



Inspection Report on

**Southway Residential Home
Town Mill Road
Cowbridge
CF71 7BE**

Date of Publication

11 April 2019

Welsh Government © Crown copyright 2019.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context.

Description of the service

Southway Care Home is situated close to the town of Cowbridge with easy access to the town centre and other amenities.

The home is registered with Care Inspectorate Wales (CIW) to provide accommodation, care and support for 30 people in the categories of;

- Older persons over the age of 60 who have a Learning Disability
- Older persons over the age of 60 who live with Mental Ill Health.
- Persons over the age of 60 who live with Dementia

The responsible individual (RI) is Marijke Jenkins who oversees the management and operation of the home. There is a nominated manager who is registered with Social Care Wales.

At the time of this inspection there were 22 people living at the home.

Summary of our findings

1. Overall assessment

Overall, we found that people living at Southway and their families are complimentary of the care they receive. People are accommodated in an environment that is clean and homely with ongoing refurbishments planned throughout. Rooms are decorated to individual tastes and choice. People have access to secure outside gardens during the warmer weather and pleasant lounge areas throughout the home.

Opportunities for involvement in activities are sometimes available for people to participate if they wish. Although there is no designated activities coordinator at the home, we saw staff had sufficient time during the day to spend with people to ensure their emotional and psychological needs are met as well as their physical health needs.

Systems are in place for people to be assured that they see visible accountability and know there are people overseeing the service; however, these systems need to be strengthened to ensure safe processes are in place and people receive high quality care.

2. Improvements

This was the first inspection of the service following re-registration under The Regulation and Inspection of Social Care (Wales) Act (RISCA) 2016. Therefore, this area was not considered at this inspection.

3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service and areas where the care home is not meeting legal requirements. This included the following:

- Medication; practices at the home need to be strengthened to ensure medication is administered safely and recorded correctly.
- To ensure oversight as appropriate for the health and welfare of service users at night.
- To ensure documentation and personal plans are revised to reflect people's current needs.
- Robust documentation systems in relation to personal plans; have not been implemented, to capture information so that issues can be identified and acted on in a timely manner.
- Ensure staff undertake identification checks prior to visitors entering the care home.

1. Well-being

Summary

Overall people are satisfied with the care and support they receive and have a good relationship with the staff that care for them. Although there is no activity coordinator employed at the home people are mostly stimulated and are able to participate in activities that were available. People do not always experience care in the way they want and when they need it.

Our findings

Overall, people living at the home relate well and have good relationships with the staff that care for them. We spoke to several people throughout the visits and received positive comments which included;

- *“Staff are approachable and kind”.*
- *“The manager is approachable”.*
- *“I have no worries at all” (relative)*
- *“My only concern is sometimes there is a wait for things to be done here” (relative)*

We were unable to gain the views of many people living at the home through conversation; however people appeared happy and content. We spoke to a number of visitors throughout the visits all of whom were positive about the service provided at the home. Relatives were complimentary about the staff, quality of food and the availability of the manager. We saw staff spent most of their time with residents, delivering care, participating in activities such as the daily quiz and generally chatting. During the day we saw staff were aware of people’s individual needs and responded to people with kindness and respect. We noted that residents were comfortable and at ease with staff.

Prior to the second visit CIW received an anonymous concern regarding resident’s lack of choice in the times they wished to rise from bed in the morning. In response to the concern we arrived at 04:50 am. We found one person already up from bed and dressed. We asked staff why the person was dressed at this time. We were told *“they wanted to get up and dressed, they are always up this time”*. We asked the person whether they wanted to rise at this time. We were told *“I want to go back to bed”*. We advised staff to assist the person back to bed and we saw they slept until breakfast time. We saw their personal plan stated *“likes to get up at 8am”*. Therefore people do not always receive the right care at the right time in the way they want it.

A member of staff told us *“people are often assisted up at this time of the morning”*. We consider this a serious matter and discussed the issue with the manager at the time of the visit. The manager assured us that this issue will be addressed immediately with staff. Furthermore, we were informed that *“night time spot checks by management would be commenced immediately”*. We requested feedback from the night time checks undertaken and following the visit we have received the first report which did not highlight any concerns.

The manager told us that regular night time checks would now be undertaken on a regular basis by management.

Throughout the visits the home was relaxed and welcoming with staff and residents engaging in banter in the various lounge areas. We observed interactions using the Short Observational Framework for Inspection (SOFI2) Tool during lunch time. The SOFI 2 tool enables inspectors to observe and record life from a resident's perspective and how they spend their time activities, interactions with others and the type of support received. We conclude the observations made were positive with people appearing happy and calm. We observed staff responding to people in an unrushed manner and aware of peoples individual likes and dislikes during the meal time. We observed two occasions where staff assisted a person using a walking aid in the dining area, on both occasions staff talked to the person explaining what they were doing, guiding the person and reassuring them as to their safety.

