

Vorg Limited

Southwoods Nursing Home

Inspection report

28 Thirsk Road
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North Yorkshire
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21 June 2023

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Southwoods Nursing Home provides accommodation and nursing care to up to 38 people in one adapted building. At the time of our inspection there were 28 people using the service, including a person with a learning disability.

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

Medicines were not always administered safely. Medicine records were not always completed correctly.

There was an organised governance framework in place, which monitored all aspects of care and support and the running of the home. This had been developed over the last eight months by the new management structure and was continually reviewed. However, it had not identified the concerns we found regarding medicines administration.

We have made a recommendation about the governance of medicines administration.

Systems, processes and practices safeguard people from abuse. Risks to people were assessed and their safety monitored and managed to keep people safe, and support their independence. Sufficient numbers of suitable staff were deployed to support people to stay safe and meet their needs. People were protected by the prevention and control of infection, however advice from the recent IPC audit in respect of the environment had not yet been implemented. Lessons were learnt and improvements made when things go wrong.

People's needs and choices were regularly assessed and care. Treatment and support were delivered as required, and within best practice guidance. Staff received induction, training and regular support. People were supported to eat and drink and maintain a balanced diet. Staff were well-informed about people's nutrition and dietary needs. Robust monitoring was in place. Staff teams and services worked together and were supported by detailed handover records and documentation. People were supported to access to healthcare services. Regular visits from health professionals took place. The home had commenced a programme of refurbishment, which meant people lived in an environment suited to their needs. The home had a maintenance plan for further refurbishment works; this included recent recommendations from the fire service. Dementia-friendly signage was in place for toilets and bathrooms.

Consent to care and treatment was sought in line with legislation and guidance. MCA assessments and best interest decisions were used appropriately, as were DoLS applications.

There was a clear vision and strategy for the home. The minutes from meetings with staff, people and relatives and our observation showed there was a positive, open and person-centred culture at the service.

People, relatives and staff were all actively and regularly engaged in the running of the home. Links with the

local community were in place, for example, with local schools and there were plans to expand this community involvement. The new management structure was constantly reviewing and learning from all practices and areas across the home. There was a culture of learning and improving. The service had worked closely with local authority colleagues and other professionals to learn and improve.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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 27 May 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 improvements had been made to the oversight, monitoring and auditing to ensure people's needs were being met and records were accurate and consistent. However, at this inspection the provider was in breach of a different regulation.

The service remains rated requires improvement. This service has been rated requires improvement for the last five consecutive inspections.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 14 and 19 April 2022. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve their governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

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 not changed. This is based on the findings at this inspection.

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

Enforcement and Recommendations

We have identified a breach in relation to medicines 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 effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Southwoods 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 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

Two inspectors and an Expert by Experience undertook 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

Southwoods Nursing 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. Southwoods Nursing Home is a care home with 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. Inspection activity started on 15 June 2023 and ended on 21 June 2023.

We visited the service on 15 and 21 June 2023.

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 of this information to plan our inspection.

During the inspection

We reviewed 3 people's care records and a number of records relating to medicines administration. We spoke with 1 person who lived at the service and 6 relatives. We spoke with the nominated individual, the registered manager, 5 staff, a cook and a domestic. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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. At this inspection 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.

Using medicines safely

- Medicines were not always administered safely because medicine records were not always completed correctly.
- Discrepancies in medication stock counts were not always escalated for investigation.
- Guidance and records were not always in place to support the safe administration of topical medicines.
- Some people who were prescribed medicines on an 'as and when' basis did not have appropriate guidance in place to support consistent administration.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate medicines were effectively managed. This placed people at risk of harm. This demonstrates a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities).

Learning lessons when things go wrong

At our last inspection the manager did not sufficiently record their analysis of accidents and incidents or take appropriate action to minimise the risk of further incidents. At this inspection improvement had been found in this area.

- The registered manager and staff described an open culture where staff felt able to raise concerns and report incidents.
- The registered manager had systems in place for ensuring action was taken when things went wrong and these were shared and discussed with staff.
- Investigations were undertaken and robust follow-up action was taken, including training and awareness sessions.

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 arrangements were unrestricted.
- We noted a recent IPC audit had recommended improvements to the environment and work was underway to complete required actions.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from the risk of abuse.
- The service had effective systems, policies and procedures to manage safeguarding concerns promptly.
- Staff had a good understanding of safeguarding processes and felt confident to raise concerns and that these concerns would be actioned.

