Paydens (Nursing Homes) Limited

Southdowns Nursing Home

Inspection report

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Date of inspection visit:
29 June 2023
03 July 2023
04 July 2023

Date of publication:
25 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
Southdowns Nursing Home provides accommodation, personal and nursing care for up to 50 people living with physical frailty, sensory impairment, dementia, and mental health problems. There were 46 people living at the home at the time of our inspection. Accommodation is arranged over 2 floors and each person had their own bedroom. Access to each floor is gained by a lift, making all areas of the home accessible to people.

People's experience of using this service and what we found
The governance systems in place did not support the service to consistently improve and sustain safe care delivery. Audit systems and processes failed to identify risks to people's safety. There was a lack of clear and accurate records regarding some people's care and support. For example, people who lived with emotional distress and how staff manage their needs safely.

Communication methods used between staff were not always used effectively to inform staff of changes to people's care. Care records were missing vital points for staff to follow up on, such as recent incidents, bruising noted or who was not receptive to personal care. Changes to people's health and well- being were therefore not always planned for and monitored effectively.

Whilst staff numbers were appropriate and based on peoples' dependency needs, the deployment of staff had the potential to impact on peoples' safety. For example, lack of supervision in communal areas.

People received care and support from staff who were appropriately recruited and trained to recognise signs of abuse or risk and understood what to do to safely support people. People were supported to take positive risks, to ensure they had as much choice and control of their lives as possible.

Referrals were made appropriately to outside agencies when required. For example, GPs, community nurses and speech and language therapists (SALT). Notifications had been completed to inform CQC and other outside organisations when events occurred.

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

Rating at last inspection
The last rating for this service was good (published 31 December 2019).

Why we inspected
We received concerns in relation to staffing, risk management and care delivery. 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.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see safe and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement
We have identified breaches in relation to safe care and treatment and good governance.

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

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Southdowns 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
This inspection was undertaken by 1 inspector.

Service and service type
Southdowns 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. Southdowns 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 not a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service 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) on 11 October 2022. 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 reviewed documentation, inspected the safety of the premises, and carried out observations in communal areas. We spoke and met with 14 people who used the service about their experiences of the care and support they received. We spoke with 15 members of staff including the director, head of quality assurance, and care staff, and three visitors.

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. This was undertaken in the communal areas of Southdowns Nursing Home.

We looked at a range of records. This included the care records for 10 people, medicine records and 5 staff files in relation to recruitment. Policies and procedures, environmental safety and information relating to the governance of the service were also reviewed. We also spoke with 5 relatives over the telephone and 4 healthcare professionals during the inspection process which was completed on the 4 July 2023.

Requires Improvement

Is the service safe?

Our findings

At our last inspection we rated this key question good. At this inspection, the rating has changed to 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.

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

- Risks to people were not always managed safely and lessons were not always learned from incidents. potential risks were not always fully identified, assessed, or mitigated. For example, wound care and prevention of wounds.
- The management of wound care had not always been managed safely. Staff had not followed The National Institute for Health and Clinical Excellence (NICE) guidelines on the management of wounds. Initial and on-going assessments of wounds did not contain all relevant information or were consistent. This meant that staff were unable to monitor and treat wounds effectively and promote healing. The impact of these shortfalls meant people were at risk of wound deterioration.
- Documents to monitor people's changing behaviours were not used pro-actively and therefore staff lacked crucial information about what led to the incident, how staff dealt with the incident and if the de-escalation technique used was successful. For example, an Antecedent-Behaviour-Consequence (ABC) chart completed stated 'hitting staff, refused shave' outcome, cleaned, tidied, and left with a drink. There was no other documentation in the care plan or risk assessments regarding heightened emotions and how to manage situations to keep people and staff safe. This placed both people and staff at risk of harm.
- Accidents and incidents such as unexplained bruising, scratches and skin tears were recorded on incident forms but there was no exploration as to cause and no overview kept looking for trends and themes, such as times and location to prevent a re-occurrence. This meant lessons were not learnt.

The above evidence shows that care and treatment had not always been provided in a safe way. Risk of potential harm to people had not always been mitigated. This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the inspection process, the management team undertook a review of people's skin integrity, completing a new form that captures injuries and bruising and probable causes. This meant risk was being mitigated. Wound documentation was being reviewed and improved to ensure wounds were being monitored and wound treatment cards completed in line with NICE guidance.
- Despite the shortfalls mentioned above, peoples care plans and risk assessments identified specific risks to each person and provided guidance for staff on how to minimise or prevent the risk of harm. These included risks associated with diabetes, mobility and eating and drinking.