This indicated that people are content, happy and feel safe living at the home.

2. Care and Support

Summary

Overall we considered that people's individual care needs are understood by staff and they receive support from a range of visiting health professionals to remain as healthy as possible. However, guidance is not always person centred or includes how individuals wish their care to be carried out. Documentation is not always reviewed when care needs change. Although staff have a clear awareness of people's individual needs and are familiar with the residents they support this does not always reflect in the written care documentation.

Our findings

People mostly receive the assistance they require to maintain their physical health and emotional well-being. We examined a sample of care documentation including four personal care plans. Personal plans are important documents which should outline a person's entire needs and the support they require from staff to meet those identified needs. We noted that personal plans were comprehensive, but could be more person centred to reflect what individuals can do for themselves and their personal preferences. We noted that some people's personal plans contained a "*My Life*" section whilst others did not contain any information at all. This personalised information can be key to help staff build more meaningful relationships and we advised that all care files are completed with the 'My Life section.

We saw evidence in one person's care file that the risk assessment and personal plan in place was not robust enough to effectively instruct staff to reduce the amount of risk of harm and to ensure that staff met their needs. We saw from the documentation that the person had been identified as 'not at risk' of developing a pressure area and the care file stated 'no change' in the reviews carried out. However, we saw evidence of further entries in the documentation which detailed visits from the district nursing team regarding pressure area care. We saw that the risk assessment had not been revised and did not contain the changing needs of the resident. We found the care file did not give enough information about how to support the person. Care files should advise staff of a person's needs and the actions that are required to meet those needs.

We further identified one care file contained information regarding the Do Not Attempt Resuscitation (DNAR) wishes for one resident. We found the documentation to be a photocopy of the DNAR which was a Welsh version. We brought this to the manager's attention who told us the matter would be dealt immediately. Preparing and planning is essential for high quality care and will ensure that an individual's needs and wishes will be met when their condition deteriorates. We saw one file contained a prescription for new glasses, however staff were unable to confirm whether the glasses were available or whether the prescription had been collected. We saw a person required regular monitoring of their weight; we saw two entries in the file for the same date but documented different weight entries for the person. The file also documented a recent fall however contained no review following the fall or guidance for staff to prevent further falls. As we did not identify immediate impact on residents at this time we did not issue a non-compliance notice on this

occasion. We advised the manager to audit the daily records completed by care staff and to remind staff to be mindful of the wording used within the care files.

People are offered nutritious healthy meals. We were told by the cook on duty regarding the weekly menu plans or alternative meals available and shown the menu choices. We were shown documentation that recorded people's individual, special dietary needs. Furthermore, the cook told us daily records were in place for staff to complete to evidence what people had eaten during meal times. We were told the forms are returned to kitchen staff and if a person had not eaten at meal time the cook would encourage an alternative meal or choice. However, we saw evidence from the daily records that the food charts were not always being completed by staff on the first floor to monitor what people had eaten. The cook confirmed that staff have been requested to complete the charts but on occasions the charts were not complete. We discussed this with the manager who told us the issue would be addressed.

People had a daily choice of two meals and the cook told us that most requests can be catered for. We saw the food was well presented and we saw people enjoying the meal with several people asking for 'seconds'. We observed lunch being served and found it to be a calm, social occasion. Everyone was served and supported during mealtime in a timely and dignified manner. We saw hot and cold drinks being offered throughout the visits. The home had been inspected by the Food Standards Agency and has been awarded a food hygiene rating of five which is 'very good', and the highest score possible. We conclude overall mealtimes are a positive experience and that people's nutritional needs are being met.

Referrals to relevant health and social care professionals are made in a timely way. We saw evidence that external professionals are involved in people's care and visiting the home. For example, we saw from care files that the district nurse regularly visited the home to check people's conditions such as pressure area care. We saw visits from the optician, chiropodist and the GP contacted as and when necessary. Thus good communication helped people stay as healthy as possible.

Generally, the wellbeing of people is promoted regarding safe systems for management of medication; however the lack of clinical audit presents a risk that discrepancies will not be identified. We viewed a sample of medication administration records (MARs) at the first visit and found them to be disorganised and did not contain appropriate identification checks and information for people. Furthermore, we identified several gaps in recording where a signature was required, we saw one chart was the wrong month and charts contained "*crossing out*" of signatures. These concerns were highlighted immediately to the manager. At the second visit we saw all MAR charts contained the required identification checks for the safe administration of medication. As we did not identify immediate impact on residents at this time we did not issue a non-compliance notice on this occasion. However this area will be looked during the next inspection visit.

