

Mrs Melba Wijayarathna

# Southdown Nursing Home

## Inspection report

5 Dorset Road  
Sutton  
Surrey  
SM2 6JA

Tel: 02086426169

Website: [www.southdownnursinghome.co.uk](http://www.southdownnursinghome.co.uk)

Date of inspection visit:

03 February 2020

04 February 2020

Date of publication:

15 May 2020

## Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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

### About the service

Southdown Nursing Home is a residential care home providing personal and nursing care to 24 people at the time of the inspection. The service can support up to 25 people in one adapted building.

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

The service had improved since our last inspection, where we found chemicals were not always stored safely, there were insufficient measures to control the spread of infection and there was not a satisfactory quality assurance system in place. At this inspection we found the provider had taken sufficient action to address these areas.

Although the provider had made improvements since our last inspection, some aspects of the service needed to be improved further. Some risk management plans lacked detail about how to care for people safely. Incidents were not always recorded in the same place which may have impacted on monitoring and learning lessons from incidents. Some improvements were needed to the staff recruitment processes. However, staff knew how to care for people safely and we had no immediate concerns about people's safety. Staff knew how to keep the home environment safe, including storage of hazardous substances and infection control. Medicines were managed safely and safeguarding concerns were handled appropriately. There were enough staff to care for people safely.

The provider now undertook a wide range of regular checks such as safety checks, care plan audits and food quality checks. They involved people, relatives and staff by gathering their views and making improvements based on their feedback. There was an open culture that promoted person-centred working. The provider worked well in partnership with others.

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 provider assessed people's needs thoroughly and worked well with other agencies to plan and deliver effective care. Staff received the support they needed through training and supervision. People's healthcare and nutritional needs were met.

Some minor improvements were needed to the decoration of some parts of the home. We have made a recommendation about tailoring the decoration of the service to the needs of people living with dementia as part of planning this.

People received care from staff who were kind and empathetic. Staff knew people well and made an effort to engage them in conversation. Staff valued people and treated them with respect. People received support to express their views and make choices about their care and support. Staff promoted people's privacy, dignity and independence.

People received care and support that was personalised and met their needs. Diverse needs including religious and cultural needs were met. People's needs and preferences were recorded and met with respect to end of life care. Staff provided people with accessible information in suitable formats, including information about how to complain. The provider responded appropriately to people's concerns. People had access to a range of suitable activities and had the support they needed to stay in touch with loved ones.

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 and update

The last rating for this service was requires improvement (published 15 October 2019) and there were two breaches of regulations. 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 improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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.

## 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 effective.

Details are in our Effective findings below.

**Good** ●

### 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 well-led.

Details are in our Well-led findings below.

**Good** ●

# Southdown 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.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

Southdown Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 was not required to have a manager registered with the Care Quality Commission.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we held about the service, including previous inspection reports and notifications the provider is required to send to us about significant events that take place within the service. We spoke with representatives of two commissioning bodies which were familiar with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service, three relatives of people who used the service, four

members of staff and two visiting healthcare professionals. We also spoke with the service manager and the provider. We looked at three people's care plans, five people's medicines records and four staff files. We reviewed other records such as health and safety checks and staff training records

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# 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 inspection this key question was rated as requires improvement. At this inspection this key question has remained 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.

### Assessing risk, safety monitoring and management

At our last inspection in January 2019 there were insufficient measures to ensure the environment was safe. Chemicals were not stored securely and a broken floor tile presented a trip hazard. The provider was in breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider was no longer in breach of this regulation, although some improvements were still required.

- The provider carried out regular checks to make sure the premises and equipment were safe to use. This included a member of staff assigned daily to make sure chemicals and other potentially harmful substances were stored safely and securely during their shift. We toured the premises and found no harmful substances were left unsecured.
- The service assessed and managed people's risks on an individual basis while restricting their freedom as little as possible. Staff were able to give examples of how they did this for specific people. One person's relative told us they were concerned about the person's safety before they moved into the home but were now reassured as they felt the service managed risks well.
- However, although some risk management plans were clear, others lacked detail about how to reduce risks such as people's risk of falls or developing pressure ulcers. There was evidence that staff were managing these appropriately at the time of the inspection, but there was a risk that staff who did not know these people well would not be aware of how to care for them safely. The provider told us they would review risk management plans to ensure this information was captured.
- Staff were confident that they were able to perform care tasks safely and respond appropriately in emergencies. A relative confirmed they had observed staff using safe lifting techniques to help their relative move between their bed and chair. Appropriate plans were in place for dealing with emergencies, including fire evacuation.

