

Bedford Borough Council Southway

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 23 July 2015.

Southway is a residential care home which provides care and support for older people who are living with dementia. The service is registered for up to 42 people and at the time of our visit there were 38 people living there and two rooms were used for respite stays.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'.

Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager had recently been promoted to the role of operations manager. The deputy manager was performing the role of interim manager within the service, with the support of the registered manager.

People were protected from harm or abuse by staff that were aware of the principles of safeguarding and reporting procedures.

Summary of findings

Risk assessments were in place and risks to people were managed appropriately. Accidents and incidents were reported and investigated in a timely fashion.

Staffing levels were sufficient to meet people's needs and keep them safe. Safe recruitment processes were in place and current vacancies were being recruited to.

Medicines were managed safely.

There was regular staff training and supervision to ensure staff had the right skills and knowledge for their roles.

The principles of the Mental Capacity Act 2005 were followed and staff sought people's consent before providing care.

People were supported to have a balanced diet.

People saw health professionals when they needed to.

There was a positive relationship between people and staff. People were treated with kindness and compassion.

People had the opportunity to express their views regarding their care.

Staff worked hard to ensure they promoted people's privacy and dignity.

People received care which was person-centred and suited their individual needs and wishes.

People had the opportunity to explore their own interests and activities and the service worked to develop the range of activities available.

The service had systems to obtain people's feedback and provide them with a forum to raise concerns.

There was an open, warm and positive culture at the service.

The service had strong links with the local community and a number of community groups had worked alongside the service.

There was a clear set of values at the service which people, staff and the management all worked towards.

There were systems in place to ensure people and staff were supported by the management and the provider.

Quality control systems were in place to ensure care was delivered to a high standard and identify areas for development.

Summary of findings

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 safe.

Staff knew about abuse and the principles of safeguarding and were able to protect people from harm.

Assessments were in place to manage risks. Incidents were reported and investigated appropriately.

Staffing levels were sufficient to meet people's needs. Regular agency staff were used to cover shortfalls and recruitment was underway for vacancies.

Safe and robust recruitment practices were in place.

Medicines were managed safely.

Good



Is the service effective?

The service was effective.

There was regular staff training and supervision to ensure staff had the right skills and knowledge for their roles.

The principles of the Mental Capacity Act 2005 were followed and staff sought people's consent before providing care.

People were supported to have a balanced diet.

People saw health professionals when they needed to.

Good



Is the service caring?

The service was caring.

There was a positive relationship between people and staff. People were treated with kindness and compassion.

People had the opportunity to express their views regarding their care.

Staff worked hard to ensure they promoted people's privacy and dignity.

Good



Is the service responsive?

The service was responsive.

People received care which was person-centred and suited their individual needs and wishes.

People had the opportunity to explore their own interests and activities and the service worked to develop the range of activities available.

The service had systems to obtain people's feedback and provide them with a forum to raise concerns.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

There was an open, warm and positive culture at the service.

The service had strong links with the local community and a number of community groups had worked alongside the service.

There was a clear set of values at the service which people, staff and the management all worked towards.

There were systems in place to ensure people and staff were supported by the management and the provider.

Quality control systems were in place to ensure care was delivered to a high standard and identify areas for development.

Southway

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 July 2015 and was unannounced. It was carried out by two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert used for this inspection had expertise in dementia and care services.

Prior to this inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We contacted the local authority that commissioned the service to obtain their views.

We used a number of different methods to help us understand the experiences of people living in the service. We observed how the staff interacted with people who used the service. We also observed how people were supported during lunchtime and during individual tasks and activities and spoke with people and staff about their experience. In addition, 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.

We spoke with eight people who used the service in order to gain their views about the quality of the service provided. We also spoke with four care staff, one team leader, the interim manager and the registered manager. In addition, we spoke with two housekeepers, the cook and the maintenance operative.

We reviewed care records for ten people who used the service and six staff files which contained information about recruitment, induction, training and supervisions. We also looked at further records relating to the management of the service, including quality control systems.

Is the service safe?

Our findings

People told us that they felt safe and that staff protected them from harm or abuse. One person said, “I feel safe here because they really look after me.” People’s relatives shared this view and we observed that people were clearly relaxed and at ease in the company of their peers, staff and visitors to the service. One relative told us, “They are completely safe, that is why he is here and they do it very well.”

Staff were able to tell us about abuse and potential indicators which may suggest abuse has taken place. They told us the action they would take to protect people from abuse, explaining that the first action they would take would be to protect the person from being subjected to any further abuse. After that they told us about the reporting process they would follow, which involved reporting the incident to a more senior member of staff. Staff were also aware of the services’ whistleblowing procedure and were prepared to report colleagues to external bodies, such as the local authority safeguarding team, if they had concerns. Staff told us they had received safeguarding training and records confirmed this. We also saw that there was information about safeguarding available for people, visitors and staff throughout the service.

