

Southways Group Limited

Southways Group Ltd

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service: This service provides care and support to people living in specialist housing. At the time of the inspection, people lived in an adapted household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate the premises used for this type of housing; this inspection looked at people's personal care and support service. At the time of the inspection five people were being supported with personal care.

People's experience of using this service:

A relative and a person told us they were happy with the care provided by Southways Group. However, standards relating to the quality and safety of the service needed to be improved. The registered provider had not always recorded areas of risk comprehensively. Staff knew how to keep people safe from harm, but the registered manager had not always raised a safeguarding concern to the appropriate bodies.

Staff had been trained in medicines, however the way the service managed people's medicines needed to improve. Staff told us they were well supported. Staff had received some training, which included additional training relating to mental health, however, there were some core subjects that staff had not been trained in.

Care plans did not contain information about how to reduce the risk of infection and staff needed to have training in infection control. Accidents and incidents were recorded, however, the registered manager needed to introduce a system to enable them to monitor when accidents and incidents occurred.

People spoke positively about the registered manager. However, the registered manager needed to develop the governance systems to ensure they had audits and governance systems in place.

The registered manager and staff needed to develop their understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. However, people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way.

Assessments and care plans needed to be reviewed to ensure all aspects of personal care was reflected, and that there was relevant guidance available for staff.

Staff supported people to maintain a healthy diet, in line with their assessed needs and to access health care if this was needed. People's health information was recorded. We have made a recommendation about hospital passports.

The accessible communication standard (AIS) had not been embedded into the service, we have made a recommendation about AIS.

The registered provider complaint process needed to be developed in line with current best practice guidelines. Processes were not in place to support people to plan for the end of their life. We have made a recommendation about end of life care.

Staff were kind and had developed positive relationships with people. Staff cared for people in an intuitive, empathetic and kind manner, they had a good understanding of people's preferences.

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

Rating at last inspection: This service was registered with us on 10 October 2018 and this is the first inspection.

Why we inspected: This was a planned comprehensive inspection.

Enforcement: We have identified breaches in relation to good governance.

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

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 the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Whilst improvements to the service are needed, we found no evidence during this inspection that people had sustained harm. Please see the Well-Led domains sections of this full report.

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 safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our Responsive 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 ●

Southways Group Ltd

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team: One inspector carried out this inspection.

Service and service type: This service provides care and support to people living in housing. People lived in housing which was an adapted single household accommodation in a building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

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: We gave the service 48 hours' notice of the inspection site visit, because it was small, and the manager may have been out of the office supporting staff or providing care. We needed to be sure they would be in.

What we did before the inspection: The provider was not asked to complete a provider information return prior to this inspection. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed previous reports and notifications held on the CQC database. Notifications are important events that the service must let the CQC know about by law. We also reviewed safeguarding alerts. We used all this information to plan our inspection.

During the inspection: We spoke with one person and two relatives about their experiences of the service and observed staff interactions. We also spoke with six members of staff including the registered manager, and the Director.

We reviewed a range of records. This included three care plans and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records including policies and procedures were reviewed.

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 Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes needed to be put in place to identify and minimise the potential risks when supporting people to access their money.
- People could access their money and decide how to spend it, but robust governance systems were not in place. The registered manager did not carry out an audit when staff assisted people with their money. There was a lack of information in people's Care plans which covered all eventualities, such as who needed to pay when staff went on trips out with people.
- The staff listened to people and acted on their concerns about safety. Whistleblowing procedures were in place. One staff member said, "I would whistle blow and report any concerns to my nearest point of contact which is my manager."
- Safeguarding was not always given sufficient priority. For example, there had been one allegation of abuse, the registered manager had carried out an investigation, but had not raised this concern with the appropriate body. After the inspection, the registered manager confirmed that they had notified the appropriate body.
- This inspection found no evidence that restrictive practice had been used. The registered manager and staff told us there had been no recorded incidents of restraint or seclusion. One staff member said, "We don't support anyone like this. The people I support are calm. We have had training but never used it."

