

Inspection Report on

Southway Residential Home

Southway Residential Home Town Mill Road Cowbridge CF71 7BE

Date Inspection Completed

05/04/2023



About Southway Residential Home

| Type of care provided | Care Home Service |
|--|---|
| | Adults Without Nursing |
| Registered Provider | Vale of Glamorgan Council Adults and Children's Services |
| Registered places | 30 |
| Language of the service | English |
| Previous Care Inspectorate Wales inspection | 11 April 2019 |
| Does this service provide the Welsh Language active offer? | The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies, and meets the Welsh language and cultural needs of people who use, or may use, the service. |

Summary

Southway can accommodate up to 30 residents with residential and personal care needs. This inspection was unannounced. Marijke Jenkins is the responsible individual (RI) for the service who has overall accountability for the home. There is a manager in post who is registered with Social Care Wales, the workforce regulator in accordance with legal requirement.

People living at Southway receive good quality care and support from a friendly staff team. Care staff are equipped with appropriate training, development opportunities and support. The management team are visible and engaged in the day-to-day running of the service they are committed in developing the service and working in partnership with others to improve and shape the future of the service.

Systems are in place to ensure the quality of the care and support provided. Care documentation reflects the care and health needs of people living at the home and there are measures to safeguard residents. There are measures for promoting good practices within the home including infection prevention and control measures. The home environment is clean and secure.

There is oversight of staff supervision and training. There is appropriate governance of the home together with a commitment to continuous improvement and development.

Well-being

People are safe and receive appropriate care and support. Their wishes and aspirations are considered, and staff demonstrate a friendly approach. During our visit, we saw staff interacting positively and people told us they had good working relationships that are respectful. Care documentation supports the delivery of care and support.

People feel safe and protected from harm. The entrance to the home is secure. Arrangements for fire safety and general maintenance are in place. The home is clean and well-furnished throughout and suitable for the needs of the residents. Management ensure it is a safe place for people to live, work and visit. People can move freely in accordance with their abilities and assessed risks.

Measures are in place to promote good standards of practice throughout the home, with robust infection prevention and control measures and in line with Public Health Guidance. Management shows good oversight of incidents, accidents, complaints, and safeguarding matters. A statement of purpose is present which is up to date and reflective of the home.

People have a good choice of meals and drinks to suit their nutritional needs and preferences. We saw people enjoying the meals provided and observed a mostly calm social time for people to enjoy. However, people became distracted by the medication trolley and routine commencing prior to the end of mealtime. The manager assured us this matter would be dealt with immediately. The home has achieved a 5-star (very good) food hygiene rating. Staff ensure drinks are available throughout the day and night as required. We spoke to people who were complimentary about the choice and quality of food.

Management oversees the training and supervision needs of the staff. Team meetings take place specific to each worker's role. There is a recruitment process in place. The RI demonstrates appropriate oversight of the home to ensure it operates safely and in accordance with its statement of purpose. The home shows a commitment to improving and developing.

Care and Support

Systems are in place to protect people who use the service. We saw people's body language and expressions indicated they felt safe and secure around the care staff who support them. People told us they feel safe and secure living at the service. Records we saw evidenced staff had received safeguarding training. A safeguarding policy is available which informs staff of their roles and responsibilities in relation to protecting adults at risk from harm, abuse, and neglect. The staff team told us they understood the importance of reporting concerns and that they feel able to approach the manager with any issues or concerns and feel extremely well supported.

Care staff are visible, and we found there to be appropriate oversight of staffing arrangement. Care staff know the people they support well, and some staff told us they had worked at the home for several years. People's choices are promoted, for example regarding meal and snack options. We saw care staff interact with residents in a friendly and respectful manner and show good knowledge of people's wishes, needs and how to respond to them. Although there are no designated activities coordinators employed at the home, we saw people supported to spend time doing meaningful activities which included games, knitting, and preparing for the Easter celebrations.

Personal plans reflect people's current needs and are well organised, although we discussed some matters with management that would benefit from review which included ensuring documentation is appropriately signed by staff and good record keeping. The manager told us this matter would be addressed immediately.

People have access to health and other services to maintain their ongoing health and well-being. Information within people's care files showed referrals and contact is made with various health professionals. We saw these referrals were made in a timely manner and whenever people's needs changed. The service has a safe system for medication management which has recently transferred to an electronic system. People receive their medication as prescribed, and we saw medication is securely stored and audits carried out to make sure medication is stored and administered safely and to identify any areas for improvement.