Staff told us that they reported incidents and accidents to the interim manager. The interim manager told us that each accident or incident was looked into and actions taken as a result. We saw records of incident reports, along with evidence of actions taken following incidents. Where necessary, incidents were reported to external organisations, such as the local authority or Care Quality Commission.

The interim manager told us that the service had contingency plans in place for emergencies. They were able to describe the actions that should be taken in the event of an emergency, such as a fire. We checked records and found there were emergency plans in place, providing staff and people with guidance, as well as highlighting people’s specific needs. There were also signs around the service with essential information, which meant staff could easily locate this information if it was needed.

Risks to people and the service were assessed and managed effectively. Staff spoke with us about people’s risk assessments and told us that they used to them to get

information about specific risks that people were presented with, as well as control measures to manage the risks. General risk assessments for the service were also completed and available to staff. We checked people’s records and saw that risk assessments were in place for each person. These were specific to their needs and included areas such as nutrition, falls and moving and handling. These were updated regularly and cross-referenced with people’s care plans.

People told us there were enough staff available to meet their needs and provide them with support. People said that staff were always available when they needed them. People’s relatives also told us that staffing levels were sufficient to provide care for their family member. One relative told us, “There are always lots of staff and everyone helps if someone needs a hand.” Throughout our inspection we saw that there were enough members of staff to meet people’s needs. Staff were distributed effectively throughout the service and additional staff were available if people required extra assistance.

The interim manager told us that the service was carrying some staffing vacancies. Recruitment was underway for these positions; however the service was using agency staff to ensure staffing levels were not affected by the vacancies. Where possible, the service used the same members of agency staff to provide continuity of care. We checked staffing rotas and saw that staffing levels were consistent throughout the week.

Staff were able to describe their recruitment to us, which included the service obtaining satisfactory references and disclosure and barring service (DBS) checks before allowing them to start working. We looked at staff member’s files and saw evidence that these checks had been completed and that staff had been recruited following safe practices. We also saw that the service had profile sheets for each member of agency staff. This provided information regarding checks carried out by the recruitment agency, as well as training and development activities the staff member had completed. This meant the service was able to ensure all staff, including agency staff members were of good character and suitable to work with vulnerable people.

The service had systems in place to ensure people’s medicines were managed safely and appropriately. People told us that staff spoke to them about their medication and they were happy to take them from staff. They told us that

Is the service safe?

staff ensured they received their medication on time and in line with the instructions of their Doctor. People's relatives also felt that medication was well managed by the service. One relative said, "Medication is always on time and that is important." Staff told us that they had to complete training and competency checks before they could give people their medicines. We observed medication being given to people and saw that this was done in line with their care plans and prescriptions. We looked at information

regarding people's medication, including Medication Administration Records (MAR). We found that these were signed following medication administration and that there were no gaps in the records. Symbols were used appropriately and the reverse of the MAR sheets used to record administration of PRN (as required) medication. There were stock checking systems in place and we saw that the totals on these records matched the stock levels of people's medication.

Is the service effective?

Our findings

People said that they were happy with the care that they received. They felt that staff had the skills, knowledge and experience they needed and received regular training and support. One person said, “They know what they are doing, you can’t fault them.”

Staff told us that they received regular training to provide them with new and updated skills to help perform their role. On commencement of their employment they told us they received induction training, which included training courses and shadowed shifts to get to know the service and the people they would be supporting. Staff told us that they received regular face-to-face training to maintain their skills and keep their knowledge up-to-date. They said that the training was good and helped them in their job and in their development. One staff member said, “The training is good, it is thorough.” We looked at staff training records and saw evidence that staff received regular and appropriate training for their role. The registered manager maintained a training matrix to monitor staff training and ensure it was up-to-date.

Staff members also said that they received regular supervision sessions with senior staff. They informed us that these were useful sessions which allowed them to discuss issues or concerns within the service, as well as ideas for the development of the service and themselves. We looked at staff supervision records and saw that staff had regular supervision and annual appraisals to provide them with support and set goals.

Consent to care and treatment was sought by staff. People told us that staff asked for their permission before they carried out a task or offered them support. Staff told us that it was important to seek people’s consent, and to provide care and support in line with their wishes. People were able to choose what they wanted to do on a daily basis, as well as where they spent their time. Throughout our inspection we observed staff supporting people to make their own decisions and making choices for themselves. People’s records confirmed that their consent had been sought and documented.