Assessing risk, safety monitoring and management

- The service supported people with very complex needs and some changes were needed to the way risks were assessed and reviewed.
- Risk management systems did not always take a holistic view of people's needs. For example, there was lots of information relating to people's mental health, but a greater focus was needed on physical risks. For example, risk assessments were not in place to consider the risks when supporting people with their finances.
- Risk assessments had not always been updated when people's needs had changed. For example, one-person's mobility had declined, and a referral had been made for an alarm, and a wheelchair, but the risk assessment had not been updated relating to mobility.
- The service supported another person to manage their medical condition, but specific management plans were not in place, so staff did not have clear guidance about what action to take. Following the inspection, the registered manager confirmed a plan would be put in place.
- The registered manager had not carried out personal evacuation plans. Personal evacuation plans contain important information, staff might need if they were to evacuate the service.

- Accidents and incidents were recorded, however, the registered manager needed to introduce a system to enable them to monitor when accidents and incidents had occurred.
- Whilst we found record-keeping was not robust and could be improved, at this inspection, we found there was no impact on the care people received.

Staffing and recruitment

- Recruitment checks had not always been carried out as part of the recruitment process. For example, the registered manager had not checked the (Disclosure and Barring Service (DBS) for one person. Shortly after the inspection, the registered manager confirmed that this had been checked.
- Staffing levels were consistent, and several staff had worked for the registered provider for a long time.
- Staff rotas had been organised in a way to provide people with a consistent staff team.

Using medicines safely

- Staff encouraged people to take responsibility for their medicines and to manage this independently. Risk assessments had not been carried out when people chose to administer their own medicine. One relative said, "They don't need to help [Name] they just remind them when they need to renew their prescription."
- When the service was responsible for administering people's medicine, information was written in a generic way and did not clearly describe the medication the person used or provide guidance for staff about what they should do if people's needs or wishes had changed, or if people refused to take their medicine.
- Where people were prescribed, as required medicine, protocols were not in place regarding their use.
- Staff had been trained in medicines, but competency assessments were not carried out by the registered manager, to make sure that the staff was competent to support people with their medicine correctly.
- The registered manager told us they carried out regular audits of people's medicines, but that these checks were not recorded.
- Following the inspection, the registered manager confirmed that changes would be made to the systems and processes relating to medicine management.
- Whilst several improvements were needed to the way the service managed people's medicines, this inspection did not identify that people had been harmed.

Preventing and controlling infection

- Whilst staff had not been given infection control training. Staff told us they were provided with personal protective equipment (PPE) to use if this was needed. For example, disposable gloves and aprons. One staff member said, "We are provided with all of that, it is stored on-site."

Learning lessons when things go wrong

- The registered manager and staff told us they used team meetings to learn when things had gone wrong and staff used a communication book to share information when there was a change of shift.
- When people experienced emotional difficulties, staff considered how to support this person more effectively. One staff member said, "Our team meetings mostly cover any issues that we may have. We look at problems and come up with solutions."
- There was limited use of systems to record when safety concerns or incidents had been discussed and improvements made as a result.
- Record-keeping was not robust however at this inspection we found no impact on the care people received.

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 Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Assessments were in place, which considered people's, physical, and mental health. The assessment needed to include a wider range of topics to assist with the care planning process, such as, people's sexual orientation and their religious, diet and cultural needs.
- Staff considered how they should communicate with people to meet their individual needs. For example, staff were skilled when dealing with people who were having an emotional crisis and encouraged them effectively to think through their options.

Staff support: induction, training, skills and experience

- Staff received a programme of training, that enabled them to understand and meet the mental health needs of people who used the service. However, additional training needed to be provided relating to infection control, diabetes, epilepsy, manual handling, and oral healthcare, equality and diversity. One staff member said, "The training was good. I have learned all kinds of different things, like how to support someone with an addiction."
- Staff had been given an induction, which included shadowing elements. One staff member said, "The manager showed me around and showed me how everything was done. I did some shadow shifts, a senior member of staff showed me how to do everything. They monitored how I was progressing."
- Regular supervision was carried out with staff throughout the year, along with an annual appraisal. This gave staff an opportunity to discuss how they felt they were getting on and any development needs they may have. Staff told us they felt well supported.

