

Solent Cliffs Nursing Home Limited

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Inspection report

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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

Solent Cliff's is nursing home registered to provide personal and nursing care for up to 40 older people who may be living with dementia. At the time of our inspection 33 people were using the service.

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

We could not be assured people always received the correct dosage of medicine. Medicine was not always stored safely.

The provider had assessed people's needs; however, risk was not always explored sufficiently with regards to skin care and swallowing difficulties.

We could not be assured the culture within the home was always inclusive and dignified.

Staff were knowledgeable about abuse and were confident any concerns were investigated and dealt with properly.

Staff were sufficiently deployed to meet people's needs at all times and relatives and people told us staff were trained appropriately.

The provider had effective measures in place to reduce the possibility or spread of infection.

Relative's, people and staff were complimentary about the leadership in the home and told us any concerns were dealt with in good time.

The registered manager had implemented effective governance systems which highlighted areas of improvement that were required. Some of the issues we identified during our inspection were known and recorded by the registered manager. They had already started taking action to address the concerns.

The provider had effective systems in place for monitoring accidents and incidents and action was taken to drive improvement.

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.

Why we inspected

We received concerns in relation to the management of medicines, leadership, culture of care and safety. We

were also advised staff did not share important information with external organisations including relatives. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection. We carried out an unannounced comprehensive inspection of this service on 26 November 2018 and published the report on 22 January 2019.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed. We have identified a breach in relation to the management of medicines at this inspection. Please see the action we have told the provider to take at the end of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Solent Cliffs Nursing Home on our website at www.cqc.org.uk.

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.

At our last inspection we rated this key question good. At this inspection the rating has deteriorated to requires improvement.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our safe findings below.

At our last inspection we rated this key question good.. At this inspection the rating has deteriorated to requires improvement.

Requires Improvement ●

Solent Cliffs Nursing Home Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

Inspection team

One Inspector, a specialist nurse advisor and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The service provides accommodation for people who requires personal and nursing care. The service is registered to provide care and support for up to 40 people.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. A registered manager was in place.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We used information the provider sent us in the Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We looked at information we held about the service including notifications they had made to us about important events. We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service. We reviewed information of concern, which was provided to us by the general public, professionals and relatives. We used all this information to plan our inspection.

During the inspection

We spoke with seven people, two care workers, two nurses, two domestic staff, the registered manager, the team support manager and the provider.

We reviewed a range of records. This included three people's care records, medication records, infection control records, staff records and maintenance records. We also received a number of reports from the provider relating to governance, improvement plans and care plan and risk assessment audits.

After the inspection

The provider sent us additional information after we provided written feedback which was also analysed and used as evidence. Our expert by experience obtained feedback from 12 relatives via a phone call.

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 good. At this inspection this key question has now deteriorated to requires improvement

Using medicines safely

- We could not be assured the arrangements for the management of medicines were safe. The service had recently introduced an electronic medication administration recording system and informed us that they were still having some 'teething problems' with its implementation. We observed liquid medicines being poured directly onto teaspoons without using a measuring device. This meant we could not be assured people consistently received the correct dosage of medicine.
- We were not assured medicine was stored appropriately in line with best practice guidance. We observed amoxicillin left unsupervised on top of the medicine trolley, and we found tablets that needed to be halved were returned to the foil packet, leaving a risk of medications being mixed up and or medication being administered incorrectly in the future. We found scissors located on top of the medicines trolley unsupervised which could have placed people at risk of harm.

A failure to ensure medicines were managed safely was a breach of regulation 12 (safe and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We fed our concerns back to the registered manager who assured us immediate action would be taken to improve the safe management and administration of medicines.

Assessing risk, safety monitoring and management

- The provider had arrangements in place to assess and monitor risk, however, we could not be assured assessments always reflected the care people required. For example, one person had been identified as being at risk of skin damage. Whilst there was a care plan in place, the skin integrity care plan did not reference a sore on the person's elbow or the treatment it required. We informed the management team about this and they told us they would review the person's care plan. We visited this person in their room and found them saying, "drink, drink". We asked a nurse to provide the person with a drink. We spoke with the registered manager about this person and we viewed their fluid intake records. The records suggested the person concerned had been drinking relatively well. However, this person did not have an effective mouth care plan as required by best practice guidance. We brought this to the attention of the registered manager who told us this would be implemented. We observed these concerns being shared with the nursing staff during a meeting with the registered manager.
- People who were at risk of choking were referred to the speech and language team for assessment. Care plans and risk assessments provided guidance on how to prepare and assist people with food and drink. The registered manager had referred one person to the speech and language team on the 28 February 2022. The person's nutrition care plan detailed the food texture they needed to remain safe whilst eating. It also provided information about the person's preferences.