Staff also followed the principles of the Mental Capacity Act 2005 (MCA) when supporting people to make decisions. Staff described the actions they would take if they

suspected somebody may lack capacity and how they would support them to make a decision in their best interests. We saw that staff had received MCA training and that capacity assessments had been completed and recorded for people, where necessary. These assessments demonstrated that the individual had been put at the centre of the decision making process and provided evidence regarding how the outcome was reached, regardless of whether or not the person was deemed to have capacity.

People were happy with the food they received and felt that they had a healthy and balanced diet. They told us they were provided with choices at meal times and that they enjoyed the food they had. One person said, “The food is good, yes”. Another person told us, “The food is great, thank you.” People’s relatives were also positive about the food on offer in the service. One relative said, “The food is ok here, it is cooked on the premises and it is always served hot and there is a choice.”

Staff told us that they were aware of people’s dietary needs and preferences. We spoke to the cook who explained that there were different meal choices available each day, but that they would be flexible as well and could prepare alternatives if people wanted them. The kitchen was also aware of people’s specific needs and wishes, so ensured people got the food they needed each day. We saw records to support this. Throughout our inspection we observed people receiving drinks, meals and snacks. People were given choices about what they wanted to eat and drink and, where people required support, staff were patient and supportive, creating a relaxed and positive atmosphere.

People told us that their health needs were met by the service. They were able to see health professionals, such as GP’s and nurses whenever they needed to and felt that they were well looked after. People’s relatives also felt their family member’s health needs and appointments were well managed by the service. One relative said, “They have a doctor come in if they need one, it is all sorted out by the home.” Another relative told us, “Usually the home is one step ahead if they need a doctor, and they call.” People’s records confirmed that people regularly saw health professionals when they needed to. This included health professionals coming to the service, and external appointments.

Is the service caring?

Our findings

Staff treated people with kindness and compassion. People were happy with the care they received and expressed that they had built strong relationships with staff and other people in the service. One person said, “I love it here, oh they look after me well.” Another told us, “The staff are lovely.” People’s relatives were also happy with the care their family member’s received. One relative told us, “These people are really marvellous; I don’t know what we would do without them.” Another relative said, “It’s lovely here, the carers are great – properly kind.” During our inspection we observed positive interactions between people. For example, one person became upset and were supported by their peers, as well as staff.

Staff were also positive about the service and the relationships they had developed with people. One staff member told us, “These people are like family.” Another said, “I love it here, it is like my home in a lot of ways. I have gained loads of experience and I love the residents.” We observed staff communicating effectively with people throughout our inspection. They always took time to ensure people had understood what was said and used eye contact and gentle touch to provide people with support. Staff had a good understanding of each person’s individual communication needs and style, and therefore adapted their communication for each individual.

People had care plans in place which recorded their individual needs, wishes and preferences. These had been produced with each individual so that the information within them focussed on them and their wishes. Care plans were updated regularly and relatives were provided with information on a regular basis, whenever things changed. One relative told us, “They keep me up to date all the time, phone me if the doctor comes or if anything changes.” We looked at people’s care plans and saw that they had been individualised to meet people’s specific needs. There was evidence of people’s involvement in their care plans and signatures to state they agreed with the content of them.

There was information on display throughout the service for people and their relatives. This included photos of staff members and regular visitors, as well as information about the service and the provider. The interim manager explained that there was also information given to people when they moved in to the service, to ensure they understood the care they were going to receive.

People told us that they were treated with respect. They told us that staff were always polite to them and made sure they knocked on their door before entering their room. One person told us, “I’ve been treated with respect, and that’s a great thing.” People’s relatives also felt that staff treated people with respect and upheld their dignity. One relative told us, “They always close the doors if they are helping with any personal care.” During our inspection we saw staff treat people with respect and dignity. For example, staff knocked on people’s doors and asked if it would be ok to show us their room and have a chat, rather than just letting themselves in. We also saw that the service had two dedicated ‘dignity champions’, who worked to ensure people’s dignity was promoted by the entire staff team.

People’s family and friends were able to visit the service whenever they wanted to. There was a ‘protected mealtimes’ policy, to help make sure all residents ate a full meal, however, if relatives made arrangements with the service, this could be worked around. One relative told us, “Our family come on Friday nights, everyone, even the little ones. We sit and play cards and we encourage any of the residents to have a go.” During our inspection we observed a number of relatives come and go. They all had friendly and familiar interactions with the staff on shift and were made to feel welcome. We saw one relative spend most of the day visiting their family member. This visit included performing tasks around the service, such as watering the gardens.

Is the service responsive?

Our findings

People received care which was tailored to meet their individual needs. Care was person-centred and the person had been involved in developing their care to ensure it was representative of their views and opinions. People were able to retain their individuality whilst living at the service and were encouraged to spend their time doing the things they wanted to do. For example, when we arrived at the service, one person came into the office to talk to the interim manager and the administrator. They spent time swapping jokes with those members of staff and explained that they liked to come into the office for a chat and a joke on a regular basis.

