



# Inspection Report on

**Cwm Coed**

**ABERTILLERY**

**Date Inspection Completed**

15/05/2019

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## **Description of the service**

Cwm Coed Care Home is located in the village of Aberbeeg, near Abertillery. The service is owned by Riverwood Housing Limited and the responsible individual is Rebecca Hemmings. There is a manager in post who is registered with Social Care Wales. Cwm Coed provides care and support for up to 4 individuals over the age of 18 some of whom may be living with learning disabilities, physical disabilities and mental health issues.

On the day of our visit we were told that four people were living at the home and that they had lived at the home for several years.

## **Summary of our findings**

### **1. Overall assessment**

People who live in the home appeared relaxed and comfortable. We found staff to be knowledgeable, supportive and responsive to people's needs. People's rights are respected and independence promoted. The home is well looked after, welcoming, clean and meets the needs of people living there. Improvements are needed to ensure personal plans are revised as required and associated risk assessments updated. The process for managing medication needs to be strengthened as do the systems for staff supervision.

### **2. Improvements**

This is the first inspection of this service since it was approved under The Regulation and Inspection of Social Care (Wales) Act 2016.

### **3. Requirements and recommendations**

Section five sets out details of our recommendations to improve the service and areas where the home is not currently meeting legal requirements. In brief these relate to:-

- Revision of personal plans: The service provider had not ensured personal plans are revised as necessary.
- Medication: A safe system of recording and administering medication was not always in place to ensure people's health is promoted consistently.
- Supervision: The registered provider did not ensure that all staff working in the home had received regular supervision.

# 1. Well-being

## Summary

People are enabled to make choices and have their individual routines recognised and valued. We found that people are treated with dignity and respect and receive support from friendly and caring staff. People can do things that matter to them.

## Our findings

People are treated with dignity and respect and have safe positive relationships with staff which are warm and caring. We observed staff supporting residents and noted although some interactions were task centred, staff were warm and tactile and opportunities were taken to actively encourage independence. We heard staff supporting a resident during a task, patiently prompting the resident with praise and encouragement. Staff we spoke with told us they really enjoyed their work, and it was nice to see the resident's happy. Residents were comfortable with staff and people were treated with kindness and compassion. We observed people were able to choose where they wished to spend their time and had access to a relaxed, calm and homely environment. Some people had limited verbal ability to express their view about the support received, however people's facial expressions and body language indicated that they were comfortable and content. We noted staff reassuring a resident in a calm and attentive manner supporting the resident to engage in an activity in order to alleviate anxieties. We reviewed the personal plan for the resident, this reflected the intervention and support we saw offered to this person. It was clear from our observations that staff were familiar with people's needs. We conclude that people are enabled to make choices, are treated with respect and have their individual routines recognised.

There are mechanisms in place to protect people from abuse. We found the entrance to the home was secure and visitors' identity was checked on entering the property along with signing of the visitors' book. These procedures prevent any unwelcome visitor's entering the property. All staff we spoke to during our visit demonstrated a good knowledge of safeguarding procedures, and how to report matters of a safeguarding nature. We noted staff had received safeguarding training and this training was up to date. We were told managers and senior managers maintained an open-door policy and maintained good channels of communication. We noted the provider had notified Care Inspectorate Wales (CIW) in a timely manner of any serious concerns or events as required. Therefore, we conclude people are appropriately safeguarded.

There are things for people to look forward to. We observed throughout the day that people did different things. For example, one person was listening to music in the dining area, another person accessed the community for a walk and another person chose to watch television in the communal lounge. We also saw one resident being supported by a staff member to have their nails painted and heard a staff member compliment the resident who said, '*They are absolutely stunning (X).*' We reviewed daily activity planners for two residents that outlined the activities of their choice. Staff told us if a resident should choose not to do something on their activity plan for whatever reason then something else would be arranged. We were also told how one resident enjoyed accessing a day centre a few days a week. Throughout our visit we saw one resident enjoyed accessing the garden area sitting on the swing being supported by a staff member. The resident was smiling and thoroughly enjoyed the activity which had a positive impact on their mood and well-being.