- Relatives were complimentary about how the staff supported people in relation to assessment and monitoring risk. Comments included, "Yes Mum is definitely safe. She has very challenging needs and can't do anything for herself. They just know how to look after her. They assess how she is and judge the care she needs. They are so careful how they move her on the hoist. They look after her as an individual which is what I like. She's never had a pressure sore and has spent a lot of time lying in bed. She's never had a fall or accident. The staff are very proactive and have measures in place that safeguard everybody." And "He's absolutely safe. I know he is by the way they treat him. They put the safety sides up when he's in bed. He can be assertive and aggressive, sometimes he refuses to get out of bed and they just know how to treat him."
- Staff had good knowledge of the people they supported. They were aware of risks associated with their care, how to monitor for these and the action to take to reduce these risks, meaning that the risk to people was minimised.
- Equipment such as hoists, call bells and fire safety equipment were serviced and checked regularly.
- There was a business continuity plan in place that advised staff on the action to take in the event of emergency situations such as staff emergencies, heat-waves, flood, fire or loss of services. This also included information about evacuating the premises, alternative accommodation and important telephone numbers. There were also personal emergency evacuation plans (PEEPs) in place which recorded the support each person would need to evacuate the premises in an emergency.

Staffing and recruitment

- Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions. Checks to confirm qualified nursing staff were correctly registered with the Nursing and Midwifery Council (NMC) were also held on file. All nurses and midwives who practice in the UK must be on the NMC register.
- There were enough skilled staff deployed to support people and meet their needs. During the day we observed staff providing care and one-to-one support at different times. Staff were not rushed when providing personal care and people's care needs were attended to in a timely manner. Staffing levels had been determined by assessing people's level of dependency and staffing hours had been allocated according to the individual needs of people. Staffing levels were kept under review and adjusted based on people's changing needs.
- Comments from relatives regarding staff deployment were mixed, however, most were positive. Feedback included, "Dad is absolutely safe. There are always two people with him when he walks, I'm not worried, he's safe, secure and well looked after", "Yes 100 percent enough staff. They have taken the time to get to know Mum, they are very friendly, caring and informal", "Yes there are enough staff and they are all really nice and caring" and "Yes there are enough staff and they are all absolutely lovely with him. They genuinely seem to care."
- Other comments included, "I think they are light on staffing but Dad's ok. The nurses are very caring and loving and he's got everything he would want for. He's happy and content and so am I as I know he's been well looked after. They treat him very nicely, professional and friendly. They are very good with us too", "I think there are enough staff. Mum is looked after very well but sometimes they are quite rushed, and they are always busy but most capable. She has not suffered from any neglect at all" and "I think there are a lot of staff and they are always so cheerful. They are always popping in and out."

Systems and processes to safeguard people from the risk of abuse

- The service had taken appropriate steps to protect people from the risk of abuse. Staff were aware of their responsibilities in relation to safeguarding. They were able to describe the different types of abuse and what might indicate that abuse was taking place. Staff told us there were safeguarding policies and procedures in place, which provided them with guidance on the actions to take if they identified any abuse. They told us the process that they would follow for reporting any concerns and the outside agencies they could contact if they needed to.

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 admitting people safely to the service.
- We were assured that the provider was using personal protective equipment(PPE) effectively and safely.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- Comments from relatives included, "They ask me to do a lateral flow test (LFT) before visiting which I report on the GOV.UK website and I show proof of this to the staff. I wear a mask; they unlock the door, so I don't walk through the nursing home and they are regulating the number of people visiting at any one time. Mum is restricted to two visitors (me and my sister) and I had to make a special request for my husband to visit which they allowed", "I do a LFT before I visit and show a picture of it. They take my temperature and I wear a mask. I make an appointment and have an hour slot"

Learning lessons when things go wrong

- All incidents and accidents were monitored and reviewed regularly by the registered manager to identify any patterns or trends. The registered manager provided us with analysis of skin damage and showed us the actions they had implemented had reduced the level and frequency of damage in people.

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 good. At this inspection this key question has now deteriorated to requires improvement.

