

Care Worldwide (Southwell) Limited

# Southwell Court Care Home

## Inspection report

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Date of inspection visit:

31 May 2023

01 June 2023

Date of publication:

17 July 2023

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Southwell Court is a residential care home providing the regulated activity of personal care to up to 82 people. The service provides support to older adults some of whom were living with advanced dementia. At the time of our inspection there were 52 people using the service.

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

Systems in place protected people from the risk of abuse and neglect. Risks were assessed, managed and monitored. People and their relatives told us they were supported by kind staff who knew them well. People received their prescribed medicines safely. We were assured that the provider was supporting people living at the service to minimise the spread of infection. Incidents and accidents were investigated and reviewed by the registered manager and senior management team.

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.

The registered manager, deputy manager and all staff worked hard to ensure the culture was open, inclusive, and person-centred. The registered manager understood their responsibility to be open and honest with people and acted appropriately when things went wrong. Quality assurance processes were used to monitor the service effectively which reduced the risk of avoidable harm. Staff worked in partnership with other health and social care professionals to ensure people's individual needs were met.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 26 July 2019).

### Why we inspected

We received concerns in relation to the management of medicines and risks relating to people's care and support needs. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good based on the findings of this inspection.

We found no evidence during this inspection that people were at risk of harm from these concerns. 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 Southwell Court Care Home 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, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Southwell Court Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by 1 inspector and 2 Expert by Experiences. 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

Southwell Court Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Southwell Court Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### 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 who commission care with the service. We used the information the provider sent us in the provider

information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We visited the service on 31 May 2023 and 1 June 2023. We made phone calls to relatives on 5 June 2023. We spoke with 12 staff members including the registered manager, deputy manager, senior care staff, care staff, kitchen staff, and 3 members of the providers senior management team. We spoke with 2 visiting healthcare professionals. We spoke with 6 people who used the service and 18 people's relatives. Not everyone living at the service was able to or wanted to speak with us, therefore we spent time observing interactions between staff and people. We reviewed a range of records. This included 7 peoples care records and multiple medicine records. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including incident and maintenance records and were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems in place protected people from the risk of abuse and neglect.
- Staff received training in safeguarding and knew what and who to report concerns to. For example, staff told us, "I would report any signs of abuse or neglect, anything that impacts our resident's welfare."
- Following safeguarding concern's action was taken by the registered manager and senior management team to ensure any concerns were fully investigated. For example, the registered manager kept a log of all safeguarding concerns to ensure action was taken to reduce the risk of reoccurrence and any lessons learnt documented and shared with staff.
- Safeguarding concerns were reported in a timely manner by the registered manager and deputy manager to the local authority.

Assessing risk, safety monitoring and management

- Risks were assessed, managed and monitored.
- People's support plans accurately reflected their individual needs. For example, where a person was at risk of making unwise decisions in relation to food and drink there were detailed records in place. This meant staff had information in order to support them safely.
- People and their relatives told us they felt safe living at the home. For example, a relative we spoke with told us, "I know my [relative] is safe and their facial expressions tell me they feel safe."
- Risk relating to the environment were managed and monitored. For example, all people had personal emergency evacuation plans (PEEPS) in place. This meant staff and external agencies had information readily available to support people if an emergency occurred.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

### Staffing and recruitment

- Staff were recruited safely and there were enough staff deployed to meet people's needs.
- People and their relatives told us they were supported by kind staff who knew them well. A person we spoke with told us, "The staff are very good" and a relative told us, "I think there are a lot of very caring and kind staff there. They have a lot to do, but they do really care about their residents."
- Staff were recruited safely. This included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and help prevent unsuitable people from working in care services.

### Using medicines safely

- People received their prescribed medicines safely.
- Medicine records detailed how people liked to take their medicines and all essential safety information such as allergies were clearly documented. Records were in place relating to medicines which were required 'as needed'. This meant staff had instructions in how to safely give these types of medicines and when to give them. This protected people from risk of harm.
- Medicine audits ensured any concerns were acted upon in a timely manner. For example, issues relating to the application of prescribed creams had been highlighted. Further monitoring was implemented as result to ensure people received their prescribed creams as directed by the clinician.
- Staff received training in the safe administration of medicines and had their competency assessed.

### 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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

### Visiting in care homes

- The service supported people to have visitors in line with government guidance.

### Learning lessons when things go wrong

- Lessons were learnt and shared with the staff team when things went wrong.
- Staff told us communication was good and information was shared to help them improve. For example, staff told us, "Any learning is shared with the senior carers, who then share with everyone else, it's a good way of learning and communicating."
- Incidents and accidents were investigated and reviewed by the registered manager and senior management team. This meant people were protected from the risk of incidents reoccurring.



# 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager, deputy manager and all staff worked hard to ensure the culture was open, inclusive, and person-centred.
- People and staff told us they felt supported by the registered manager. Staff told us, "The manager and deputy are very supportive, they have welcomed me with open arms into the team." This was echoed by people and their relatives, a relative told us, "The manager is excellent. They always have an open door and will always try and find time for you if humanly possible. There is a mutual interest in getting the best for the residents."
- People were involved in the running of the service. Resident's meetings were held regularly to discuss the home and what people would like. Meetings covered subjects such as food, maintenance issues, quality of care and accessibility around the home and garden. People told us they felt confident to raise anything with staff or the management team.
- Relatives told us they felt fully involved in the care their loved ones received. For example, a relative told us, "We are involved and treated very much as part of the Southwell Court family."
- Staff received training in equality and diversity. Policies in place had been reviewed to include all protected characteristics.

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 registered manager understood their responsibility to be open and honest with people and acted appropriately when things went wrong.
- People told us and records we reviewed evidenced incidents were communicated to people and their relatives. For example, a relative we spoke with said, "We had a phone call explaining an incident had happened and [relative] had fallen onto the floor, they said [relative] was fine having checked them over, it has been fine since. They also reported the matter to safeguarding."

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

- The registered manager had effective managerial oversight of risk and quality at the service. Quality assurance processes were used to monitor the service effectively which reduced the risk of avoidable harm.
- Audits were effective in identifying areas where improvements were needed. For example, audits were

completed monthly on people's care and support plans. Action was taken to address any shortfalls to improve the quality of care.

- The registered manager was aware of their legal requirement to notify CQC of events and incidents which impact people. We found incidents were reported and reviewed in a timely manner in order to improve the quality and safety of care.

Working in partnership with others

- Staff worked in partnership with other health and social care professionals to ensure people's individual needs were met.
- A healthcare professional we spoke with told us, "They're always well prepared [for assessments] and have all the information they need. It works well" and another professional told us, "Staff are always helpful and on hand if I need anything."
- Care plans we reviewed evidenced specialist advice had been sought when required. For example, referrals were made to the tissue viability nursing team when needed.