

Black Swan International Limited

Southwell Court

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 ●

Summary of findings

Overall summary

About the service

Southwell Court is a residential care home providing accommodation and personal care to 12 people aged 65 and over at the time of the inspection. The service can support up to 40 people. The home is built on two floors and has four units each with its own en-suite bedrooms and shared lounge/dining room and bathing facilities.

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

People living at Southwell Court were provided with good, personalised care by staff who were kind, compassionate, easy to talk to and reliable. People were happy at the home and felt safe. One person said, "I think it's perfect. The care you get, and they understand you. I've no complaints whatsoever." People's relatives were very satisfied with the service provided to their family members. One relative said, "It's excellent care, I don't have any worries, it's spotlessly clean and her needs are well met."

People were encouraged to live the life they wanted to live and to remain as independent as they wanted to be. Staff understood how to support people's privacy and dignity and provide the care each person wanted. Any concerns were listened to and addressed, and people's wishes were considered as they approached the end of their life.

Staff were happy working at Southwell Court. They had undertaken training and were motivated, skilled and had the knowledge to provide the care and support people needed. They knew about keeping people as safe as possible and followed care plans and risk assessment guidelines to ensure no-one was put at risk. Staff supported people 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 were assured that staff followed infection prevention and control procedures to protect people from infection. Medicines were managed safely, and safety measures and checks were in place relating to the building and equipment.

The service was well-led by a manager who was always available when people, relatives and staff needed someone to talk to. The provider's values were put into practice by the staff and governance systems ensured the service provided was of high quality. People, their relatives and staff were involved in improving the way the service was run and their voices were heard.

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

This service was registered with us on 8 May 2019 and this is the first inspection.

Why we inspected

This was a planned inspection as the service had been open for 22 months and had not been inspected.

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.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Southwell Court

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection prevention and control 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 team consisted of three 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.

Service and service type

Southwell Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was managing another of the provider's services. A manager had been appointed for Southwell Court and they were in the process of applying to the Commission to be registered. We have referred to this staff member as 'the manager' throughout this report. The registered manager continued to support the manager and was present while we were at the home.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We asked the manager to send us various documents. We had a telephone conversation with the manager and their regional manager, when we asked them to tell us about a number of aspects of the running and management of the service. They sent us telephone numbers and we contacted two people who were using the service and five relatives of people who were using the service before we visited the home. We used all this information to plan our inspection.

During the inspection

We spoke with three managers, a senior care worker, two care workers and the chef on the day we visited the home. We looked at some records, including two people's care plans; medication records; recruitment checklists; and health-monitoring records such as repositioning charts.

After the inspection

We spoke with two members of staff over the telephone and we continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at Southwell Court. They gave us several reasons why they felt safe including plenty of staff around all the time and call bells in their bedrooms, which staff responded to promptly.
- Relatives felt their family members were safe. One relative said, "Yes, [name] is very safe. If [name] is worried or concerned there is always someone there to talk to." Another relative was particularly impressed by the way the staff had kept their family member safe during the COVID-19 pandemic.
- The provider had systems in place to protect people from abuse and avoidable harm. Staff had undertaken training and were confident about what they should look out for and to whom they should report any concerns. One member of staff told us they would report to the management team. If no action was taken, they would ring the local authority. The manager said safeguarding was discussed during staff meetings and handovers.

Assessing risk, safety monitoring and management

- Staff completed assessments of any potential risks to people as part of the care planning process. Twelve areas of risk were explored with each person when they were admitted to the home, including the person's risk of falling, risk of acquiring pressure sores and any risks relating to eating, drinking and weight loss. They put risk-reducing measures in place as part of the care plan so that staff knew how to minimise the risks.
- Maintenance staff undertook regular checks of all equipment and systems in the home, such as the fire safety awareness system, to make sure people, staff and visitors to the home would be safe. Staff had completed a personal emergency evacuation plan (PEEP) for each person so that emergency services would know how to support them in the event of a fire.
- The pandemic had reduced the number of visitors to the home. Thorough risk assessments carried out and procedures put in place to ensure that any visitors would be safe and would not put the people living in the home at risk.