### Preventing and controlling infection

At our last inspection in January 2019 we found there were not sufficient systems in place to make sure the home was kept clean and to reduce the risk of infection spreading. The provider was in breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider was no longer in breach of this regulation.

- There were regular checks to make sure staff were following policies and guidance about infection control.

This included hand washing, cleanliness of the environment and the use of personal protective equipment. When the checks identified issues with any of these things, the provider took action to improve practices.

- The premises were visibly clean and free from unpleasant odours.

#### Learning lessons when things go wrong

- The provider had systems to learn lessons from incidents. These included recording systems that could be used to identify trends, and case studies looking at what had gone wrong at each step of a series of events leading to, for example, an injury. They looked at how they could prevent these things from happening and how they could have dealt with incidents differently. When these things were identified, the provider quickly took action to prevent things from going wrong again.
- However, we found staff were not always using these systems effectively. For example, one person sometimes sustained bruising as a result of hitting out at staff. Although this behaviour was managed safely and staff recorded the bruises on a body map in the person's file, they did not always complete incident forms with details of exactly how the injuries occurred. This meant there was a risk the provider was not including these incidents in their analysis of trends and therefore it may be missed when reviewing risk assessments or carrying out safeguarding investigations. We discussed this with the provider, who told us they would review how this information was recorded.
- A visiting healthcare professional told us the provider took appropriate action after a person had a fall in the home to reduce the risk of them falling again. This included updating the person's risk assessment and introducing special equipment to help keep them safe.

#### Staffing and recruitment

- Recruitment practices were mostly safe but required minor improvements. Some issues around unsafe recruitment practices were identified at a visit by the local authority in 2019. These included a lack of appropriate references. At our inspection we found the provider had gathered the information they are required to have to check staff are suitable to work with people, including the references. However, the application documentation they used did not have sufficient space for applicants to supply some of the information required by law, if applicable, such as explanations for any gaps in employment. Because the provider did not use a checklist or other means of ensuring this information was supplied, this meant there was a risk this information could be missed. We discussed this with the provider and will check again at our next inspection.
- Rotas showed there were enough staff to care for people safely, and this was calculated using a suitable staffing dependency tool. A visiting professional told us they felt staffing levels were safe. Staff we spoke with were happy with the current levels and told us they were always able to call the provider or home manager for extra support in an emergency.

#### Systems and processes to safeguard people from the risk of abuse

- There were clear processes that would enable staff to recognise and report abuse or ill-treatment of people who used the service. Staff were able to give examples of abusive or neglectful practices they would report if they witnessed them.
- The provider investigated and reported any suspected or alleged abuse and neglect appropriately.

#### Using medicines safely

- Records showed people received their medicines as prescribed and in line with guidance.
- There were systems to check medicines were managed well and reduce the risk of medicines errors. A visiting healthcare professional told us they felt the service managed medicines well.
- The provider arranged regular reviews with doctors to help ensure people's medicines and dosages remained appropriate for their needs. One person's relative told us the person's medicines had been



reduced as a result and they now experienced less drowsiness which had been a side effect of their medicines.

# 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 has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

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. 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.

- At our last inspection in January 2019 we told the provider to make improvements to their documentation in this area. There was not always evidence that consent was sought from the appropriate person when making decisions about people's care. At this inspection there was evidence that the provider assessed people's capacity and, where appropriate, consulted those who knew them best to make sure decisions made on their behalf were agreed to be in their best interests.
- For people who had capacity to consent to decisions about their care and treatment, the provider discussed their options with them and recorded their consent to the agreed care and treatment.
- People who were deprived of their liberty to receive care had DoLS authorisations in place or there was evidence that the provider had applied to the relevant authorities for these.
- The provider used a restrictive practices checklist regularly to make sure there were no inappropriate restrictions being placed on people receiving care at the home.

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

- At our last inspection we noted the décor in the home needed refreshing in some places. At this inspection we found the provider was in the process of improving this, although parts of the home were still in need of refurbishment. The provider had further plans for this but had not met all of their targets in terms of timescales and the plans did not specifically look at the needs of people with dementia.

We recommend the provider consult with people who use the service, in addition to current guidance about tailoring décor to the needs of people living with dementia, as part of their refurbishment programme.

