team had been requested following a change in one person mental state. Speech and language therapy support had been requested following an incident whereby a person choked on a piece of food. Whilst waiting for this input, additional measures had been implemented to ensure staff could keep this person safe.
- However, where people's weight had decreased it was not always possible to see that the cause of this had been explored or that plans had been implemented to address this. In discussion with nursing staff, it was clear they knew the reasons behind the weight loss but this had not been documented and we could not be confident any plans had been shared to manage this.
- Throughout our inspection we saw staff responded to people's individual needs and request. Staff appeared to have a good understanding on individuals likes, dislikes and preferences. Although on one occasion we observed a person who needed their meals provided with a teaspoon was given their meal using a larger spoon. This meant the person's care plan was not always adhered to.
- Activities were in place for those who chose to join in. There appears to be ties with the local community as a group of school children came to sing Christmas Carols with people in the afternoon. This was clearly enjoyed by people living in the home, with lots of smiles and laughter. However, the majority of people opted to remain in their rooms. For these people, activity staff visited them in their rooms when they were able to and we found activities resources for these people did not always promote meaningful interaction. The manager told us they were aware of the need to develop activities in the home and would be working with staff to achieve this.

Improving care quality in response to complaints or concerns:

- People knew how to provide feedback about their experiences of care and the service provided a range of ways to do this.
- People and their relatives knew how to make complaints but said they had not needed to.
- Records reflected any concerns were investigated, apologies provided and action was taken to address

concerns.

End of life care and support:

- Staff told us people's end of life needs were met based on what people and their relatives wanted and they ensured appropriate professionals were involved when needed.
- However, the care plans that had been developed did not reflect people wants, wishes and preferences for end of life care.
- For one person their advanced care plan contained very limited information and only included that the person wished to be pain free, stay at the home and who the funeral directors was.
- The manager had an action plan in place which identified how they aimed to develop this area of practice through good documentation and ongoing training for staff.

Is the service well-led?

Our findings

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

Changes in management meant that systems to monitor quality had not been fully embedded and effective.

Planning and promoting person-centred, high-quality care and support with openness; Managers and staff being clear about their roles:

- There was no registered manager working in the service at the time of our inspection. The last registered manager had left employment and a new manager had been appointed but had not yet applied to become registered. They told us they planned to do this just after our inspection.
- The manager had spent time getting to know people and staff. They told us how they had been working with staff to ensure a positive and open culture, where good quality care was key.
- Staff told us they felt the service had improved since our last inspection and since the new manager had started. One person told us the new manager was "getting things done". All staff spoken with had a good understanding of their role and their responsibility. They were confident to make suggestions, raise concerns and to escalate concerns if needed. Staff described working in an environment where they were supported, felt listened to and valued.

Understanding quality performance, risks and regulatory requirements;

- At our last inspection in November 2017 we found the system used to assess the quality and safety of the service was not always fully effective in identifying where improvements could be made. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection this had improved but due to the change of management since our last inspection had not been fully effective and needed time to be embedded and sustained by the new manager.
- Audits continued to take place in a variety of areas. For example monthly audits of falls in the home had taken place and looked at the preventive action undertaken for the individuals who had fallen. An audit of people's weight had been undertaken and whilst this identified the weight loss for one person it had failed to identify the lack of effective evaluation and action planning that we had found. Wound audits were undertaken monthly however, this was not an audit but a simple log of the wounds people had. On a monthly basis the provider required managers to complete a management audit, improvement and learning plan. This was a summary of the audits completed in the home, the learning taken from these audits and the plan to address these. However, this had not been completed since October 2018.

Continuous learning and improving care:

- The manager had an extensive action plan to address issues that needed improving on. This had recognised the areas that we had identified as requiring improvement, such as the personalisation of care plans, the implementation of electronic care planning and ongoing action to ensure records are clear and relevant to the person.
- The manager was using a colour coded system to prioritise the actions and dates for completion had been

set with outcomes recorded.

- Learning across the organisation took place. Following a serious medicine error in one of the providers other services, they had reviewed their systems for ensuring staffs' competency in the administration and witnessing of medicines. Changes to this process had been rolled out across their services and we saw staff competence at Southlands Nursing Home had been reassessed.
- Staff told us they felt the new manager was encouraging learning. Staff said the manager was asking staff to reflect on incidents when they occurred and to look at why and what could have been done differently.

Engaging and involving people using the service, the public and staff:

- The manager told us that resident and relative meetings had not taken place since they started working at the home. We saw evidence that meetings had been booked with relatives prior to this, although only one had attended, they provided positive feedback. The manager intended to introduce these meetings in the new year.
- The provider used a survey to gain people and others feedback about the service. They undertook this every 6 months; the results were analysed centrally and services were given an action plan. The last survey analysis covered the period January to July 2018 and showed positive feedback had been received. Where people had said improvement could be made, we saw this related to the food provided. At this inspection people spoke positively about the food choices they had.
- Staff meetings took place and we saw records to confirm this. Staff said these were open discussion where they could discuss anything that occurred in the home and any concerns.