- Staff told us how they managed risks while encouraging independence. A member of staff said, "We have people who are at risk of falls, we monitor them and we use sensor mats to alert us they were up and at risk."

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. Where necessary a DoLS application was completed if a person lacked capacity to make a decision about a specific restriction. For example, use of a sensor mat and lowered beds to prevent falls if it was needed and the use of locked doors to keep people safe.
● A discrepancy was found regarding the use of covert medication, as it wasn't being given covertly since the person was fully aware. This was fully discussed and amended immediately.

Using medicines safely
● Medicines were stored, administered, and disposed of safely. Medicines were ordered in a timely way. The clinical fridges and the clinical room temperatures were checked daily to ensure they kept medicines at the correct/safe temperature. Peoples' medicines were kept in metal cabinets in peoples' individual rooms.
● Protocols for 'as required' (PRN) medicines such as pain relief and mood calming medicines described the circumstances that it may be required. However, the protocols were generic and not specific to each person. Protocols for mood calming medicines did not explore when or why the medicine may be required, nor any detail regarding de-escalation techniques to try before giving or guide staff to use. We saw that people had received pain relief when requested, and this was recorded with reflection of the effectiveness of the medicine. Following the inspection all PRN protocols were reviewed and re-written.
● All registered nurses and senior care staff who administered medicines had the relevant knowledge, training and competency that ensured medicines were handled safely. We observed staff administering medicines safely to people ensuring that they were offered the medicines, given time to take them in the way that they preferred and signed for once they were taken.
● We asked people if they had any concerns regarding their medicines. A person said, "I get my tablets the staff tell me if there are any changes …Staff give me my medicine."

Systems and processes to safeguard people from the risk of abuse
● People were protected from risk of abuse by organisational systems and processes. Staff were aware of their responsibilities to safeguard people from abuse and any discrimination. Staff were knowledgeable of the signs of abuse and how to report safeguarding concerns. A member of staff told us, "We get training and there are notice boards in the office and staff areas of what to do." ● Staff were confident the management team would address any concerns regarding people's safety and well-being and make the required referrals to the local authority.
● Staff attended safeguarding training and understood their responsibilities in protecting people from abuse. Safeguarding and whistleblowing were discussed at team meetings and staff reminded of their responsibilities in these areas.

Staffing and recruitment
● There was enough safely recruited staff to support people, but staff deployment means that people's needs were not always met in a timely way. A visitor told us, "Definitely need more staff around, I can visit and not see anyone, from leaving the reception."The management team acknowledged this concern and

are working on different strategies to support staff deployment.
● There was a lack of staff presence in the first-floor communal area between 11 am and 11 40 am. and people did not have access to stimulation, drinks or a call bell facility. One of the people was known to be at risk of falls, 3 people were asleep, 2 people were agitated and calling out and one person was just sitting there. Staff were alerted to the situation twice before allocating a staff member and then it was too late for one gentleman for a bathroom visit.
● Comments relating to staffing levels were mixed, staff said, "There were enough staff, but we do have really busy times when its' difficult, especially if we have agency staff on, they are good but don't know people like we do," "We need more staff," and "Truthfully staffing can be tight, everyday can be different, we have people on one to one, and to relive for breaks it leaves us short." This was confirmed by other staff and families.
● People and visitors commented that there was sometimes a wait for staff support. A person told us, "Lovely staff, never too much trouble to help us, but its sometimes a little wait when I call from my bedroom."

● Recruitment checks were carried out before staff started work at Southdowns Nursing Home. These included a Disclosure and Barring Service (DBS) check. These checks identify if prospective staff had a criminal record or were barred from working with children or adults. This ensured only suitable people worked at the service. We found some minor shortfalls, but these were immediately rectified and did not impact on safe recruitment practices.
● Registered nurses have a unique registration code called a PIN. This tells the provider that they are fit to practice as nurses. Before employment, checks were made to ensure the PIN was current with no restrictions.

Preventing and controlling infection
● Whilst the home was visually clean, there were strong unpleasant odours in certain areas of the premises. These were identified on the day and action taken to reduce the odours.
● We were somewhat assured that the provider was using PPE effectively and safely. It was identified during the site visit that staff were not following good practice guidance regarding gloves and transporting soiled linen.
● 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 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.

We have also signposted the provider to resources to develop their approach.