Staff members provided people with care and support, whilst encouraging them to maintain their independence. We saw that people had jobs within the service, if they wanted to perform them. For example, one person had set up a 'sweet shop'. Each day they went around the service with a member of staff and a trolley of sweets, to sell to people throughout the building. Staff members explained that they encouraged people to take part in jobs to help the running of the service if they wanted to. For example, one staff member told us that people were able to help with the laundry and in the hairdresser's salon.

People were also encouraged to personalise their own bedroom. One person was proud to show us their room, telling us that they had chosen all the furnishings and decorations and we saw evidence that other bedrooms had been decorated according to people's individual tastes.

Activities were provided within the service, in line with people's interests and were appropriate to their needs. We observed staff supporting people to engage in activities of their choice and suggesting ideas for things to do. We also saw evidence that the service ran regular group events, such as entertainers and arts and crafts. The interim manager explained that there were further plans to develop activities within the service, including bringing in groups with an expertise in dementia to help broaden the range of activities provided.

People had care plans in place and were involved in writing them and their review on a regular basis. They were not always able to tell us about their care plans, or the content, however records showed that they had been involved and that the plans had been written to cater for their needs. Staff also told us that they knew the people they provided care for and worked to ensure their individual needs were respected. The interim manager told us that care plans were completed and reviewed with the individual and that input from their family members was also welcomed.

People told us that they were able to complain if they felt they needed to, however the people we spoke with hadn't felt the need to raise any complaints. One person told us, "I have no complaints, it is very good here." People's relatives were positive about complaints at the service, telling us that they either hadn't had to make a complaint, or that when they had, it had been dealt with appropriately. One relative said, "I never have had to complain, no need." Another explained that they had complained once, but the staff had listened to what they had to say and had taken action to resolve the issue straight away. We observed that the complaints procedure was available to people and their families. We looked at complaints records and saw that complaints that had been made had been investigated and acted upon by the interim manager. Where verbal concerns had been raised by people or their relatives, the interim manager had documented these and the actions taken as a result.

Staff and the interim manager told us that the service welcomed feedback from people and their families, either formally or informally. They told us that regular residents meetings were held in different areas of the service, to encourage everybody to contribute. We saw evidence of these meetings being carried out, and saw that future meetings were planned. The interim manager had also asked people to complete a satisfaction survey. This was in an accessible format and people were supported to complete it if necessary. There were plans for a relatives satisfaction survey and relatives meetings to encourage feedback from people's families.

Is the service well-led?

Our findings

The service had a positive and open culture and there was a warm, welcoming atmosphere on arrival. People were treated as individuals and there were mutually beneficial relationships between people and staff members. Staff were committed to their role and enjoyed helping people to live a fulfilling life. Throughout our inspection we observed people in communal areas of the service, rather than staying in their bedrooms. We saw people enjoying each other's company and engaging in relaxed conversation with their peers, staff and visitors.

The interim manager had worked to implement positive values and behaviours within the staff team, which had a positive effect on people living at the service. They had also worked with local community groups to build relationships and increase the opportunities available to people. For example, we saw several areas of the service which had been decorated by local community groups. This brightened the décor in the service whilst engaging people with their local community. We also saw evidence of a small animal holding at a nearby school, which people had been over to visit on several occasions.

People and their families were positive about the interim manager and knew who they were. People told us that they had a good relationship with the interim manager and that they could talk to them whenever they needed to. During our inspection we observed the interim manager speaking to each person they saw as they showed us around the service. They spoke to people with familiarity and warmth, which was reciprocated, often in the form of a joke or exchange of banter. We also observed staff having similar exchanges with people throughout the day. Despite being

busy, we saw the interim manager put their own work to one side as they observed that people required some care or support. We also saw staff work in this way, which made it clear that the care and welfare of all the people at the service was everybody's top priority.

Staff were also positive about the support they received from the interim manager. They told us that they were able to approach them whenever they had a question or a problem and that they felt listened to. We observed the interim manager working alongside the staff team to ensure people received the care they needed. The interim manager also explained to us that registered manager was always available to them and the staff team for advice and support.

The service worked closely with health professionals and other organisations, such as the local authority safeguarding team and the Care Quality Commission (CQC). Records showed that the interim manager had carried out their statutory obligations, such as submitting notifications to the CQC for certain incidents.

The interim manager told us that they carried out quality control checks and audits on a regular basis. They did this to ensure the service maintained high standards of care, as well as identifying areas which required development. We checked the records and saw evidence of a number of checks and audits which were carried out on a regular basis. In addition, we saw that, where areas had been identified as below expectations, action plans had been put in place to outline how the matter would be resolved. External checks carried out by the provider were also seen, giving the interim manager additional oversight of quality within the service.