

New Century Care (Southampton) Limited

South Haven Lodge Care Home

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

South Haven Lodge Care Home is a care home providing personal and nursing care for up to 46 people, who tend to be older and may be living with dementia. There were 30 people living at South Haven Lodge Care Home at the time of the inspection. It accommodates people in one adapted building with an enclosed garden.

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

People's care plans and risk assessments identified individual risks which were used to create care plans, for example, where people were at risk of developing pressure area wounds. However, there were inconsistencies between records regarding how often a person needed to be repositioned. Records showed people were not consistently supported to reposition within the correct time frame which meant their skin may be at risk of injury.

People were supported by staff to take their medicines and records were completed. However, the medication records did not match the medicine stocks held in the home. People did not always have protocols in place for medicines prescribed as, 'when needed' for severe pain relief or anxiety. Medicines were stored correctly.

There had been improvements regarding the safety of the environment since the last inspection but we identified concerns on the first day of inspection. The registered manager took action to address these.

People's wishes had not been appropriately sought or complied with regarding the posting of information on social media. The provider had not sought consent or completed best interests decisions regarding the use of sensor mats.

The provider had a system of auditing in place which included the registered manager completing a monthly quality audit. Whilst the governance systems had improved since the last inspection, these were not robust or fully embedded into good practice. There was not a formal system in place to seek and receive feedback from people or their relatives.

Equipment such as hoists were serviced and maintained appropriately. Where people slept on pressure relieving mattresses, the settings were checked and recorded appropriately. Maintenance and safety checks were completed weekly or monthly, as necessary.

The provider had a recruitment procedure in place which included seeking references and checks through the Disclosure and Barring Service before employing new staff. Feedback from relatives and visitors was positive about the staff team.

The provider had policies and procedures in place designed to protect people from the risk of harm and

abuse. In the event of accidents or incidents the registered manager completed an investigation and analysis of events. This included analysing incidents to identify trends, actions and learning.

People, their relatives and staff were positive about the home and the impact the registered manager had on improving the service.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 13 January 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 but the provider remained in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

We carried out a focussed inspection of this service on 4 November 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safety and governance.

We undertook this focused inspection to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe and well-led which contain those requirements. We have found evidence the provider needs to make improvements.

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.

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.

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 South Haven Lodge Care Home on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to safe care and treatment and good governance 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 well-led.
Details are in our well-led findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.
Details are in our well-led findings below.

Requires Improvement ●

South Haven Lodge Care 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

The inspection was undertaken by 1 inspector.

Service and service type

South Haven Lodge Care 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. South Haven Lodge Care 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 7 December 2022 and ended on 12 January 2023. We visited the home on 7 December 2022, 3 and 4 January 2023.

What we did before the inspection

We used the information the provider sent us in the provider information return. 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 reviewed all the information we had received about the service since its last inspection.

We used all this information to plan our inspection.

During the inspection

We observed people's care and support in the shared areas of the home. We spoke with 3 relatives and a visitor, the registered manager, 2 senior managers, 3 care staff, 2 nurses and 2 housekeepers. We also spoke with an administration staff member, the activities co-ordinator and the staff member responsible for maintenance. We received further feedback from 3 relatives and 4 health and social care professionals.

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 inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was an increased risk that people could be harmed.

Using medicines safely

At our last inspection the provider had failed to ensure the safe management of medicines. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Staff completed electronic medication administration records when people received their medicines. However, the medication records did not match the medicine stocks held in the home. For example, records showed 1 person should have had 168 tablets in stock but only 45 were counted by the nurse. Another person's records showed they should have 206 tablets but 91 tablets were found. This meant the provider could not account for each person's medicine stocks.
- People did not always have protocols in place for medicines prescribed as 'when needed' (PRN), for severe pain relief or anxiety. Protocols should be in place to ensure people are offered medicines consistently and only after other strategies have been exhausted.
- One person was prescribed rescue medicine for their health condition, which would be administered in an emergency. Whilst the registered manager found a photograph of the PRN protocol on the computer system, this was not easily accessible to staff who may need it urgently.

The failure to ensure the proper and safe management of medicines was a repeated breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines were stored correctly in the medicines room.
- Controlled drugs were stored correctly and records were accurate.

Assessing risk, safety monitoring and management

At our last inspection we found risks were not fully assessed and mitigated. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- People's care plans and risk assessments identified individual risks which were used to create care plans, for example, where people were at risk of developing pressure area wounds.
- We reviewed repositioning and continence records for 3 people. There were inconsistencies between

records regarding how often a person needed to be repositioned: either 2 or 4 hourly. For example, 1 person's care plan stated 4 hourly but the computer records showed 2 hourly. Another person's care plan stated every 2 hours but the computer identified 4 hourly. This meant staff were not given clear information regarding how often people needed support.

