

# Bedford Borough Council

# Southway

## Inspection report

290 London Road  
Bedford  
Bedfordshire  
MK42 0PX

Tel: 01234267737

Date of inspection visit:  
16 August 2017

Date of publication:  
28 September 2017

### 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

Southway is a residential care home which provides care and support for older people who are living with dementia. The service is registered for 42 people. At the time of our inspection there were 40 people using the service.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

People using the service felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and felt confident in how to report them.

People had risk assessments in place to enable them to be as independent as they could be in a safe manner. Staff knew how to manage risks to promote people's safety, and balanced these against people's rights to take risks and remain independent.

There were sufficient staff, with the correct skill mix, on duty to support people with their needs. Effective recruitment processes were in place and followed by the service. Staff were not offered employment until satisfactory checks had been completed. Staff received an induction process and on-going training. They had attended a variety of training to ensure they were able to provide care based on current practice when supporting people. They were supported with regular supervisions.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service.

People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were knowledgeable of this guidance and correct processes were in place to protect people. Staff gained consent before supporting people.

People were able to make choices about the food and drink they had, and staff gave support when required to enable people to access a balanced diet. There was access to drinks and snacks throughout the day.

People were supported to access a variety of health professionals when required, including opticians and doctors, to make sure they received continuing healthcare to meet their needs.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well. People and relatives, where appropriate, were involved in the planning of their care and support.

People's privacy and dignity was maintained at all times.

People were supported to follow their interests and join in activities.

People knew how to complain. There was a complaints procedure in place and accessible to all. Complaint had been responded to appropriately.

Quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

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

Further information is in the detailed findings below

## 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 remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good

# Southway

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This comprehensive inspection took place on 16 August 2017 and was unannounced.

The inspection was carried out by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We checked the information we held about this service and the service provider. No concerns had been raised and the service met the regulations we inspected against at the last inspection which took place in July 2015.

During our inspection we observed how staff interacted with people who used the service. We observed lunch, medication administration, general observations and activities.

We spoke with ten people who used the service and five relatives of people who used the service. We also spoke with the registered manager, the deputy manager, the operations manager, four team leaders, three care assistants and the cook.

We reviewed four people's care records, six medication records, five staff files and records relating to the management of the service, such as quality audits.

# Is the service safe?

## Our findings

People told us they felt safe. One person said, "Yes, I'm safe here." A relative said, "I have no question about mums safety, I know she is safe." Staff told us, and records showed, they had received appropriate training with regards to safeguarding and protecting people. One staff member said, "I would report any suspicions to the manager or CQC." Another said, "I would not hesitate at reporting a colleague, I have used the whistle blowing in the past and would do again if I needed to."

People had individual risk assessments to enable them to be as independent as possible whilst keeping safe. These had been developed with input from the person, staff and other professionals if required. They covered a variety of subjects including, moving and handling and nutrition. Risk assessments were used to promote and protect people's safety in a positive way. Staff told us, and records showed they were reviewed on a regular basis and updated when required.

The provider had a business continuity plan which covered a variety of potential issues including; flood, power failure and complete evacuation. This was to ensure people would still receive the care and protection they required.

Staff were recruited following a robust procedure. One staff member said, "I had to bring in proof of ID, references and a DBS." Documentation showed this had been carried out for all staff before they started. Rotas we viewed showed there was enough staff with varying skills on duty to provide the care and support people who used the service required.

People's medicines were managed safely. Staff told us only staff that had been trained carried out medicine administration. We observed medicines being administered. This was carried out correctly and records were completed. Medicines were stored correctly in a locked trolley which was secured to the wall. We checked six Medication Administration Records (MAR) which had been completed in line with guidance. We also carried out a stock check on some boxed medicines. Stock matched records.

# Is the service effective?

## Our findings

People received care and support from staff who were knowledgeable and had the required skills to carry out their roles. One staff member said, "Training is very good and very frequent" Documentation we saw confirmed all staff had completed training appropriate to their role.

Staff told us they were well supported by the management team. One said, "We can go to [Names of registered manager] if we want to speak to them." Another said, "[Name of registered manager] door is always open and we can go to see them anytime." We saw records which showed staff received regular supervisions, annual appraisals and competency observations.