We saw that the medication was stored safely and monitoring of room temperatures and the drug fridge was undertaken to ensure efficacy of medication. We advised internal medication audits are undertaken. Based on the above we conclude that processes require development to include manager oversight to ensure the safe administration of medication.

3. Environment

Summary

Overall, Southways care home offers its residents an environment which is comfortable, welcoming and with various sitting and lounge areas. Bedrooms are spacious and personalised to individuals taste. People are safeguarded by the health and safety checks and measures at the home. Specific areas of the home are in need of refurbishment, we were told that works were due to commence throughout the home.

Our findings

People are cared for in a clean and homely environment. However, we identified specific areas of the home required refurbishment and redecoration to provide a more homely and pleasant environment. This was with specific reference to the two ground floor toilets. We were told by the manager and responsible individual during the first visit that works were due to commence throughout the home and would include; new flooring, redecoration of corridors, dining rooms, lounge areas and works to the two downstairs toilet areas. When we arrived at the second visit work had commenced on the landing and stair areas of the home. We advised that consideration needs to be given to the premises to ensure that people's needs are met during the refurbishment process. For example signage to help people orientate around the home. We were informed that works were planned be carried out in a phased process to prevent as much disruption as possible for people living and visiting the home.

We found there were sufficient bathing facilities for people living at the home and we found these to be clean and maintained. However we found bathrooms contained various items of clutter. Furthermore we saw a '*bath list*' on the wall of the downstairs bathroom which contained the names of people living at the home. This did not demonstrate person centred care. We discussed this with the manager who arranged for the clutter to be removed from the bathroom and the bath lists removed immediately.

Overall people are protected and their safety maintained. We found the premises to be safe, securely locked and people protected from intruders. When we arrived we found the home to be locked and had to ring a call bell for entry. However, we were concerned that we were not asked for proof of identification on arrival during both visits. We discussed this issue with the manager. During the remainder of the inspection visits we noted that visitors to the home were ringing the call bell, identification checks carried out and the visitor's book signed prior to entering the home.

The home was well maintained and no unpleasant odours were noted. We saw domestic staff undertaking cleaning duties throughout the home and saw evidence that maintenance staff had carried out the required checks. We saw that health and safety checks and measures in relation to fire certificates, fire evacuation, lifts gas installation and safety records were up to date and satisfactory. All confidential files were stored securely, we advised the manager to lock one filing cupboard which was not within the main office in the upstairs area. The manager told us this would be addressed.

We saw people's rooms were homely, spacious and contained personal items of their choice and interests which promotes a feeling of belonging. There are well maintained

gardens for people to enjoy in the warmer weather and there are several communal areas throughout the home where we observed people sitting, chatting with staff and spending time with visitors. We saw the home has a rating of '5' from the Food Standards Agency (this means that the food standards were found to be very good).

We observed medication and hazardous substances were stored safely and securely. We found the medication room securely locked. We conclude that people are mostly protected and their safety maintained and that their right to privacy is respected within a secure environment.

4. Leadership and Management

Summary

Overall, the home has safe systems in place to promote safe practice. We saw evidence of appropriate staff recruitment and relevant staff training. However further improvements are required to ensure people receive high quality care and to ensure safe processes are in place.

Our findings

The home's vision and purpose is made clear through its statement of purpose. This is an important document which should be kept under review. The document should provide people with detailed information about the service and the facilities offered within the home. It should also outline the home's philosophy and approach to care delivery. We examined the statement of purpose and saw it contained all the required information under regulation. Therefore we found the home provides clear information so that people know and understand the care support and opportunities available to them.

People cannot always be sure there are robust systems in place to assess the quality of the service they receive. We recommend the manager evidences oversight of the service by regular audits and reviews of care to ensure people's needs are being identified, planned for and being met. The manager told us that regular audits would be undertaken. We had sight of the last two reports which had been completed following monitoring visits undertaken by the responsible individual. This is where the responsible individual (RI) visits the home every three months and produces a report of their findings.

The purpose of these reports is to assess the quality of care provision, guide the operation of the home and identify improvements. We saw from the report dated 16 January 2019 highlighted areas where improvements were required which included medication audits. We saw the responsible individual had spoken with staff, relatives and people living at the home. We saw the RI had examined care documentation and notifications and produced a written report. This indicated that people are provided with opportunities to be consulted about the service and also that the RI demonstrates a commitment to strive for improvements.

Overall, people receive care and support from staff that are safely recruited and appropriately trained for the roles they undertake. We examined four staff recruitment files which contained the required information to ensure suitability and fitness. It was evident from the staff personnel files examined that most of the necessary pre-employment checks to ensure staff were 'fit persons' to work at the home, such as references and disclosure and barring service (DBS) had been completed.