Staff explained how residents were supported to maintain good relationships with their families and told us holidays were being planned for residents to enjoy in the coming months. We conclude that people can do things that matter to them and have the opportunity to have things to look forward to.

## Care and Support

### Summary

People benefit from care that is delivered in a person centred manner by a knowledgeable staff team, however we found care documentation was not always revised and updated to reflect a change in residents' needs. People have access to appropriate help and advice when required to support their health and well-being. Improvements are needed to ensure medication practices are consistently safe.

### Our findings

People have access to health and social care professionals and services. The home refers to relevant professionals when needed. We saw evidence in individual care and support files indicating staff had liaised appropriately with health and social care professionals. For example, we noted staff had liaised with an Occupational Therapist following a fall and deterioration in the residents' mobility. We saw numerous examples of referrals made to health and social care professionals when deemed appropriate. We noted staff recorded very detailed information in behaviour charts and incident records. We spoke with three members of staff who all demonstrated good knowledge of peoples' individual needs. This shows that people's health needs are monitored and addressed and professional advice sought when required. People therefore have access to appropriate help and advice to support their health and well-being.

Appropriate action is not always taken to ensure personal plans are revised and updated when necessary. We reviewed care documentation for two residents' including their personal plans. These documents are of the greatest importance as they provide staff with the knowledge they need to support people consistently and safely. Care files we looked at contained evidence of care and support plans from the local authority and personal plans we reviewed had taken these plans into account. Personal plans were deemed to be person centred and detailed peoples' preferences in care delivery and individual routines were recognised and recorded. CIW was notified of an event that affected the well-being of a resident in March 19, however the residents' personal plan and associated risk assessments had not been revised and updated accordingly to indicate this change in need and extra support required. We did note an updated safer handling plan was available to staff completed by a health professional. Following our visit we shared the above with the manager and responsible individual who told us they would address this area of concern immediately. Therefore we conclude, whilst people's needs are assessed and plans are person-centred, the revision and updating of service user plans could be strengthened.

Systems are in place for the handling of medicines within the home, although these require some improvement. Care home providers should ensure that all MAR charts are provided by the pharmacy that has dispensed the medication. During discussions with a senior member of staff it was acknowledged that this can be difficult at times, however this must be officially pursued with the pharmacy manager. Only in exceptional circumstances should a MAR chart be created by a member of the care home staff who has the training and skills for managing medicines. The MAR should then be checked for accuracy and signed by a second trained and skilled member of staff before it is first used. We examined medication administration records (MAR) for two residents and noted systems were not as robust as they needed to be. We saw MAR charts created by the provider had not been completed in detail and had not been counter-signed by two members of staff to ensure these entries were accurate. We found some prescribed medication that was currently in use had not been included on the MAR chart. We noted the

temperature of the room where medication was being stored was not being recorded. The temperature of the room should be undertaken and recorded daily to ensure that medicines are stored at the correct temperature. We found some prescribed creams and bottles of prescribed oral solution had no evidence of the date the medication was opened potentially allowing medication to be used beyond the recommended use by date. During the review of medication systems we undertook a stock check of some medications and we found stock levels to be accurate. We discussed some of our concerns with the manager who provided assurance that action will be taken to improve concerns identified. We conclude, there are systems in place with regards to the management of people's medication, however improvements are needed to ensure medication practices are consistently safe.

## **2. Environment**

### **Summary**

People live in a comfortable, well-maintained home that suits their needs. The home is warm and welcoming and provides a clean environment for residents. Health and safety within the home is generally maintained

### **Our findings**

People benefit from a safe, clean and homely environment, the layout of which enables them to easily spend time privately or communally. We saw the home had a large lounge, spacious conservatory and separate dining area. The conservatory had patio doors which led to a garden which had a swing. We observed the swing was enjoyed by one resident during our visit. We saw the garden area was well kept and spacious. The décor in the communal areas was homely and welcoming, and the home was well maintained.