- Records showed people were not consistently supported to reposition, often waiting 1 or 2 hours over the scheduled time. Sometimes, people were not supported to reposition for longer which meant their skin may be at risk of injury.
- There had been improvements regarding the safety of the environment since the last inspection but we identified concerns on the first day of inspection.
- A boiler cupboard was unlocked with the key in the lock. A sluice room was not locked and we were told the sluice was in a corridor which people could not access because of a door locked with a keypad. However, the door was not closing automatically and was open, which meant people could walk into the sluice room and injure themselves. We brought this to the attention of the registered manager and the door was adjusted so it closed.

The failure to ensure risks were fully assessed and mitigated was a repeated breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Equipment such as hoists were serviced and maintained appropriately. A staff member told us they always checked there was an in-date sticker on the equipment which showed it was safe to use as well as regularly cleaning the equipment. Staff had received refresher training regarding the safe use of hoists. If staff had not had the opportunity to refresh their training, they did not use equipment to support people to move.
- Staff were aware of their responsibility to report any incidents to the nursing staff, who took action and reported concerns to the registered manager.
- Risk assessments were up to date. A staff member told us "The nurses are very good at putting changes on [the computer system] and we have handover sheets as well."
- Where people slept on pressure relieving mattresses, the settings were checked and recorded appropriately.
- Maintenance and safety checks were completed weekly or monthly, as necessary. Staff raised issues in the maintenance diary and these were followed up by a named staff member.

Staffing and recruitment

At our last inspection we found the provider had not carried out appropriate employment checks as detailed in regulations. This was a breach of Regulation 19 Fit and proper persons employed of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

- The provider had a recruitment procedure in place which included seeking references and checks through the Disclosure and Barring Service (DBS) before employing new staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- People were supported by a stable staff team. The registered manager told us, "We have a 100% nursing team in place and only use agency nurses on the odd occasion and unexpected sickness." A staff member told us, "There's a better nursing team now who know people better."
- Agency care staff were sometimes used to fill gaps in the rota, for example, if there was staff sickness. The

registered manager told us they had recently recruited two care staff.

- Feedback from relatives and visitors was positive about the staff team. One relative told us, "It is lovely here, I can't fault it, the kitchen and laundry staff, nurses and carers are all brilliant with [my relative]. The care and attention they give him, he only has to feel unwell and they're there. They do half hour checks if he's not well. When you walk in, they're all smiles. When I rang to say I didn't think he was himself, [Named staff member in office] got a carer and they went upstairs to check on him and called me back to reassure me."
- Other comments from relatives and visitors included, "Staff are attentive, if someone asks for something they get it as soon as they can", "[There are] really nice staff here, they're very helpful" and "Staff are welcoming and friendly."
- Staff told us there had been issues with staffing levels but the situation had recently improved. Comments from staff included: "I've noted improvements in the last couple of weeks", "There was not enough staff but they have recruited", "Staffing had been an issue, it was very challenging at times, for example, the staff turnover, but we have a good team now" and "It feels better, safer now."

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.
- South Haven Lodge had its own public social media page which contained photographs and names of people living in the home. The registered manager told us if people were featured on social media they would have given consent. However, of the eight people who had their photographs on social media, none had valid consent on their file. A relative of one person had specifically said 'no' to social media but their photograph was online.
- The registered manager and a member of the management team told us they would remove the content from the internet and review consent forms.
- People had given consent or had best interests decisions in place where necessary, for example, for the use of bed rails to prevent people falling out of bed. However, some people had sensor mats in their rooms which alerted staff to people falling or moving from their bed. Records were not in place to show if people had given consent or best interests decisions had been made. The registered manager told us they would address this.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies and procedures in place designed to protect people from the risk of harm and abuse. Staff had completed safeguarding training; they were aware of the different types of abuse and told us what they would do if they suspected abuse or had concerns.
- The registered manager had reported safeguarding concerns to the local authority as required.
- One relative told us, "I visit regularly and can see my [relative] is well cared for. They are usually very good at keeping me up to date with any health issues or concerns with my [relative]. I don't have any concerns or

worries about the care my [relative] is receiving. Another relative confirmed, "Yes, [my relative] feels safe, he likes it here."

- Another relative told us, "They ring me, [about any concerns], they're good at that. We know [relative] is in safe hands."

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 personal protective equipment 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.
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- A relative told us, "I have always found the care home to be clean and tidy" and a visitor told us, "Staff wear masks and the home looks clean [when I visit]."
 - A staff member told us the "housekeeping staff are brilliant" as they kept the home clean.
 - The home was open to visitors with no visiting restrictions.

Learning lessons when things go wrong

- In the event of accidents or incidents the registered manager completed an investigation and analysis of events. This included analysing incidents to identify trends, actions and learning.
- The registered manager gave us examples of taking action in response to identified issues, for example, they had made changes to the assessment process to include completing a skin check for 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 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 was inconsistent.