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

- We could not be assured the culture within the home was consistently inclusive. For example, during the lunch time period we observed one person being sick directly next to another person whilst they were both eating their lunch. Staff did respond to the person being sick and supported them to go back to their room. However, during the eight-minute period whilst this incident took place, the person next to the individual who was being sick was not assisted to move away. Instead, the person continued to eat their meal. We observed one member of staff lean directly over the person who was eating their meal to clean the sick from the other person. Whilst domestic staff cleaned the area and the furnishings, the person remained in the contaminated area and continued to eat their meal. The person was not offered something else to eat and was not asked if they wanted to move to a different area of the dining room. This demonstrated a failure to recognise the importance of dignity, inclusivity and good hygiene practice. We brought this to the attention of the registered manager who told us this was unusual and said they had not experienced this before. The registered manager investigated the matter and told us staff felt they had responded appropriately but told us the example would be used as a learning opportunity.

- During other observations we found staff were attentive, caring in their approach and were compassionate. For example, we observed one member of staff sitting beside one person holding their hand, smiling and talking about the nice weather. The person was engaged and relaxed during the conversation. On another occasion we observed a different member of staff providing reassurance when one person said they wanted to go home. The staff member held the person's hand, walked with the individual and spoke to them about their hobbies and interests. This calmed the person's anxiety immediately.

- All twelve relatives we spoke with told me they would recommend Solent Cliffs to others. Comments included, "Yes I would recommend to others for people with dementia. I'm grateful she is where she is as she's getting everything she needs and there's nothing to improve", "I would recommend one hundred percent. It's one of the best homes in the area. It's a top place and it makes the situation more manageable and bearable. I've no concerns at all", "I would absolutely recommend, no hesitation whatsoever, all day every day. He's lucky to go there quite frankly. I'm happy he's there and well looked after" and "Absolutely I would. Dad calls it home and he's very content there. Everybody is lovely and he loves the food. The staff make Dad feel special and they make us feel part of a big family and nothing is too much trouble. The staff are very caring and welcoming. The place is nicely decorated, uplifting, bright, feels fresh and no bad smells. It's very well kept and clean."

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

- Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider was working in accordance with this regulation within their practice.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider and manager had systems in place to understand their roles and responsibilities and had an improvement plan to drive change in the home.
- Quality assurance systems were in place and identified areas of improvement. The registered manager told us they would review the frequency of the medication audit following our feedback about medicine management. There was evidence where improvements had been highlighted, this was actioned and shared with staff. For example, increased supervisions and appraisals had been highlighted and actioned.
- Staff were complimentary about the registered manager and told us they had an open-door policy. Comments from staff included, "She is brilliant, the best manager I have had. I just hope she doesn't leave", "I can ask for help whenever I need it and she is there for me" and "We have had a fair few issues here but now (Registered manager) is here, everything is getting better."
- Comments from relatives included, "The home is well managed. I have one to one meetings with the manager if I see a change in Mum. She always spares me time and is happy to answer all my questions. She keeps me well informed and in the picture. They've got the right people, they tick all the boxes and always seems to be smooth running", "The manager is great, she keeps me informed either by phone or when I visit", "The managers who were in place pre covid have left. It was managed very, very well then. The new manager hasn't really had a chance, but the feel isn't quite the same", "I've spoken to the new manager and she seems to know what she's talking about" and "Yes I do think it is well managed. There is no feeling of hierarchy between the nurses to the carers, they all collaborate well. All the staff are very informative. They go beyond what they are required to do. They are very friendly and are very good to me and mum too. They treat us all so nice. They are always honest and open with us. There is a family forum where we can have meeting with the manager. She's gradually trying to get back how it was and how she would like it."

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

- People and relatives were involved in making decisions about the home through face to face meetings and regular surveys.
- Staff were able to give feedback and have influence on developing their role. This was via individual and face to face meetings with the management team as well as the provider involving staff in evaluating how as a provider, they can make it a better place to work.

Continuous learning and improving care

- The management of the organisation told us the service had regularly asked people and relatives to provide feedback to help drive improvement. Seven relatives told us they had received feedback questionnaires. Comments from relatives included, "I completed one last year but not this year", "I've completed two this year" and "I have but I didn't complete it." Another relative said, "I did receive one, but I didn't fill it in because it was from my husband's point of view and not mine and he isn't able to do it." The provider had an effective governance system that highlighted areas of improvement and continuous learning.

Working in partnership with others

- Records demonstrated staff worked effectively with external professionals including GP's, hospitals, local authorities and commissioners. One relative said, "Mum had to go into hospital for a bit and the home spoke to us regularly. The had conversations with the GP and we made a few changes in her care when she was discharged."

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
Treatment of disease, disorder or injury	The provider failed to ensure medicines were consistently managed safely.