Staffing and recruitment

- People and relatives told us there were enough staff. One person said, "They are always here to help if I want them." One relative said, "There seem to be plenty of staff. [Name's] needs are met – [they have] never complained."
- The manager reported that there were enough staff to meet people's needs and staff agreed. Additional staff would be recruited as the number of people living at Southwell Court increased.
- The provider employed a number of staff in addition to the care staff. These included the chef, housekeeper and maintenance staff as well as a manager.

- The provider's recruitment process ensured as far as possible that new staff were suitable to work at Southwell Court. Prospective staff underwent an interview process. A member of staff told us about the pre-employment checks the manager had carried out, such as references, proof of identity and criminal records checks through the Disclosure and Barring Service (DBS). They added, "I had to wait for the DBS then I could start my employment."

Using medicines safely

- Staff managed medicines safely and gave people their medicines as the prescriber intended. Records were accurate. Staff who gave people their medicines had undertaken training and had their competence checked regularly by the manager. A senior care worker told us, "I'm new as a senior so I am checked quite a lot."
- People looked after their own medicines if they wanted to. Staff encouraged and supported this by following risk assessment guidance.
- We found a very recent error. The manager and regional manager acted immediately to minimise the risk of the error happening again. Following the site visit they sent us further information, which showed that they had put procedures in place to ensure this error did not recur.

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.

Learning lessons when things go wrong

- The manager and staff told us that any errors, incidents and accidents were shared to improve staff's practice. The actions taken by the provider to rectify the medicines error we found, showed that they had learnt from this incident.
- Staff recorded any incidents or accidents. The management team analysed these and discussed any learning with all staff at relevant meetings.
- Staff involved in any errors with medicines were fully re-trained and their competence re-assessed to prevent further errors.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The manager had worked hard to ensure people's needs were as fully assessed as possible before offering them a place at the home. Although this had been more difficult during the pandemic, systems, including the provider's in-house assessment team, ensured that people's needs could be met. A relative said, "Before [Name] went in, I filled everything in on a form, what [their] needs were."
- The provider had ways of keeping staff up to date with best practice guidance. They cascaded information to every staff members' work email and new information was discussed at handovers and staff meetings.

Staff support: induction, training, skills and experience

- The provider had processes in place to ensure that staff received all the training they needed so that they could do their job well. New staff received an induction, which included face-to-face training and training on the computer. People told us that staff knew what they were doing.
- Refresher training was arranged at appropriate intervals and staff told us they had had enough training to be able to meet the range of needs of the people they looked after.
- Staff felt very well supported by the provider, the manager and all their colleagues. One staff member said, "I'm really proud to work with the staff I work with. The manager has been incredible, and the regional manager really helped out. We all pulled together – the team is absolutely brilliant." All staff received regular supervision and were encouraged to attend staff meetings.

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

- People had enough to eat and drink and told us they liked the food. One person said, "[The food] is excellent. I have never turned a meal away." Lunchtime was an unrushed, comfortable occasion which people appeared to enjoy.
- Staff supported people to choose their meal by showing them two plated meals. One person told us, "There's two choices on the menu each day, pudding afterwards and drinks or you can ask for something different. It's nice, very good." We saw that cold drinks were available for people to help themselves and staff frequently asked if anyone wanted "a cuppa".
- Special diets were catered for when required and each item of a pureed meal was served separately to retain flavour and enhance presentation.

Staff working with other agencies to provide consistent, effective, timely care

- The staff worked with other care professionals such as the GP, district nurses and the local authority to ensure that people's care was as effective as possible.