- Other parts of the home were pleasantly decorated and there were adaptations to meet people's needs, such as accessible signage to aid orientation.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; staff working with other agencies to provide consistent, effective, timely care

- There was a clear assessment process, which included people's care and support needs, preferences and choices. This helped the provider plan and deliver effective care with good outcomes.
- The service manager had regular contact with managers of similar services. They used this to share information about best practice and current guidance.
- The provider consulted other agencies when appropriate for advice and guidance about how to provide effective care. For example, they consulted a pharmacist for help with designing a protocol for how to administer a particular type of medicine.
- The service worked well with other agencies. Visiting healthcare professionals told us staff listened and followed their guidance and kept clear records to help with information sharing. There was evidence of this in people's care records.

Staff support: induction, training, skills and experience

- Staff had the support they needed to do their jobs effectively, including regular one-to-one meetings with their supervisors and yearly appraisals. This gave staff the opportunity to look at what they did well and focus on any areas of their work they needed to improve so they could deliver care more effectively. Staff told us they received a thorough induction at the start of their employment so they did not have to work alone until they were confident to do so.
- A range of training was provided to give staff the knowledge and skills they needed to do their jobs. Staff told us a recent training session had been very useful and that they received a good variety of training that was appropriate for the needs of people who used the service.

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

- One person told us, "The food is sometimes good, but sometimes the vegetables are cold because the plate is cold." A relative said, "The food varies, but there are always things [relative] likes." We discussed the mixed feedback with the service manager, who noted it as part of their ongoing work on monitoring food quality.
- Staff assessed people's eating and drinking needs and where people were at risk of not eating or drinking enough they used food and fluid charts to monitor intake. Senior staff checked these daily to make sure people had enough to eat and drink. A member of staff was also assigned daily to monitor people's fluid intake. The service manager had introduced a drink bottle that indicated how much liquid a person had drunk. One person's relative told us, "[My relative] eats a lot. I'm surprised by how much she eats here."
- Staff supported people to weigh themselves regularly and kept clear records that showed when people were losing weight. The service manager was aware of which people had recently lost weight and what action the service was taking, in line with professional advice.

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

- People received the support they needed to access healthcare. The provider used a checklist to make sure every person who used the service had dental check-ups and other appointments they needed to have regularly to stay healthy.
- People told us they were able to access healthcare services. One person told us, "I get to see the doctor when I need to." Both the visiting professionals we spoke with said the service met people's healthcare needs well and one confirmed the person they were seeing had recently seen a dentist and GP.
- Staff supported people with their day-to-day needs, including oral health and exercise, to help them live

healthily.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People received care and support from staff who were kind and caring. One person said, "The people here are nice. I've never come across anyone who is a bit offhand. I think it's good they're like that, because I can talk to them about anything and enjoy their company." A relative said, "They are friendly and respectful. That's what impressed me about this home." Another relative told us, "They really look after [relative]. I think they genuinely love her. She gets a lot of respect." A visiting professional told us they had always observed staff treating people with respect.
- Staff were compassionate and empathetic. We observed one person showing signs of distress throughout our inspection. Staff clearly understood the person's needs and helped them calm down by offering emotional support and listening to them.
- Staff knew people well and built up good relationships with them. We saw staff chatting with people about their interests and encouraging them to socialise. This helped maintain a friendly and inclusive atmosphere in the home. One person's relative told us, "They have got to know [relative] very well." Staff were able to give examples of different people's interests and what they liked to talk about.
- The service valued people and celebrated their individual achievements. For example, the home held an exhibition of one person's artworks as a fundraiser for a charity that was important to them.

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

- On the whole, people felt they had enough opportunities to make choices about their care. One person told us they were not always able to choose when to go to bed. They said, "I've always got to wait ages after supper." However, the same person also told us staff always listened to them and offered them choices about other things.
- Another person's relative told us staff went out of their way to give people choices about how they lived their lives and gave the example, "If [relative] rings her bell and asks for tea and toast in the middle of the night, they will give her it." We observed staff offering people choices of meals and drinks in ways they clearly understood.
- People were involved in planning their care. There was evidence that staff supported people to express their views as part of this process, and their care was planned around the decisions they made.
- Staff gave people the information they needed to make informed decisions about their care. We saw an example of a member of staff discussing a medical procedure with one person and asking how they felt about it. We observed staff gently advising another person to wear socks, after they declined to do so, because it was a cold day and they might be uncomfortable without them.

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

- Staff were mindful of people's privacy. The provider carried out a privacy impact assessment when looking at installing CCTV in communal areas, to make sure it would not compromise people's privacy too much.
- One person raised a concern about another resident coming into their bedroom and looking in their wardrobe without permission. We fed this back to the manager and provider, who told us they would look into the matter.
- The provider consulted people and their relatives about how best to promote their independence as part of planning and reviewing their care. Care plans contained information about what people could do for themselves and how staff should work with them to build their confidence.