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

- The service was based in a residential area. People lived in a large converted house, and rented rooms from a property owner, this arrangement was made under a separate contractual agreement. The CQC does not regulate premises used for this type of service. This inspection looked at people's personal care and support.
- People had their own tenancies and had unrestricted access to shared parts of the building.

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

- Care plans needed to include guidance for staff about how to support people's oral health if this was needed. One person said, "The staff do help me, they put the toothpaste on the toothbrush and I brush my teeth myself."

- People's healthcare needs were monitored. Care records showed that people had access to GP's. They were referred to specialist services if this was required, such as, the dentist or opticians.
- Information was available when people had visited health professionals, which included the outcomes of these visits.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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.

- At the time of the inspection, people were able to freely access the community, and were not being deprived of their liberty.
- Staff was not routinely trained in the MCA and DoLS. For example, one person was unable to decide on complex financial issues, and an assessment had been carried out in relation to this area. However, an assessment had not been carried out to determine if this person had the ability to understand the impact of not taking their medicine. After the inspection, the registered manager confirmed this assessment had been carried out.
- The registered manager and staff needed to develop their understanding of the requirements of the Mental Capacity Act 2005 (MCA) and apply the principles of this legislation to their everyday practice consistently.
- Staff obtained people's consent before providing any support and respected their rights to make their own decisions.

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

- People told us the staff supported them to eat and drink in line with their assessed needs. One person had a diagnosis of diabetes. There was limited information in the care plan, for staff to be clear about how to support this person effectively. After the inspection, the registered manager confirmed they reviewed this area of the person's care plan.
- The staff enabled people to choose what they would prepare and eat. A person said, "I have just come back from the café, and I have just had pancakes and strawberries." One staff member said, "I have one person who I make their breakfast. All the allergy information is in the care plan, to be followed. People can talk, we make the food with them. For example, we support them to make a meal."
- At the time of the inspection, no one was being supported who was at risk of choking, or who needed a textured diet.

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 Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People were not asked for their views, and if they were, they weren't recorded, so this information couldn't be used to ensure that people received a service they were satisfied with.
- A person told us they had a good relationship with the staff. One person said, "Yes the staff are nice."
- The registered provider supported some people to access the community if they wanted to go for a walk, access the shops or meet up with other people.
- At the time of the inspection, advocacy services were not working with anyone at the service. An advocate is an independent person who promotes and acts on a person's best interests.

Ensuring people are well treated and supported; equality and diversity

- People were supported to live as independently as possible. One relative said, "This arrangement was the only way we could find [Name] to be as independent as possible. They need lots of reminders."
- We observed staff interacting positively with people, and intuitively worked effectively with the people they supported.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected, and staff could clearly explain how they supported people in a dignified and respectful way. One staff member said, "You respect all their personal decision and you try to always show them that you care. You give people reassurance and respect their decisions."

Respecting and promoting people's privacy, dignity and independence

- Staff could describe the needs of the people they supported and helped them to access the community in line with their assessed needs.
- People's confidentiality was protected. One staff member said, "You do not share people's personal information around. You only discuss information with people who needs to know, such as, relevant staff and the manager."

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 Requires Improvement. This meant people's needs may not have always been met.

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

- Care plans lacked information explaining how they supported people in relation to personal care.
- Care plans did not contain a copy of peoples' financial profiles as part of their overall support plan.
- Care plans contained detailed information relating to people's mental health and provided guidance for staff about how to support people's wellbeing effectively.

We recommend care plans are reviewed to include information on people's backgrounds, hobbies and interests, likes and dislikes and preferences on how they wish to receive their care and support.