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

- Southwell Court was extended and completely refurbished when it was taken over by Black Swan International. It had some well-designed features, including each of the downstairs bedrooms having a door that opened onto the garden.
- We asked the provider to consider whether handrails in the corridors would improve people's safety.

Supporting people to live healthier lives, access healthcare services and support

- Healthcare professionals such as GPs, district nurses, and a chiropodist visited the home to support people to maintain their health.
- The service manager told us that a weekly virtual 'ward round' had taken place with the local GP surgery and stated it was working very well for the people who lived at Southwell Court. The manager shared that they felt well supported by the district nursing team and had contact with the Local Authority who had provided guidance and support through the pandemic.

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 Act 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.

- The manager told us that everyone who lived at the home at the time of the inspection was able to make their own decisions. Staff had undertaken training and knew how the MCA and DoLS applied to their work.
- Staff talked to each person about the care and support the person wanted and gained consent before they carried out any tasks. Staff offered people choices in all aspects of their lives.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were passionate about their jobs and wanted to give people the best possible care. People and staff all got on well together. We saw really nice interaction between them, with lots of laughter and two-way banter.
- People and relatives used words such as kind, compassionate, caring, lovely, easy to talk to, approachable and reliable to describe the staff. One person said, "I can't fault them, they are very good, they give me confidence." Relatives commented, "I think they look after the residents as if they were their own family," and, "They always speak to [Name] like a normal person; they don't treat [them] like a child."

Supporting people to express their views and be involved in making decisions about their care

- Staff supported and enabled people to be involved in decisions about their care and to express their views about what went on in the home. Staff knew people well and knew how to support each person in the way they preferred.
- People were very happy with the level of involvement they had in decisions about their care and felt they could choose how they wanted to live their lives. One person told us, "You have free rein of it. ... They don't tell you what to do or rush you."
- The manager made sure that people knew about advocacy services, if they needed someone who was independent of the home to help them with their affairs and to make sure that staff were always acting in their best interests.

Respecting and promoting people's privacy, dignity and independence

- The provider displayed a Charter of Values in the home, one of which stated, "Every person matters and will be treated equally, compassionately and with the utmost respect and dignity." We saw that people looked dignified, due to the support provided by the staff with personal care, laundry and other daily living tasks.
- Staff encouraged people to be as independent as they wanted to be. A relative told us, "[Name] does their own personal hygiene; [staff] encourage that." Some people did not need much assistance, but they told us they knew staff would help them if they requested it. One person said, "Staff are kind and have always got time. They're very helpful and I've always had the assurance I can call them at any time."
- Staff made sure any discussions about people were held in private. They stored care records securely so that people's confidentiality was fully maintained.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Each person had a care plan in place, supported by relevant risk assessments. People were involved in developing and reviewing their care plans and told us the care provided by the staff fully met their needs. Staff knew people very well, including their likes and dislikes. A member of staff said, "I like to spend time with the person face-to-face so I get to know them really well."
- Staff told us they found the care plans really useful and they could speak with the manager or senior carer if there was something in the care plans that needed to be updated. They recorded the care they had given to each person so that people received consistent care.
- Relatives were very happy with how the staff had kept them up to date about their family members during the periods when they had been unable to visit the home.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff told us that everyone living at the home was able to communicate using words. However, the staff had pictures available in case people struggled to understand. The manager said that written information, such as the residents' guide that was given to people when they moved into the home, was available in large print and/or pictorial format if needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us that before the pandemic they had external entertainers in and there were lots of activities to join in if they wanted to. This had been more difficult during the last year, but staff did their best to keep people occupied. People were looking forward to when they could have more to do and could see more visitors to the home.
- Staff had found a range of ways to help people and their relatives/friends keep in touch during the times when government guidance advised no visitors to care homes. They had organised video calls, telephone calls and window-visits depending on which method suited each person best.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place, which was displayed so that everyone knew who they could contact. The procedure was also explained in the residents' guide. One person told us they

would speak with the senior staff or the manager. They said, "[The manager]'s excellent – he will get things sorted. He's really good." A relative also said they would speak with the manager because "he is very approachable...I am sure he would sort it out."