Continuous learning and improving care: Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection the provider we identified breaches of regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider failed to seek and act on feedback from people and had not effectively monitored and reviewed the safety of the service. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider had a system of auditing in place which included the registered manager completing a monthly quality audit. Whilst the governance systems had improved since the last inspection, these were not robust or fully embedded.
- For example, we reviewed audits for September and November 2022 and these had not identified the concerns we found regarding medicines.
- During the inspection we identified issues about the frequency of people being supported to reposition in bed. These concerns had not been identified by auditing processes.
- The provider was not clear about issues of consent and privacy regarding people's photographs being uploaded to social media.
- There was not a formal system in place to seek and receive feedback from people or their relatives. At the previous inspection, management had told us they were thinking about trying to gain some formal feedback, for example, through questionnaires. This has not yet happened and has been identified as a priority for this year. The registered manager told us, "We do have an open culture here at South Haven Lodge for families and we work closely with [relevant professionals] in the resident's best interests."
- At our last inspection, the registered manager was planning to hold 'residents' meetings' to seek people's views. However, there had not been any meetings. The registered manager told us, "As a provider we are aware of our responsibilities to get these meetings back up and running in 2023. We do involve our residents as much as possible and these meetings will be set up with the activities co-ordinator and scheduled regularly throughout the year."

The lack of an established and effective process to compliance with legislation was a repeated breach of regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since the last inspection, the provider had put a new electronic system in place for recording aspects of people's care, such as their care plans, risk assessments, fluid intake and repositioning. The registered

manager told us the system was helpful, particularly for assessments and investigating incidents.

- The registered manager told us the human resources team had recently sent a survey to staff but it was too soon for any results or analysis.
- Staff meetings were held. The minutes showed there had been regular discussions about safeguarding and lessons learnt. A senior manager told us staff had appreciated being involved in staff meetings regarding safeguarding issues.
- Staff told us senior managers were visible in the home. One told us they needed to discuss an issue and told the senior manager about it: "[Named senior manager] came to the home and spoke with me. There is a good structure here and I know where to go [to talk to someone]."

Working in partnership with others

- Feedback from health and social care professionals was mixed. Negative feedback was provided by 3 professionals who said they had concerns about communication with the home and governance when the registered manager was not there.
- Positive feedback was also received. One professional told us the management had "willingly engaged" with them and had "adopted the advice and guidance provided." Another professional told us, "As a team we felt that improvements had been made and that they had a robust improvement plan in place as they continued to make improvements."
- One professional told us of their experience supporting a person who lives at South Haven Lodge Care Home. They said, "The work I have completed with staff has not raised any concerns. My client is settled and doing well, the staff are working hard on getting to know the client and care/support plans have been written. Communication with management has been excellent and they have kept me updated with any changes in the client's condition."
- The registered manager and staff spoke with health and social care professionals to improve outcomes for people. For example, a staff member told us about contacting the local authority regarding a piece of equipment which may benefit a person living in the home.
- A relative told us staff had spoken with a specialist nurse regarding a healthcare need.
- The registered manager told us they had a good relationship with referral teams and that referrals were more complex now.

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

- At our last inspection, the registered manager was newly employed and had planned to stay for a specific time before leaving. However, they subsequently decided to stay and this had a positive impact in the home.
- The registered manager understood the legal requirements and responsibilities of their role and ensured these were met, for example, notifying CQC of incidents when required.
- Staff were clear about their roles, which included administration, maintenance, housekeeping, care and nursing tasks.
- A new senior management structure had been put in place since our last inspection and there had been improvements in the overall governance and management of the home.
- The registered manager told us they felt, "Supported and listened to by the provider" who was open and transparent.

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

- We received feedback the culture of the home had improved since our last inspection.
- A relative told us, "I have noticed improvements since the new manager has taken over, especially with

activities for the residents."

- A visitor told us, "It is very good here, the experience is always positive. [Person's name] is happy here, [the home] has improved since they came here."
- We received positive feedback from staff regarding the management of the home. Comments included, "[The home] has gone from strength to strength. [The registered manager] is a fantastic manager; approachable, firm but fair and is there for support. She wants to turn the place around which needs teamwork. The registered manager is good for us and residents." Another staff member told us, "It is a really good team so everyone is cared for. If we say things they are addressed. It's starting to work since the staff meeting. [The registered manager] is lovely and is professional. If I have a problem, I can go to her and it will stay confidential. She is good at solving problems. [The registered manager] brought in a load of meetings, staff were asked their views and it got better."
- Other comments from staff included, "[The registered manager] is a very calm manager, very fair and confidential. I feel staff or family could speak to her and she would listen. There's been positive changes and redecoration [of the home]. It's nice to feel the manager is being listened to. We've got good feedback from relatives" and "There have been drastic improvements since [the registered manager] came. They come out into the home and interact with residents. [If there are any issues], she is straight on it to help us."

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 registered manager understood what they needed to do regarding the duty of candour. They gave us an example of when they wrote to a family to apologise when something went wrong.

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 The provider failed to ensure the safe provision of care and treatment.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure an effective system of governance was in place.