- Care plans were reviewed periodically, however reviews were not always recorded when a change had taken place, this meant that staff may not have always had the most up to date and relevant information to support people.
- The registered manager told us they reviewed people's care plans which included relatives and key professionals. However, this information was not always recorded so we could not be sure that people and their relatives were fully involved in planning, reviewing, and evaluating all aspects of the care and support that was being delivered.

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

- Care plans did not always include information about people's personal history, and how this information could be used to enable people to maintain and develop personal relationships, with people who were important to them, or to develop their social networks.
- The staff considered how they could support people in a way that promoted their independence. For example, People were supported to access the community, attend courses, and go to events that were of interest to them, in line with their assessed needs. One member of staff explained, "Staff has worked here a long time and they know people really well. [Name] banks their hours and then we go on trips out. It is not always task orientated. One person went truck spotting, and another goes out fishing. This gives them a quiet time to relax and is really good for their mental health."

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.

- People's care plans did not consider how information and communication needs could be met. People's communication needs were not identified, recorded, and highlighted in care plans.

We recommend the registered provider reviews how the AIS could be embedded to enhance the service offered to people.

Improving care quality in response to complaints or concerns

- The relative we spoke with said they felt able to raise any concerns they had with the registered manager or staff.
- The complaints policy was available but needed to be developed to meet current best practice guidelines. For example, the policy did not provide information about how people could raise or escalate any complaints to the Local Authority, Local Government Ombudsman or with the CQC.

End of life care and support

- The service was not supporting anyone who was at the end of their life. Policies and procedures relating to end of life care were not in place. After the inspection, the registered manager confirmed the registered provider was looking to move improvements to this aspect of the service.

We recommend that the registered provider reviews how they explore and record people's preferences and choices in relation to end of life care and implements a range of policies and procedures in line with best practice.

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 Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Governance and performance management systems were not always reliable and effective. Systems were not regularly reviewed, and some risks had not always been effectively identified. For example, Audits were not available to check that systems were safe and effective. When staff supported people to access their money, or administer their medicine, systems were not in place to check and monitor the quality of the service people received.
- The registered manager told us they carried out audits but had not recorded what key areas of the service they had audited. The registered manager said, "I dip in and out of the service, but I don't record the checks I do."
- Spot checks were done informally, but these were not recorded and needed to be introduced. Spot checks can be helpful to check that staff are delivering care in a way that assures the quality of the service and confirms that staff continue to be competent and able to carry out their role.
- Systems were not in place to ask people, staff or health professionals their views about the service.
- Record-keeping was not holistic and comprehensive, and there was a lack of robust systems and processes to assure the quality of service people received. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered manager and registered provider was receptive to the feedback and responded to our inspection findings.
- At the time of the inspection, a registered manager was in post, but they were due to be absent for a period of time. Arrangements were in place for the deputy manager to provide day to day management of the service.
- People spoke highly of the registered manager, and they were well known. One relative said, "[Name of manager] is a lovely person. They are just going on leave. They have been remarkably good. We have had information about who to contact when they are away."
- A person, relative and staff had confidence in the way the service was managed.
- Staff consistently described the registered manager positively. One staff member said, "[Name,] they are such a lovely person. They are what I call, firm but fair."
- The registered manager looked at ways they could develop and learn where possible, and it was clear they had made several positive improvements to the service since they had started in their role. They spoke

passionately about ensuring staff and the service delivered good care to people.

- Staff had defined roles and were aware of the importance of their role within the team and told us they had regular meetings.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- A management structure was in place which provided lines of responsibility. However, the governance system needed to be developed. For example, the registered provider did not carry out an independent audit of the service.
- Staff described morale as good and spoke positively about their job roles and the registered provider. One staff member said, "Morale is really good here. The best thing is how well the communication is and how cohesive we work together, that keeps morale high. We all ways communicate together, so the best level of care is being given. We all get along really well. That helps as well."

Working in partnership with others

- The service worked in partnership with other organisations, these included GP's and community health professionals.

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
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems were not available to demonstrate that safe, effective and responsive care would be given to people