Assessing risk, safety monitoring and management

- The registered manager takes a proactive approach to identifying and managing risks to people.
- Care plans contain a good level of information to enable staff to support people safely. Regular reviews take place to ensure people's safety is monitored and the right actions are in place to manage people's risks.
- People and staff are involved in discussions about risks, and people are supported to maintain their independence.

Staffing and recruitment

- There were sufficient staff to support people's needs.
- Staff told us there was enough staff. One staff member said, "The home manager works hard to find cover for each shift."
- The home had recently undertaken a substantial recruitment drive and the registered manager recognised the need to ensure new staff were well supported and competent. Appropriate recruitment checks were in place to ensure employees were of good character and had the qualifications, skills and experience to support people using the service.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At the last inspection we made a recommendation that the provider seeks appropriate training for staff to meet people's needs regarding long term conditions. At this inspection we found the provider had reviewed their training provision, there was a clear focus on continuous learning and staff received the training they needed.

- A comprehensive training plan was in place. The registered manager monitored completion of training and conducted competency checks.
- There was a robust induction and shadowing plan in place. A staff member said, "I did get an induction, we've done lots of online training, and we've got some face to face (training) planned."
- Thorough supervisions and appraisals took place as planned. Staff had input into these and completion was monitored by the registered manager.

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

- People's needs and choices were assessed to ensure their care and support was planned and delivered as they required.
- Care plans were person-centred and contained a good level of detail to ensure staff were guided accurately to deliver care as the person wished.
- People and their relatives had been involved in their care planning, where appropriate.

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

- People were able to choose what they wanted to eat and drink and had good access to food and drinks throughout the day.
- Staff supported people to eat in an unhurried manner. Where people chose to eat at a different time, this was encouraged and supported and a good choice was provided.
- Robust procedures were in place to ensure people received food at the right temperature and appropriate to their dietary needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service had clear systems and processes for referring people to other services, where required.
- Staff worked collaboratively with health professionals to ensure people received the right level of care and

support. There were effective handover arrangements in place and the registered manager had good oversight of these.

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

- The service had undertaken a recent programme of refurbishment to better support people's needs. This was ongoing.
- People's views had been sought about decorations and their rooms were personalised.
- The service had plans to further develop the home to facilitate improvements in the environment and had consulted with people living at the home.

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People consented to their care and treatment and appropriate authorisations had been sought where people were unable to consent. A relative told us, "We had a yearly review not long ago." Another confirmed, "We were consulted."
- Staff provided people with choices and sought their consent before supporting them. A relative said, "They have asked me what his likes and dislikes are and note what he wants. He loves his pudding."

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

At the last inspection we found the provider had failed to ensure policies were updated in line with best practice guidance, staff competency checks had not been undertaken and audit systems had failed to identify the issues found during our inspection. This was a breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider was no longer in breach of this regulation.

- A robust governance framework had recently been developed. Clear reporting structures were in place and actions monitored and tracked.
- The management systems had failed to identify the concerns we found in medicine administration.

We recommend medicines audits and governance systems are improved.

Continuous learning and improving care

At the last inspection we found the provider did not take on board the opinions and views of people and their relatives to make improvements, quality assurance questionnaires nor regular communication were in place, and feedback from relatives was mixed. This was a breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider was no longer in breach of this regulation.

- Senior managers and the registered manager were knowledgeable about quality and their priorities to improve. They were clear about the challenges and had plans in place to address these.
- A focus on continuous improvement and learning across the service had started to be developed. A staff member told us, "I enjoy my job immensely despite the challenges it presents on a daily basis. Under the current [registered manager] Southwoods has improved greatly."
- People's views were sought, and open dialogue took place with people and staff to improve the service.

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

- People, relatives and staff told us the service was well-led by the registered manager. Comments from relatives included, "I see [registered manager] and she's accessible. I have confidence", "She will always see me if I need her, she will be there for me, which is lovely, and the improvement to the nursing home", "For me she has been one of the best managers in there", and, "As far as I can tell she seems to manager her staff well and she would certainly be down on them if she is not happy with what they have done."
- A staff member told us, "It's well-managed, the [registered manager] told me all about their plans for the home at my interview, so I thought this is the place for me." Another said, "The [registered manager] is also really supportive." Another commented, "I feel very supported by our [registered manager] who operates an open-door policy and is contactable at all times."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service involved people, relatives and staff in how the service was managed.
- Feedback mechanisms were in place. Meetings and surveys took place regularly with people, relatives and staff. A staff member told us, "It's very good to work here, mainly I like the support and teamwork."
- The service had clearly identified processes to show what actions they had taken on the feedback received.
- Links to local community groups were in place with plans to enhance and develop these further.

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 12 (1)(2)(g) The provider had failed to ensure the proper and safe management of medicines.