The service promotes hygienic practices and manages risk of infection, such as cleaning schedules. The service has an infection control policy and procedures in place. Discussions with care staff confirmed they are aware of the infection control procedures, and we saw staff wearing appropriate personal protective equipment (PPE) when appropriate.

Environment

People are cared for in a homely environment. People's bedrooms are individualised and contain items of their choice and there are sufficient bathing and toilet facilities for people. From our walk about we saw window openings which may potentially pose a risk to residents are secure with restrictors in place. Staff ensure they keep all cleaning chemicals hazardous to health are safely and securely stored. Communal lounge areas are spacious and the home benefits from a choice of several pleasant areas to sit and enjoy activities or enjoy quiet time.

We considered various records relating to health and safety, which evidenced the provider maintained effective oversight to ensure the environment was safe. We saw all safety checks in relation to gas installation, electricity and safety records were satisfactory and up to date. All confidential files including care and staff files were stored securely in lockable areas. Various fire-related safety checks are carried out and residents have personal emergency evacuation plans in place. There is a fire safety risk assessment and care staff receive training in fire safety and first aid.

The service provider identifies and mitigates risks to health and safety. Environmental audits are undertaken, with any hazards identified and addressed immediately. The home has a visitor book in accordance with fire safety arrangements and visitor identity checks are undertaken.

People have a sense of belonging, the home is clean and welcoming, there are two floors at the home, each accessible via a passenger lift. The home offers suitable accommodation for the residents and management are committed to developing it for their benefit. The home is secure, and visitors are required to ring to gain entry. There is good access and egress for people with mobility needs. The grounds of the home are spacious and attractive, and we saw outside areas with furniture for people to enjoy in the warmer weather. Staff told us they are in the process of preparing and potting plants for the gardens and showed us the various plants and plans for the dining area which gave the room a homely feel.

Leadership and Management

There is evidence of suitable service oversight and governance. The RI regularly visits the home and engages with individuals and residents. They demonstrate quarterly oversight of resources and we saw the last quality-of-care review dated 15 December 2022.

People can be confident management monitors the quality of the service they receive. Systems and processes help promote the smooth running of the home. Management oversees incidents, accidents, and complaints. The home carries out internal audits to monitor standards and practice. Daily handovers ensure pertinent information is shared between staff at shift handover. We looked at some key policies and saw they have been regularly reviewed and up to date. The statement of purpose describes the home and its facilities.

People can be assured that staff are competent to undertake their roles and there is a robust recruitment process. We looked at three staff recruitment files which were sent via a link from the Local Authority offices and noted they contained all the pre-employment checks required in respect of any person working in regulated services.

Audits are carried out to ensure the required information and/or documentation is present and correct. Management oversee staff training and supervision needs, and we saw one-to-one supervision in accordance with regulatory requirements. Supervision provides each staff member with opportunities to discuss their performance, development, and any concerns they may have, which is particularly important during this post pandemic period.

Care staff are provided with specialist training in areas including dementia care, and the manager told us they were sourcing up to date catheter training for staff. We were told that due to COVID-19 most training was being undertaken online but that face-to-face training has been recently recommenced which includes manual handling. Staff we spoke with told us they are well supported and can approach the manager with any issues or concerns. Staff meeting take place on a regular basis for management and care staff.

People have opportunities to express their views and lodge complaints. The home has a complaints policy in place and the written guide to the service informs people how to raise their concerns formally. Residents can be confident that the home is operated with their best interests at the forefront of care provision. We found regular auditing ensured residents health or any deterioration had been recognised and acted upon.

| Summary of Non-Compliance | | | |
|---------------------------|---|--|--|
| Status | What each means | | |
| New | This non-compliance was identified at this inspection. | | |
| Reviewed | Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection. | | |
| Not Achieved | Compliance was tested at this inspection and was not achieved. | | |
| Achieved | Compliance was tested at this inspection and was achieved. | | |

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

| Priority Action Notice(s) | | |
|---------------------------|--|--------|
| Regulation | Summary | Status |
| N/A | No non-compliance of this type was identified at this inspection | N/A |

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

| Area(s) for Improvement | | | |
|-------------------------|---------|--------|--|
| Regulation | Summary | Status | |

| N/A | No non-compliance of this type was identified at this | N/A |
|-----|---|-----|
| | inspection | |

Date Published 10/05/2023