We saw training records contained details of training relevant to the care needs of people living at the home, such as first aid, medication administration, food hygiene and dementia care. Several staff we spoke to told us they felt supported and we saw evidence of regular 1-1 supervision sessions. We saw staff meetings were held regularly and minutes detailed

the issues discussed. This indicated that staff are supported and trained and the process by which staff are recruited and vetted is sufficient.

People are mostly supported by a stable and dedicated team. We were told when agency staff are required efforts are made to use the same staff to enable continuity of staff and care for people living at the home when possible. Staff we spoke to during the visits were overall happy and enthusiastic. Comments included;

- *“I feel totally supported, I have been on numerous training courses”.*
- *“I am happy here, I have been here four years and if I wasn't happy I wouldn't be here”,*
- *“Sometimes we could do with an extra staff member but overall it is good”.*

This was confirmed by the staff questionnaires received. We saw during both visits during the day there was sufficient staff to assist people with their needs. However during the night time we were told by staff that they had several cleaning duties which were required to be undertaken. Staff told us when they were busy providing care the duties are sometimes difficult to complete. We found three staff on night duty to care for 22 residents. We discussed this concern with the manager and we were reassured that the duties were required only if the home was quiet and not a requirement which would compromise the care provided for people living at the home.

Discussion was undertaken with the manager regarding our observations of deficits in care and although audits and systems are in place they require development to ensure good quality of care is delivered consistently.

5. Improvements required and recommended following this inspection

5.1 Areas of non-compliance from previous inspections

This is the first inspection of the service following re-registration under The Regulation and Inspection of Social Care (WALES) Act (RISCA) 2016.

5.2 Recommendations for improvement

The following are recommended areas for improvement to promote positive outcomes for people:

- Identification: Ensure staff request identification prior to visitors entering the care home;
- Documentation; Ensure personal plans contain the required information to guide staff and promote peoples individual choice and wishes;
- Ensure staff are clear of their responsibilities to ensure people's needs are met prior to any cleaning duties carried out at night, and throughout the night;
- Medication; Practices at the home need to be strengthened to ensure medication is administered safely and recorded correctly;
- Audit: Ensure oversight as appropriate for the health and welfare of service users at night;
- Personal plans: Ensure documentation and personal care plans are revised to reflect people's current needs;
- Environment: Remove clutter from in upstairs corridors and communal bathrooms remove/ bath lists;
- Documentation: Ensure staff are minded of the correct use of wording in daily records;
- Ensure the correct forms in relation to DNAR are contained in personal care plans to ensure people's wishes are respected.

6. How we undertook this inspection

This was the first inspection of the service following re-registration under The Regulation and Inspection of Social Care (WALES) Act (RISCA) 2016. A full inspection was undertaken as part of our inspection programme and in response to anonymous concerns. The unannounced inspection was carried out between 13:30 and 17:45 on the 28 January 2019 and 04:50 and 13:30 on the 5 February 2019.

We used the following sources of information to formulate our report.

- Consideration of information held by CIW about the service, and records of notifiable events;
- Observation of daily life, care practices and interactions between care staff and residents at the home;
- Conversations with the three night staff, all day care staff, visiting relatives at the home and kitchen staff;
- We spoke with people living at the home;
- Discussions with the manager;
- Review of the communication book, accident/incident records;
- Observations made throughout the visit of the entire home environment which included communal areas, dining area, individual rooms, bathrooms and kitchen and food storage areas and the laundry;
- Detailed examination of the care documentation relating to four people;
- One SOFI2 observation carried out in the lounge area. (The Short Observational Framework for Inspectors 2 is a tool which enables us to observe daily life from the perspective of the resident).
- We looked at documentation relating to monitoring visits carried out by the responsible individual;
- Detailed examination of two staff recruitment files;
- We looked at a range of documents relating to the running of the service which included; fire safety records, the homes Statement of Purpose, service user guide, medication administration records and health and safety records.
- We examined the arrangements to review the quality of care provided.
- Discussions with the responsible individual

Further information about what we do can be found on our website:

www.careinspectorate.wales

About the service

Type of care provided	Care Home Service
Service Provider	Vale of Glamorgan Council
Manager	There is a manager at the service who is registered with Social Care Wales
Registered maximum number of places	30
Date of previous Care Inspectorate Wales inspection	This was the first inspection of the service following re-registration under The Regulation and Inspection of Social Care (Wales) Act (RISCA) 2016.
Dates of this Inspection visit(s)	28 January 2019 and 5 February 2019.
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	The home is working towards an active offer of Welsh in the home meaning that people can speak and live through the medium of Welsh without having to ask.
Additional Information:	