

Bedford Borough Council

Southway

Inspection report

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Date of inspection visit:
08 January 2020

Date of publication:
31 January 2020

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

Southway is a residential care home providing personal and respite care to people. At the time of the inspection there were 39 people living at the service and two people staying at the service on respite care. Respite care is when a person requires temporary support and stays in a home short term.

The care home can accommodate up to 42 people in one adapted building across two floors. The building has been designed to meet the needs of people living with dementia by in mind. The design enabled people to freely access all areas safely should they choose to. The home was split into five smaller units each with their own kitchen, lounge and dining area. This gave the home a personal feel while still enabling access to the other areas without restriction. There was a shared garden, hairdressing salon and activities room.

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

People were very happy about living at this service and told us they felt safe and were treated with respect. One person gave written feedback and wrote, 'The staff are my friends. The food is lovely. I like everything and want to stay here forever.'

People were supported by staff who understood how to protect them from harm and how to report any concerns. Risks were well managed and medicines administered safely and in consultation with people. There were always plenty of staff on duty to meet the needs of people.

People were encouraged to take their time in order to do what they could for themselves. Staff were patient and kind. People and their relatives told us the management team were also very good and communication between staff and relatives was very good.

The environment had been updated and refurbished to meet people's needs and people spoke very positively about their rooms, the home and the colours. The environment was clean and staff understood how to prevent the spread of infection.

People were supported to become involved in activities that promoted good health. Professionals told us the staff team and registered manager were always very efficient in addressing people's health concerns and updating their care plans as their needs changed.

People were offered a variety of activities both inside the home and within the local community. The registered manager encouraged community links and supported people to maintain friendships. Relatives told us they were fully involved in reviews of people's care needs and encouraged to give feedback regularly.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; policies and systems in the service supported this practice.

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 28 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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.

Southway

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.

Inspection team

One inspector carried out this inspection.

Service and service type

Southway 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.

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, professionals who work with the service and 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 used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and five relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, deputy manager, senior care workers, care workers, housekeeping and catering staff.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We spoke with six professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- People were cared for safely and they told us they felt safe. One person gave written feedback and wrote, 'I feel very safe. I can call on the carers and they will always come to me'. Relatives also told us their family members were safe and well treated by staff. A relative said, "My family member feels safe and feels like it is their home now."
- The management team had written individual risk assessments covering all aspects of people's physical and mental health needs. These were maintained as a 'live' document and updated as people's needs changed. All risk assessments were reviewed regularly where there had not been any changes to check the information was still accurate.
- The registered manager had implemented systems and processes to reduce the risk of harm. For example, posters were on display advising how to stay safe and also how to minimise the risk of health concerns such as pressure ulcers. Clear records were kept of all incidents and more serious events were reported to the appropriate external agencies.
- Staff were trained in safeguarding and were able to express a good understanding of how to protect people from harm. Staff were also confident about how to report and record concerns both internally and to external agencies such as the local council or the Care Quality Commission (CQC).
- The registered manager implemented and maintained detailed records in relation to the maintenance of the building and emergency procedures such as the need to evacuate. A plan was in place regarding other contingencies including consideration of the potential impact of leaving the European Union.

Staffing and recruitment

- The registered manager implemented a robust recruitment procedure which ensured all staff had thorough employment checks including checking identity, references and Disclosure and Barring Service updates (DBS).
- The senior team managed rotas to ensure a good mix of skills and seniority amongst the staff team on each shift. There were enough staff on duty and the registered manager explained they are no longer in need of using agency staff. One relative told us, "If people get agitated a staff member appears, so staff must be observing all the time. There are always plenty of staff."

Using medicines safely

- The staff team administered people's medicines safely. People told us they had their medicines on time. We observed staff being patient when they explained what medicines were and involved people in deciding if they wanted 'as and when required' medicines (PRN). Staff showed patience and kindness when giving people the time they needed to decide and accept their medicines.

- Staff comments and records viewed confirmed staff only administered medicines once they had been properly trained and assessed in both theory and practice. Medicines were stored securely and medicines records correctly completed. We carried out a stock check on some medicines and this showed stocks and records were correct.

Preventing and controlling infection

- Staff had a good understanding of how to prevent the spread of infection when supporting people with personal care, cleaning, meals and drinks. We observed staff following the correct procedures and regularly washing their hands. Staff confirmed they have a good supply of equipment such as disposable gloves and aprons and cleaning materials.

Learning lessons when things go wrong

- The registered manager was able to show that lessons learnt were shared and incidents reflected upon to drive improvement. For example, there were additional information and posters on pressure care and they had developed champions for various health issues, such as falls. This was as a result of previous incidents in the home.
- However, staff were unclear about this process and did not recognise what it meant to reflect on events. We discussed this with the management team who agreed to spend more time with staff to support them to reflect more formally and to understand how to share lessons learnt.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People's needs were assessed holistically covering emotional, mental, and physical health as well as personal and medical history, likes and dislikes. This information was used to inform care plans and develop activities of interest such as maintaining links with social clubs and churches or music and gardening.
- The registered manager regularly liaised with health and social care professionals to ensure people's needs were being met safely. One health care professional said, "When I have required information for reviews or assessments the staff I have encountered have been helpful and assisted. I have visited Southway quite regularly over the past couple of months to complete annual care reviews. During that time I could see that carers are very professional and helpful, and always make me feel welcomed."