# 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 good. At this inspection this key question has remained the same. 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

- People's care plans were personalised and set out what help and support they needed and wanted with each aspect of their daily living. One person told us, "I am getting all the help I need." A relative said, "I am very impressed with the dedication of the staff and management." Another person's relative told us, "I can't fault it. They are amazing with [my relative]."
- Staff had the information they needed to remain up to date with people's care needs. Care plans were reviewed regularly. Staff discussed people's needs at daily meetings, to make sure they were up to date with any changes to people's care plans.
- Staff were able to meet people's diverse needs and provide care that was tailored to them. Care plans contained information about people's preferences, interests, things that were important to them and their background, including religion and culture.

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.

- Information was available to people in accessible formats about the care and support available to them. This included information about medicines, activities and how to complain.
- Staff obtained large print information for people who needed it. They also used large print for activities such as karaoke.
- We observed staff using different communication styles with different people to meet their various communication needs.

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

- A variety of activities was available for people to engage in. We observed some of these activities, including a "Musical Mandalas" session which featured music, meditation and colouring in complex designs. People appeared highly engaged in this activity and we received positive feedback from people about it.
- Staff spoke to people regularly to find out what activities they would like to do. They gave us examples of activities they did with people who stayed in their bedrooms during the day. One person told us, "I like to read and do puzzles. [Other activity] is not my thing, so I don't join in, but they always give me the choice." Staff felt although activities in the home were good and people enjoyed them, there could be more opportunities for people to engage in activities or outings outside of the home. We fed this back to the

provider, who told us they were considering how they could offer more outside activities to people.

- Staff encouraged people to socialise and talk to one another in communal areas. They played music that was popular with people and we observed people singing along together with enthusiasm. One person was dancing with a member of staff.

Improving care quality in response to complaints or concerns

- People and relatives knew how to make complaints and raise concerns. They said the provider dealt with any concerns they had very quickly. One relative told us, "I recently spoke to the manager about [an issue they were concerned about] and he told me what he would do about it. The staff dealt with it well." Another relative said, "[Manager] is very receptive and takes my concerns on board. The management are responsive."

End of life care and support

- People had personalised end of life care plans to help staff ensure their needs and preferences were met as they approached their final days. This included spiritual and religious needs, pain management and preferred place to receive care and treatment.



# 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 now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection in January 2019 the provider's governance system was not robust enough to reliably identify and proactively resolve issues that meant the service did not meet essential requirements of safety and quality. The provider was in breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider was no longer in breach of this regulation.

- Since our last inspection, the provider had introduced a system to improve their oversight of health and safety issues. This helped them monitor trends in the numbers of cases of particular illnesses or injuries at the home so they could focus on areas of concern as they arose.
- The provider used information from incidents and staff feedback to promote a safer working environment and improve morale for staff.
- There was a range of regular audits, including medicines, infection control, food quality, care records and environmental safety, to enable the provider to monitor and improve the safety and quality of the service.
- The provider had a quality improvement plan which was based on legislation and guidance for ensuring the safety and quality of social care services. They had developed this since our last inspection and were using information such as inspection reports from good and outstanding services to develop the service.
- Staff were clear about their roles. They had daily handovers and regular staff meetings to discuss their work. Staff told us they felt they worked well as a team.

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

- People, relatives and visiting professionals told us the service manager was open and very involved with people's care. One person's relative said, "I am very happy with the management." A member of staff said the service manager was "lovely, very supportive" and told us, "We can always come to him with issues and he will try to sort them the best he can."
- Feedback from relatives and staff showed they felt the culture of the home was caring, person-centred and "like a family."

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 provider had a good understanding of the duty of candour. They shared information with us when required, such as notifying us when a significant incident happened.
- The provider and service manager were open and honest with people when things went wrong and encouraged open discussion about this. A relative told us, "[Service manager] is very genuine and open."

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

- One person told us, "The manager is very, very nice. I can go to the meetings and say whatever I want."
- The provider regularly collected feedback from people, relatives, other visitors and staff. Agency staff who had worked at the home recently fed back positively about the responsiveness and professionalism of the staff team. At the time of our inspection the provider was in the process of carrying out a survey of people, relatives and staff. They also made records of daily conversations where they asked people informally if they were happy with the service.
- The provider made an effort to promote links with the local community. They maintained relationships with relatives after people who used the service died. Family members were invited to community events at the home and were offered bereavement support.

Working in partnership with others

- The service manager had regular contact with managers of similar services. They worked together to promote good practice.
- The provider had a positive relationship with the local authority and welcomed partnership working to help them monitor and improve the quality of the service.