



Inspection Report on

Southway Residential Home

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

Date Inspection Completed

02/08/2024

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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	05 April 2023
Does this service promote Welsh language and culture?	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 nominated manager in post who is currently in the process of registering with Social Care Wales, the workforce regulator in accordance with legal requirement.

People living at Southway receive good quality care from a happy friendly team who show respect and kindness. Management are visible and ensure care staff are equipped with training, support and development opportunities. There are sufficient staff to provide assistance with suitable arrangements in place to cover any staffing shortfalls.

People live in an environment which is suitable for their needs. Activities and support in accordance with peoples interests and wishes are carried out by care staff daily. Systems are in place to ensure the quality of care and support provided. Care documentation requires improvement to reflect the care and support needs of people living at the home.

The home is clean and infection control measures are in place. The environment is fit for purpose with ongoing refurbishments in place.

Well-being

People benefit from good care and relationships with care staff. We saw kind and friendly interactions between care staff and people throughout our inspection visit. Care staff provide reassurances and support to people in a dignified timely manner. People appeared well presented and happy and we saw activities enjoyed throughout the home. At the time of inspection, we observed people engaging in crafts in readiness for the 'Mexican' themed garden party. We saw a schedule of planned activities planned for the coming month. Although there are no activity coordinators at the home care staff have time to sit and spend time with people and arrange activities people enjoy and special events.

People are safe and receive appropriate care and support. Their wishes and aspirations are considered, and staff demonstrate a friendly approach. Management oversees the training and supervision needs of the care staff. People are protected from harm and abuse. The home has clear policies and procedures in place for safeguarding people. Management ensures that all relevant agencies are informed of any incidents which may impact on people's health, safety and wellbeing. Care documentation mostly supports the delivery of care and support however we highlighted areas for improvement. 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, reflective of the home and contains all the required information.

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 calm social time for people to enjoy. The home has achieved a 5-star (very good) food hygiene rating. Care staff ensure drinks are available throughout the day and night as required. We spoke with people who were complimentary about the choice and quality of food. 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.

Care and Support

People receive appropriate person-centred care. Care and support referrals are appropriately made in a timely manner to the relevant health and care professionals when required. Risk assessments are carried out routinely or as required following an incident, they identify vulnerabilities for the individual and set out ways to keep people safe. Personal plans mostly reflect people's current needs although we discussed some matters with management that require improvement. This includes ensuring documentation is appropriately signed by staff and ensuring personal plans contain clear guidance to support care. The RI told us this matter would be addressed immediately.

Medication management policies and staff training are in place to ensure safe practice. The medication administration records (MARs) are regularly audited and any shortfalls noted, so the service can take appropriate action, for example retraining or updating care staff. We identified room and fridge temperatures are logged incorrectly and the actual temperature not documented. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

People benefit from the support of friendly and caring staff. Care staff know the people they support well, and some care 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. We saw people being supported to spend time doing meaningful activities including games, armchair exercises and preparing for the garden party.

People are safeguarded and protected from harm. Care staff are trained in safeguarding and have policies and procedures to guide them. The service makes safeguarding referrals when required and notifies CIW of notifiable events in a timely manner. The service is suitable for the needs of the residents and management ensure it is a safe place for people to work, live and visit. Management oversees the training and supervision needs of the staff. Team meetings take place specific to each worker's role. The RI demonstrates appropriate oversight of the home and ensures it operates safely and in accordance with its statement of purpose.

People are safe their wishes and aspirations are considered. People are encouraged to have visitors to the home and supported to stay in touch with important contacts. 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 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 space for people with mobility needs. The grounds of the home are spacious and attractive. We saw outside areas with furniture and people enjoying the warmer weather and garden activities being carried out. We saw care staff and residents in the process of preparing for the party planned later in the day.

Management oversee the home's health and safety requirements. Appropriate certification is in place regarding facilities and equipment such as gas, electrical appliances, call bells and the passenger lift. We noted window openings that may pose a risk to residents are secure. Regular fire drills and various fire-related safety checks are carried out. Residents have personal emergency evacuation plans (PEEPs) in place. We advised PEEPs are required only for the residents who are residing the home and for them to be updated as necessary.

People are cared for in a clean environment. People's bedrooms are individualised and contain personal items of their choice. There are sufficient bathing and toilet facilities for people although we identified one toilet area closed for repairs to be open which we requested be locked immediately. We saw domestic staff undertaking cleaning duties throughout the home and found the home to be clean and well maintained. When we spoke with people they were complimentary about the home. We identified some clutter in bathrooms and some refurbishment required and the RI told us there were plans for the work to be completed.

Communal lounges are spacious and the home benefits from a choice of areas to sit and enjoy activities or spend quiet time. All confidential documentation for care staff and residents were stored securely in lockable areas. Environmental audits to ensure areas are clean/safe are mostly carried out daily/weekly. However, we saw where safety issues had been identified, documentation did not include the action/steps taken to resolve the issues. The RI provided evidence that all issues had been resolved and that the documentation would be updated reflect this.

People can be confident that there are effective arrangements at the home that protects public safety and minimise cross infection. There is oversight to ensure staff follow the correct infection guidance.

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 recent quality-of-care review dated 02 May 2024. We saw from the report that some areas we highlighted as requiring improvement had been noted by the RI. The RI has assured us that they are taking action to address these areas immediately.

People can be confident management monitor the quality of the service they receive. Systems and processes help to promote the smooth running of the home. Management oversees incidents, accidents and complaints. The home carries out internal audits to monitor standards of practice. We looked at some key policies and saw they are up to date and reviewed. Policies and procedures are accessible to staff and provide guidance and information to support them in their roles. We found regular auditing ensured residents health or any deterioration had been recognised and acted upon.

People can be assured that staff are safely recruited, supported and we saw staff training available for the roles they undertake. We did not look at the staff recruitment files at this visit as files are sent via a link from the Local Authority offices, but we note all the pre-employment checks required in respect of any person working in regulated service are carried out as part of the local authority process and we will follow this up at the next inspection visit. Management oversees staff training and supervision needs, and we saw one-to-one supervision in accordance with regulatory requirement. Supervision provides each staff member with opportunities to discuss their performance development, and any concerns they may have. There is a newly appointed manager in place who is in the process of registration with Social Care Wales, the workforce regulator, in accordance with legal requirement.

People have opportunity to express their views and lodge complaints. The home has a complaints policy in place which informs people how to raise their concerns appropriately. Staff meetings take place on a regular basis for management and care staff. We spoke with staff during our visit who told us, *"I have worked here many years, I wouldn't go anywhere else, I love my job"* and *"We are a good team we work really well together"*.

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.

Area(s) for Improvement

Regulation	Summary	Status
15	The service provider is non compliant as they failed to prepare a plan for the individual which sets out	New

	how on a day to day basis the individual's care and support needs will be met,	
58	The provider is not compliant because We saw that room and fridge temperatures had not been taken daily. Documentation we saw of the recordings of the the fridge and room temperatures were of the 'estimated temperature guidelines' Therefore there was no documented recorded evidence that the actual temperatures had been taken for the previous 3 years. The RI immediately took action and replaced the fridge ad thermometer to ensure accurate temperatures were recorded and documented	New

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