Resident's bedrooms were personalised and contained items such as family photographs, personal belongings and items important to them. We saw the home was clean and tidy throughout. People appeared comfortable and we noted the temperature of the home was appropriate to the needs of the residents. The home offered sufficient space for people to use mobility aids and wheelchairs and the spacious environment helped to maintain and maximise people's independence. Therefore, people are supported in an environment which is comfortable and well maintained.

Health and safety within the home is maintained. We saw evidence that checks of manual handling equipment, such as hoists and profiling beds were undertaken as required. We noted portable electrical appliances had been tested within the last 12 months and the electrical installation had been inspected and tested as required. Medication was stored securely. All confidential files including care and staff files were stored securely. We observed some washing facilities within the home did not have locks fitted to the doors in order to afford people using these facilities privacy and dignity. We considered the fire risk assessment for the home completed January 2019 and noted this was being kept under review by the provider. We saw records of weekly tests of fire alarm systems were maintained, however monthly fire checks pertinent to fire equipment and escape lighting were not consistently recorded. We found regular health and safety assessments of the environment completed by the responsible individual. We also noted the home had been inspected by the Food Authority in February 2018. We saw the report indicated no works were required and the home was compliant with regulations. We conclude health and safety checks within the home are overall maintained.



### 3. Leadership and Management

#### Summary

We found the provider has robust quality assurance systems and good oversight of the home. Staff in the home feel motivated and supported to do their work but not all are receiving supervision at the required intervals. Training, recruitment and induction systems are robust. The service provider is clear about its aims and objectives.

#### Our findings

The provider was seen to have a good oversight of the service. The service has embedded a robust system for monitoring quality and takes account of the views of people. We saw comprehensive reports dated 07.01.2019 and 08.04.2019 detailing visits to the home by the responsible individual (RI). The report evaluated the home's facilities and quality assurance processes; also taking into account the views of staff and residents. We also saw the RI reported on the adequacy of the resources at the home on a quarterly basis. This report also considered a quality overview of the service. In addition, the RI had informed CIW that the manager was going to be absent from the service for a significant period of time, however the RI failed to inform CIW when the manager returned from this absence and also failed to complete the relevant statutory notifications. Overall, we conclude the home has comprehensive quality assurance systems in place to audit areas of service delivery that includes regular managerial oversight.

People receive care from staff that are appropriately appointed. We examined two staff files and considered the home had a robust process for the recruitment of staff. In both files we examined, all the required documentation had been obtained to ensure that each member of staff was fit to conduct the role/ duties. We saw staff files contained application forms with full employment histories, previous employment references, checks conducted with the Disclosure and Barring Service, a recent photograph and verification of identify. The above indicates the home operates a safe and comprehensive recruitment process.

On the whole, people receive care from staff that are supported and supervised, however improvements are required in the frequencies of formal supervision. We spoke with three members of staff and received positive feedback on the support they received. Comments about their experiences of working in the home included:

- *"I feel supported. The manager is approachable."*
- *"Team morale is good. I feel supported in my role. The manager and senior managers are all approachable."*

We viewed individual supervision records for two staff. Records indicated supervision meetings had taken place although there were gaps of four and five months in between some supervision sessions taking place. We saw annual appraisals had been completed on staff files viewed. We noted team meetings had been held, however these had not been held on a regular basis. We reviewed the minutes of the last team meeting dated 24.01.19. The above indicates that formal supervision practices are not as robust as they need to be; although staff feel supported in their work.

People are supported by staff who are provided with training. There was evidence that staff had received mandatory and specific training. We saw from staff files, training plans and from speaking with staff, they receive training, including fire safety, food hygiene, manual

handling, protection of vulnerable adults, autism and epilepsy training. Examination of induction records showed care staff were receiving a robust induction. We noted staff induction incorporated the Social Care Induction Framework. We also noted the vast majority of care staff held a recognised social care qualification. The home therefore ensures the staff it employs are sufficiently skilled to conduct their role.