- The management team had an open-door policy. During the pandemic the manager had spoken regularly with everyone living at the home. The manager had also telephoned each person's relatives on a weekly basis to make sure they were kept up to date with how their family member was getting on.

End of life care and support

- The regional manager told us that 'twilight care plans' were in place for people. These followed the six steps of end-of-life care, from first conversations, progression through the home and as they moved towards the end of their life. They described these plans as person-specific and with a very holistic view about end-of-life care.

- One person had remained at Southwell Court until the end of their life. The regional manager said the staff had received excellent support from the district nurses and the GPs. The family had been very appreciative of the care provided to their family member by the staff and pleased the person did not have to leave their home.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People were very happy living at Southwell Court and they and their relatives were very satisfied with the service being delivered by the staff. Outcomes for people had been good, even during the pandemic.
- The provider had a charter in place, detailing their values. It ended with, 'We cannot replace home, but that should never stop us trying.' Staff signed a pledge when they started working at the home. The pledge had 32 statements, starting with, 'Understanding how I treat people can make a difference to them having a bad day or a great day. I want them to have a great day.'
- Staff were very happy to be working at Southwell Court and felt very well supported. One member of staff said, "I really enjoy it here. Everyone's really welcoming, and I've fitted in well... It's a really lovely home; the residents are really lovely and there's a lovely atmosphere." Another member of staff told us, "I love the [staff] that I work with and the people that live here – they're all fantastic."
- One member of staff told us they had felt very well supported during the pandemic, particularly when there had been people in the home who had tested positive for COVID-19. They said, "Operational management" had telephoned staff to check on their well-being, which staff found really supportive.

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 staff team had developed a culture of openness, transparency and honesty. They shared everything, including when any mistakes had been made, with everyone who needed to know. Relatives confirmed the communication from the staff was excellent.

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

- There was a registered manager in post at the time of the inspection. They were managing another of the provider's services but also supporting the previous deputy manager at Southwell Court who had been appointed to the post of manager.
- People, relatives and staff all made very positive comments about the manager. They described him as very approachable, supportive and accessible. A member of staff said, "It's fantastic that [name] is the manager. Whatever we want he's always there – the go-to man."
- The manager told us that he worked hard to make sure staff felt valued and that each of them was a valued member of the team. There was an Employee of the Month scheme in place and staff were given tokens of appreciation such as a box of chocolates or a bottle of wine.

- The provider had a robust auditing system in place, with auditing and monitoring of all aspects of the service being carried out by the manager, regional manager and other staff from the provider's head office. Any shortfalls were included in an action plan with timescales for completion.
- The manager understood their legal responsibilities, such as notifying the Commission of important events that happened in the home.

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

- People and their relatives knew they could talk to the manager or regional manager at any time if they had suggestions for improving how the home was run. The provider sent out questionnaires to people and their relatives to gain their views about the service. The results were collated into a report which included the response to any comments/suggestions that had been made. The provider wrote, 'We are always aiming to improve the quality of life for all residents in the home wherever possible and welcome your suggestions. We will do our utmost to accommodate these wherever possible and practicable'.
- Staff were fully involved in everything that went on in the home and their opinions were sought and valued by the management. One member of staff recalled when a suggestion relating to afternoon tea was made by staff and very quickly implemented by the manager.

Continuous learning and improving care

- The manager told us that any learning from any of the provider's homes was shared so that everyone could benefit.
- The provider ensured that current research and good practice was cascaded to all staff across all their homes to ensure people were given the best possible care and support.

Working in partnership with others

- The staff team had worked in partnership with health and social care professionals during the pandemic to ensure people got the high quality and safe care.
- Contact with the local community had not been possible during most of the time the home had been open. The manager was looking forward to a time when links could start to be made and developed.