We observed staff gaining consent throughout the inspection. For example, people were asked if they wanted to go outside and where did they want to sit. People had also signed consent in their care plans for care, and taking of photographs. If they were not able then a representative had signed on their behalf.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People told us they enjoyed the food. One person said, "It is very good." The cook told us there was always two main course choices at lunch time but they would provide an alternative for anyone who wanted it. Each unit had a kitchenette which was stocked with a supply of food people could access throughout the day. On the day of our inspection we observed breakfast and lunch. The cook knew who required a specialist diet and who needed their meals fortifying. They had a file of individuals' food likes and dislikes.

People were able to access additional healthcare when required. A relative said, "If he needs to see a doctor, they will call one." The deputy manager told us that the local GP visited the home every week for a general surgery as well as visiting when called. Documentation showed referrals had been made when required and people were assisted to attend appointments.

## Is the service caring?

### Our findings

It was obvious from our observations that people were treated with kindness and compassion. One relative said, "The staff are exceptional and very caring." Another relative said, "Mum has not looked so well for a long time, I am really pleased with the care she gets here." A staff member said, "It is lovely working here, everyone gets on and we all love our residents." Staff were able to tell us about individuals, for example, their likes and dislikes, background and family. We saw that staff spent time with people, either sitting chatting or whilst carrying out tasks. There was light hearted banter between staff and people using the service, this was enjoyed by both.

A relative said, "I am involved in her reviews." Another relative said, "They keep me informed of any changes, they are really good like that." Care records we viewed showed the person or relative, if appropriate, had been involved.

The registered manager told us that there was an advocacy service available for anyone who needed it. Information leaflets were displayed in the entrance hall.

Some people had keys to their rooms to enable them to be kept locked and private. We saw people's privacy and dignity was kept at all times, for example being spoken to appropriately, using preferred name and when being assisted with meals or care.

We saw a number of visitors on the day of the inspection. Visitors were made to feel welcome. One visitor said, "I visit most days and have a great relationship with the staff, they are always so welcoming."



## Is the service responsive?

### Our findings

People had been involved in their pre admission assessment. The deputy manager told us that they carried out assessments on people to ensure they were able to support the person with their required needs. Care plans we viewed showed a full assessment had been completed prior to admission. These had been followed by a complete care plan which showed people's strengths as well as the support required, life history completed with the person and family where appropriate and likes/dislikes.

Care plans had been written in a personalised way for each individual and were reviewed regularly. One relative told us they were always invited to attend the reviews for their loved one. They also said, "They will always call me if [Name of person] is not well or they need to tell me anything."

Staff carried out a variety of activities on a daily basis along with visiting entertainers and sing a longs. On the day of our inspection the service was holding a cream tea style lunch and bake sale. Most people were assisted to sit in the garden along with a number of visitors to have tea and cakes. Everyone we spoke with enjoyed the day. A visitor said, "They are very good, they often do things like this. It is so nice."

There was a complaints procedure in place. Everyone we spoke with told us they had not had cause to complain but would do so if they thought it necessary. We saw there had been a small number complaints since the last inspection which had been dealt with according to the provider's policy.

The provider used annual questionnaires to gather people's views. We saw the results for the year. Where comments had been made the provider had responded. They had analysed the results and used these to improve if required. There were a lot of positive comments from people and families including; 'It's amazing here,' 'I enjoy the food, I am a good eater,' and 'They (staff) are exceptionally kind.'

## Is the service well-led?

### Our findings

The service was preparing to start a large refurbishment programme; this was discussed with the registered manager and the operations manager. Staff told us they were involved in the development of the service and were aware of what refurbishments were to take place.

A variety of meetings had taken place on a regular basis. These included, senior staff, care staff, housekeeping and full staff meetings. Staff we spoke with told us the meetings were useful and if they made any suggestions they were listened to and acted on. For example they had asked if they could have longer aprons to protect people at meal times. They had been ordered within a few days of the meeting. Meeting minutes we viewed showed this to be the case.

The registered manager told us they also held meetings for relatives of people who used the service. This gave people an opportunity to voice their opinions.

There was a registered manager in post who met their CQC registration requirements. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was aware of the day to day culture of the service. We observed them interacting with people, staff and visitors. There was a good rapport between them all and it was obvious they knew all of the people who used the service and staff well. Staff told us they were supported by the registered manager who was always available. They also knew who the operations manager was and had contact numbers for the provider management team.

A number of quality audits had been carried out. These included care records, medication and maintenance records. The provider had carried out regular inspections of the service and reports for these were seen. Where issues had been found action plans were in place.