The home is clear about its aims and objectives. We viewed the statement of purpose and service user guide. The statement of purpose is fundamental in setting out the vision for the service and is a key document that should clearly demonstrate the range of health and care needs the service will provide support for, including any specialist service/care provision offered. The statement of purpose for the home provided a detailed picture of the service. The statement of purpose also included the home's position regarding the 'Active Offer' (providing services in Welsh without someone having to ask for it). Therefore we judge, people can be clear about the services that are provided at the home.

## **4. Improvements required and recommended following this inspection**

### **4.1 Areas of non compliance from previous inspections**

This is the first inspection of this service since it was approved under The Regulation and Inspection of Social Care (Wales) Act 2016.

### **4.2 Recommendations to meet legal requirements**

We found that the service provider is not meeting its legal requirements under The Regulation and Inspection of Social Care (Wales) Act 2016 in relation to:

- Review of personal plans (Regulation 16 (5)): The service provider had not revised the personal plan as necessary.
- Supporting and developing staff (Regulation 36) (2) (c)): The service provider had not ensured all staff received appropriate supervision on a quarterly basis.
- Medication (Regulation 58 (1)): The service provider had not ensured that there are suitable arrangements for the recording and safe administration of medicines received at the home.

We did not issue a non-compliance notice on this occasion as we did not identify any major impact to residents and we were assured measures will be taken to address the issues identified and manage any potential risks. We expect immediate action to be taken to address these areas, which will be considered at our next inspection.

### **4.3 Recommendations for improvements**

- Monthly fire safety checks are required to be completed more consistently.
- Team meetings to take place on a more regular basis.
- All washing facilities to be fitted with locks suited to service user's capabilities and accessible to staff in case of emergencies.
- The responsible individual is required to complete the relevant statutory notifications in relation to the absence of the manager from the service and return from absence and submit to CIW in a timely manner.

## **5. How we undertook this inspection**

We undertook a full inspection and considered all four themes: well-being; care and support; the environment; and leadership and management. Our visit to the home was unannounced and undertaken on 15 May 2019 between the hours of 09:20 and 15:00.

The following were used to inform our report:

- We considered the information held by us about the service, including the last inspection report and notifiable events received since the last inspection.
- Discussions with the responsible individual and manager.
- We toured the home, observed staff and resident interaction and considered the internal and external environment.
- Discussions with three members of staff.
- Examination of two resident personal plans.
- Examination of two staff personnel files and staff training records.
- Consideration of the home's statement of purpose and service user guide.
- Consideration of staff supervision records.
- Consideration of staff induction.
- We viewed a sample of the staff rotas over a four week period.
- We viewed a sample of the home's weekly food menus.
- Consideration of a Food Authority inspection report dated February 2018.
- Consideration of incident and accident records.
- Consideration of the providers auditing reports, including RI visit reports.
- Consideration of the health and safety records, including fire safety.
- Consideration of the responsible individual visit reports.
- Consideration of team meeting minutes.
- Consideration of the home's policies and procedures.
- Consideration of the home's statement of purpose.
- We carried out general observations of staff support and interaction with residents.

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

[www.careinspectorate.wales](http://www.careinspectorate.wales)

**About the service**

<b>Type of care provided</b>	<b>Care Home Service</b>
<b>Service Provider</b>	<b>Riverwood Housing Ltd</b>
<b>Responsible Individual</b>	<b>Rebecca Hemmings</b>
<b>Registered maximum number of places</b>	<b>4</b>
<b>Date of previous Care Inspectorate Wales inspection</b>	<b>23/08/2017</b>
<b>Dates of this Inspection visit(s)</b>	<b>15/05/2019</b>
<b>Operating Language of the service</b>	<b>English</b>
<b>Does this service provide the Welsh Language active offer?</b>	<p>This is a service that does not provide an 'Active Offer' of the Welsh language. This is because the service is situated in a primarily English speaking area and the provider does not currently intend to offer or promote a Welsh language service.</p> <p>We recommend that the service provider considers Welsh Government's 'More Than Just Words follow on strategic guidance for Welsh language in social care'</p>
<b>Additional Information:</b>	

**Date Published Monday 15 July 2019**