Visiting in care homes
The service was supporting unrestricted visits from families and friends. Protocols were in place should there be any disruption due to COVID-19 outbreaks. At the time of the inspection there were no restrictions for relatives and loved ones visiting people.

Requires Improvement

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection, the rating has changed to 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: Continuous learning and improving care

- There were organisational quality assurance processes in place that were used to monitor and improve the service. However, there were areas that had not been identified in these audits that had the potential to impact on safe outcomes for people. For example, appropriate management of injuries and accidents and wound care. Therefore, there was a lack of oversight as internal audits were not effective in providing safe, responsive, and effective care.
- The medicine audits did not reflect the medication errors or the actions taken to prevent a repeat medicine error. therefore. there was a lack of oversight of medicine errors. There was a lack of information in the care plans and risk assessments regarding peoples' mental health conditions. For example, emotional complexities. This meant new staff and agency staff were not always aware of peoples' full needs and therefore could not mitigate the potential risks safely.
- Oral health care support and personal care was not being given consistently. People told us people were not always offered showers and visitors confirmed this. Peoples care plans and risk assessments did not reflect that staff had attempted oral and personal hygiene or that there was a specific reason this care need could not be given. A visitor said, "I know how difficult it can be, but surely they could try again."
- Not all injuries, unexplained bruising and incidents were explored and reflected in individual care plans to prevent a re-occurrence. For example, a person had sustained a skin tear to lower limb, there were reasons why this should not have occurred, but this was not explored, or preventative action ensured. There was a lack of analysis to determine strategies to prevent further injuries or incidents. There was no consistent approach to the review of individuals risk assessments after incidents and accidents.

The provider had failed to assess, monitor, and mitigate risks to people. The provider had failed to maintain accurate, complete, and contemporaneous records. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

During the inspection process we received an action plan of changes made to the management of wound care and a new system to record injuries and accidents which would be reviewed every morning to prevent further incidents or accidents occurring.

- The manager understood the importance of continuous learning to drive improvements to the care people received.
- The management team told us they continued to use complaints, safeguarding's, and accidents/

incidents, as learning tools to improve the service. The monthly clinical governance undertaken in May 2023 confirmed this. A staff member said, "The manager shares results of reviews with us and gives us direction of how to improve."

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

● The management team had a good understanding of the regulatory responsibilities of their role and of the duty of candour. There were policies in place to support staff to respond appropriately should anything go wrong.

● The provider had notified us of events that had occurred within the home so that we could have an awareness and oversight of these to ensure that appropriate actions had been taken.

● There was mixed feedback regarding the leadership in the home. A staff member said, "I have been well supported since I have been here," Another staff member said, "Communication really needs to be better, there have been changes and no one has told us what is happening."

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

● People, their relatives, staff, and professionals were given opportunities to provide feedback about the home through informal conversations, meetings, and the complaints procedures. A visitor commented, "Staff are very kind, the food looks good, [person] is happy, no complaints at all."

● The provider analysed the results of feedback from people and visitors to improve the service. The results were used to plan redecoration, new furniture and introducing new systems within the newly formed 'The Mulberry Community.' The Mulberry Community is the joining of two nursing homes under the same senior management team.

● Resident and visitor meetings had been held regularly, and minutes taken. Not all people could partake but those that could said they enjoyed them and gave them opportunity to raise things. A visitor said there had been meetings but there were different ways they could contact the staff on a daily basis. A visitor said, "I have only just found out there's' a new manager, because I asked to speak to the previous manager but I may have missed a notice."

● Staff told us they felt the staff meetings were helpful, but communication in the past few weeks had failed to keep them informed of all the changes. A staff member said, "We have a new manager, but not sure why and there's a lot of work going on, changes to the home, it's a little unsettling."

Working in partnership with others

● The staff understood the importance of partnership working and worked well with other professionals to meet people's needs. This included speech and language therapists, community rehab teams and occupational therapists to ensure people received the specialist support they needed. Feedback from 3 health professionals stated that staff were professional, and that relevant information was available to them. A health professional said, "They contact us in a timely way and work with us."

● The provider had also formed links with a local hospice to provide support and guidance for people who were at the end of their lives.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured the safety of service users by assessing the risks to their health and safety and doing all that is reasonably practicable to mitigate any such risks.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not assessed, monitored and mitigated the risks relating to the health, safety and welfare of people. The provider had not maintained an accurate, complete and contemporaneous record in respect of each person, including a record of the care and treatment provided to the person and of decisions taken in relation to the care provided