

Wellbeing Residential Ltd

Southernwood House

Inspection report

20 Matmore Gate
Spalding
Lincolnshire
PE11 2PN

Tel: 01775760563

Website: www.wellbeingresidential.co.uk

Date of inspection visit:
10 May 2023

Date of publication:
26 July 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Southernwood House is a residential care home providing personal care to up to 28 people. It is in an adapted building. The service provides support to adults of all ages, some of whom may be living with a physical disability or dementia. At the time of our inspection there were 19 people using the service.

Southernwood House also provides care to people in their own home. We did not review this part of the care provided as only two people were using the service at the time of the inspection and their care was in the process of being transferred to a new service provider.

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

Medicines were not always safely managed and audits in place to monitor the safety of medicines were not effective in keeping people safe.

Other audits in the home identified areas for improvement and the manager took action to make changes and enhance the quality of care provided. The manager gathered the views of people using the service and staff to identify areas for improvement.

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.

There were enough staff in place to meet people's needs and staff had received the training needed to provide safe care. Staff had been safely recruited to ensure they were safe to work with people living at the home.

Risks to people receiving care had been identified and care was planned to keep people safe. The home was clean, and staff wore PPE correctly to reduce the risk of infection.

Where concerns were raised the manager worked with the local authority and healthcare professionals to ensure people were safe and well.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 13 August 2022).

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 the provider remained in breach of regulations.

We made a recommendation at the last inspection regarding audits. We found medicines audits were still ineffective at supporting the safe management of medicines.

The last rating for this service was requires improvement (published 13 August 2022). The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

We received concerns in relation to risk management, medicines management and infection control. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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 requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. 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 Southernwood House on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to the safe management of medicines and the auditing of medicines which had not picked up ongoing and recurrent issues at this inspection.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe 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 ●

Southernwood House

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Southernwood House 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. Southernwood House 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 for the service, however, they were taking a leave of absence and an interim manager was in place.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 (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 spoke with 2 people living at the home. We also spoke with the manager, the deputy manager, a carer, the cook and a housekeeper. We spent time observing care to see what it was like to live in the home.

We reviewed a range of records. This included 4 people's care records and multiple medication records. We also looked at a variety of records relating to the management of the service, including policies and procedures.

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 requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last two inspections the provider had failed to assess, monitor and mitigate risks to the health, safety and welfare of people using the service This placed people at risk of harm. This was a continued breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

Using medicines safely

- The manager had not ensured processes to ensure medicines were administered safely were followed. One staff member who was administering medicines had not had their competency checked within the previous 12 months. We raised this with the manager, who contacted us after the inspection to confirm that this had now been completed.
- Some people had medicines prescribed to be taken as required, for example pain relief. Protocols were not always in place to ensure staff had the guidance needed to offer these medicines to people consistently when they needed them.
- Medicines records did not accurately record when medicines were administered and how many were left in the home. In addition, the provider had not ensured staff had followed the provider's protocol of using patch recording sheets to record when and where, medicine administered by a patch, were put on a person.

Systems to ensure medicines were safely managed were not followed. This was a continued breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were happy they received their medicines as prescribed. One person told us, "I have quite a few medicines and they (staff) bring them around for me in a little tub."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people had been identified and care was planned to keep people safe. For example, where people needed support to move, care plans detailed the equipment and staff needed for this to be done in a safe way.
- However, records to monitor care provided to reduce risks was inconsistent. For example, fluid intake was not well recorded meaning we could not be sure people were being offered enough to drink. We discussed this with the manager who explained that staff were getting used to a new computer system and they would provide further training to ensure consistent recording.
- Accidents and incidents were reviewed and immediate action taken to keep people safe. However, there

was no ongoing analysis to identify if there were any trends in the incidents. This meant opportunities to improve care could be missed.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and well looked after at the home. One person said, "You get all the help you want; you just have to tell them you are in pain and they do something about it."
- Staff had received training in how to keep people safe from abuse. They were confident about reporting and escalating concerns to support people's safety. One member of staff told us, "If I witnessed any abuse, I would raise it with the manager and take to outside agencies."
- Where concerns had been raised the manager had worked collaboratively with health and social care professionals to keep people safe.

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.

Staffing and recruitment

- People told us they felt staff were kind. One person said, "The staff are very good. They are all nice and kind. If you ask for anything, they do their best to carry out your wishes."
- The manager used a staffing tool to identify how many staff were needed depending on people's needs. They explained that while currently they were not full, they had not reduced the number of staff as people's needs had increased following the COVID-19 outbreak.
- Staff told us they received the training needed to provide safe care to people. One member of staff explained how they were prompted when their training needed refreshing. This ensured they stayed up to date with best practice.
- Recruitment processes ensured that staff were safe to work at the home. The manager ensured that references were checked, and staff had a Disclosure and Barring Service check done before they started to work at the home. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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. Laundry still untidy and cramped.

- 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 provider was working in line with government guidance regarding unrestricted visiting.

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 requires improvement. The rating for this key question has remained requires improvement. 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

- Systems to monitor the safety of medicines had not been effective. At the last two inspections we identified concerns about the management of medicines and at the last inspection we recommended audits were strengthened to identify areas of concern. At this inspection we found while the quality of audits had improved issues were still reoccurring. For example, stock counts were not accurate and PRN protocols were not in place. This continued lack of improvement meant people were placed at risk of medicine errors.

Audits to identify issues with medicines were not effective for the last three inspections. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other audits were effective at driving and maintaining improvements in the home. For example, audits to monitor the cleanliness of the home, falls and nutrition had been completed and actions identified to improve care. Audits were regularly reviewed by the provider and deadlines set for actions to be taken.
- The manager had taken action to comply with the regulatory requirements. They had notified us about events which happened in the home.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 culture in the home was caring and staff focused on providing care which met people's needs. It was clear that staff knew people well and had developed kind, caring relationships with them. The manager walked around the home and knew people and their needs well. They were able to tell us about people's care.
- No duty of candour incidents had occurred. However, the manager was able to demonstrate their understanding of duty of candour and any action they would need to take after an incident.

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

- The provider had systems in place to take account of people's opinions of the service they received by reviewing care plans, regular correspondences with relatives and professionals and an annual survey.
- Staff had also completed a survey and this had identified that staff felt they would benefit from more

regular supervisions. Records showed the manager had taken action and increased the number of supervisions for staff.

- Information was shared with staff through team meetings and handover sessions. Staff told us they felt confident to raise any suggestions or feedback to their line manager.

Continuous learning and improving care; Working in partnership with others

- The manager had created links with other healthcare professionals in the local community. They were engaged with healthcare professionals to improve pressure area care in the home and to reduce the risk of falls. For example, the manager had invited an optician into the home for people at risk of falls to see if they needed to different glasses to support their safety.

- The manager worked collaboratively with other professionals to ensure people received safe care which met their needs. For example, they had taken advice on fire safety and made improvements to the home by fitting an extra fire door.

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 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not safely managed to reduce risks to people.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Audits in place to manage medicines were not effective in ensuring the safe management of medicine. This had been an issue for three inspections.