Staff support: induction, training, skills and experience

- Staff told us they received sufficient training, supervision and 1:1 development to enable them to safely and confidently carry out their roles. One staff told us, "We have regular staff meeting and supervisions every month. These are very supportive and I can also speak to the managers privately if I prefer."
- Staff undertook a structured induction programme when first employed which included formal training, 1:1 coaching, mentoring and shadowing more experienced staff members. Staff members then had their competence assessed before working alone.
- Relatives told us staff were skilled at their job and looked after their family members well. One relative said, "[My family member] always seems happy and well cared for. I am happy that they are nice and clean, which is nice. Staff are pretty quick if my family member is ill."

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

- Staff supported people to have food and drink as they wished. We observed people having snacks and drinks constantly throughout the day. Meal times were relaxed and tables made pleasant with cloths and flowers. There was also a large choice of condiments available for each table.
- People were observed choosing where they would like to have their meals and who to sit with. People who had changed their mind about the food they ordered were calmly supported to have an alternative of their choice. One person told us, "I love it here. Been here 10 years. The carers are brilliant. The food is second to none, Chinese and Italian." Another person said, "It's nice. If I want a bacon sandwich for breakfast, I get it."
- We spoke with catering staff who explained their processes for enabling choice. They also had an awareness of specialist meals to meet people's needs who had either choking risks or preferences related to their religion or culture.

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

- Professionals we spoke with all gave very positive feedback about the service and how the staff team were always very proactive to suggestions to ensure people received good care. One health professional told us, "I have always found the registered manager efficient and caring. They try to accommodate every individual that I have worked with and who has needed care." They went on to say, "The building is always clean and bright and residents appear happy and content. Care plans were always updated with relevant information about the clients I have reviewed and clearly reflected their needs. The management team are quite on the ball as they always let me know if there are any concerns or issues prior to my review."
- The registered manager explained how they worked with other agencies such as Age UK, local church groups of different denominations and other professionals such as doctors, occupational therapists, district nurses, opticians and dentists to promote inclusion and healthy lifestyles. They also arranged for a health champion from the local doctor surgery to come in and encourage people to go walking.

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

- The care home had been adapted in design to specially meet the needs of people living with dementia. For example, there was dementia friendly signage in communal areas such as toilets and bathrooms. The building design enabled free access to all areas of the home and gardens and people who liked to walk could do so around the whole building safely and without barriers.
- Each bathroom had been re-furbished in the last year and prominent walls alongside toilets and baths were in bright colours to ensure that grab rails and seats were easily identified. Toilet seats were also coloured which supported people living with dementia to see them more clearly and minimise the risk of falls.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Mental capacity assessments and best interest decisions were completed appropriately. The registered manager submitted DoLS applications to the local authority to ensure any restrictions on people's liberty was lawful and the least restrictive method.
- People and their relatives told us staff sought consent before providing care. Staff understood how to promote people's choices. The registered manager told us that people who have a DoLS in place are visited monthly by an Independent Mental Capacity Advocate (IMCA) to review processes and people's views.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People and their relatives told us they were treated well and staff acted with kindness and patience. One person said, "They look after you very well. Treat us nicely." A relative told us, "Staff are very respectful. My family member would let them know if they weren't, they are not one to hold back."
- We observed staff showing compassion and lots of use of gentle hand holding and eye contact and conversation. Staff offered verbal reassurance when people were confused or anxious and offered opportunities of other activities and guidance to support people to refocus.

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

- People and their relatives were involved in reviews of their care. A relative said, "We have reviews every year. We are always involved and asked to see how my family member is doing." Another relative told us how through reviews their family member had been able to stop taking a lot of medicines that were no longer needed. Where appropriate health and social professionals were also invited to contribute.
- Daily notes and care plans showed that people's preferences and interests had been considered and implemented. We observed staff offering people choices throughout the day in relation to how they spent their time, food and drink options and activities.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's dignity by being very discreet about their care needs and ensuring privacy when supporting them. One person told us, "I am very well looked after." Another person said, "I have been here a while. I was pushing the trolley and selling the crisps. I love it here. I like the food. I help with the cleaning and everything. I have quite a lot of friends here." Staff also understood how to keep people's information confidential.
- Relatives told us they were happy about how staff supported people to still do what they could for themselves. We observed staff supporting people to eat and drink and do various activities independently.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Staff were aware of people's individual needs and preferences and care plans clearly highlighted these. One person who liked to have a job and responsibility was being supported by staff to work voluntarily on a 'sweet trolley', which on the day of the inspection was selling crisps to people. The person was supported to lead this activity.
- Staff were discreet but responsive to people's needs when required. One relative told us, "The registered manager is so lovely, they are helpful and obliging. Whatever we have asked they have answered us. The deputy manager is the same. All of the staff are friendly. I can't fault them at all, second to none." One gave who gave written feedback wrote, "I love living here because the staff treat you with respect and are very good".
- The registered manager explained about a programme called 'music for memory'. This involved creating an individual profile of people's likes and dislikes and personal history which was used to design music-based reminiscing for people living with dementia. This was facilitated by an external professional who then wrote up detailed reports on people's responses at the end of each session for reviewing what did and did not work so this could be built on.

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.

- Information was available in different formats such as large print or pictorial. The staff told us they would organise for information to be converted to what people required when they were assessed. Staff were observed reading information out to people who could no longer do this for themselves or supporting people to understand the information if they became confused.

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

- The registered manager identified key relationships and interests at the point of assessment prior to moving into the service. This was then used to inform each person's care plan and make suggestions for activities in line with what people did before moving in.
- People were able to choose from a variety of social activities such as, discussing newspaper articles, shopping, out to lunch, family visits, befriender schemes, visits from people's churches, parties and the pub. The activities co-ordinator also arranged a variety of in-house activities such as crafts which related to

events like Christmas and valentines, professional entertainers, gardening, cake decoration, bingo and quizzes.

- For one person the registered manager arranged for an Italian befriender to visit with a person who was Italian. The home also maintained links with local schools and children's groups who also visited people.

Improving care quality in response to complaints or concerns

- People and relatives told us they did not have any complaints but knew how to do so if they ever did. One relative told us whenever they had minor concerns in the past the registered manager had dealt with these quickly and the same concerns had not reoccurred.

End of life care and support

- People were supported to express their wishes in relation to end of life care at the point of assessment. This included wishes in relation to religious and cultural beliefs. Some people did not wish to discuss the topic and this was documented in their records. For those who did express their wishes this was also recorded and clearly identified in their care plans. No-one was currently receiving end of life care but one person had been supported to prepare for this if required.

- Staff understood the extra sensitivities required when supporting people and their relatives at this difficult time. The management team had close links with various health professionals to ensure anyone receiving end of life care could be appropriately supported to manage pain and experience a dignified death. The registered manager also promoted a 'stay at home' scheme whereby people could choose if they wished to remain at the home to receive treatment rather than attend or be admitted to hospital.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and their relatives spoke positively about the staff team and registered manager. They were very happy with the care and told us how staff were encouraged to promote people's individual likes and dislikes. One person told us, "[The registered manager] is very kind here, a fine gentleman." A relative said, "The registered manager is so open. It is so warm here and welcoming. My family member is very fussy but they said they wanted to move in here."
- The registered manager understood the importance of being open and transparent and learning from incidents. They notified CQC and the local authority about any notifiable incidents or accidents and they discussed with people and staff about what went wrong. They also displayed and shared the rating and the report of their most recent inspection with people and their relatives and visitors.
- The registered manager ensured all staff in every role had equal training to enable people to approach any staff member they felt comfortable talking to. Staff told us the training and clarity of care plans gave them the confidence and skills to be able to recognise what people needed and how to respond in ways that they preferred.

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

- Managers and staff all understood their roles and some staff had delegation leads and acted as champions in areas of falls, equality and diversity, dementia and continence to promote best practice. This also meant the staff team nominated individuals with specialised knowledge who they could go to for advice if ever concerned.
- The registered manager had robust auditing systems to monitor the quality of the service and they acted on any areas identified for improvement. Other systems in place ensured people were supported safely in line with current guidelines and legislation. The registered manager felt supported by the provider and senior managers.
- Staff gave positive feedback about the management team. One staff member told us, "I feel very supported. When I have needed time off due to illness the registered manager has been very supportive and asked me if there was anything they could do to help." Another staff member said, "The support is amazing."

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

characteristics; Continuous learning and improving care

- People and their relatives had opportunities to contribute to the way the service was run. There was a suggestions box in the main reception area as well as regular reviews and relatives' meetings to enable them to share their views.
- Staff and relatives were sent annual surveys to provide feedback on the quality of the care. Some of the comments received included, 'I love my room.' 'I am very happy. I love singing.' 'I am always respected wherever I go. People think I am a member of the clergy.' 'If you want anything like a glass of lemonade they get it for you. Shh...I have a glass of whiskey before bed.' and 'I like the colour of my room.' Results were then collated and action taken for areas of improvement. This was then displayed for all to access.
- Staff told us they had regular supervision and staff meetings where they were able to put forward topics for discussion and share information.

Working in partnership with others

- The registered manager worked in partnership with local health professionals to promote good health and wellbeing in people. They also worked with local social groups and other professionals to ensure all aspects of peoples physical, emotional, social and cultural needs could be met.