



Inspection Report on

Kington House

**KINGTON HOUSE
OLD VILLAGE ROAD
BARRY
CF62 6RA**

Date Inspection Completed

30/04/2019

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Description of the service

Accomplish Limited, operate Kington House in the residential area of Barry. The home is registered to provide personal care for up to 11 people from 18 years of age. There is a nominated person to represent the provider (Responsible Individual) who has strategic oversight of the service. There is a manager who is responsible for the daily operation of the home, who is suitability qualified and registered with Social Care Wales.

Summary of our findings

1. Overall assessment

People living at Kington House are positive about the service they receive and they can enjoy a homely, safe and clean environment. The home is presentable but some areas could benefit from updating and some furniture replaced.

People should be given information outlining the services they will receive and are given a copy of the service agreement prior to the admission into the home.

Personal plans are comprehensive, person-centred and, regularly reviewed and updated. People are positively encouraged to engage in rewarding and meaningful activities and were fulfilled emotionally and socially.

On the whole, people receive their medication as prescribed, however oversight and improvement is required to meet the regulatory requirements.

We found that the staff are well informed and supported in their role and receive regular training. We saw that the management is committed to providing positive outcomes for people living at the home and has a clear oversight of the daily operation of the service.

2. Improvements

Kington House was recently re-registered under the new Registration and Inspection of Social Care Wales Act 2016 (RISCA) and this was their first inspection under the new legislation.

3. Requirements and recommendations

Section five sets out areas which the home is not currently meeting legal requirements and our recommendations to improve the service, if any.

1. Well-being

Summary

People do not always receive written information, which outlines the service that will be provided prior to living at the home. People have a good relationship with the staff and show warmth, kindness and understanding. People are provided with opportunities to feel involved in life at the home and participate in a wide variety of social and recreational activities to enhance their overall well-being. Staff encourage healthy and nutritious meals and drinks which people prepare themselves with assistance if needed. There are opportunities to express their views; their contributions valued and have a sense of belonging.

Our findings

People cannot always be confident that they will receive all information that should be available to inform them about what the home can provide. We sampled the statement of purpose and the user guide and both documents needed to be revised to reflect the changes in the home and, to meet the regulatory requirements. These are important documents which provide people with information about the service, what they could expect which will help them make an informed choice about living at Kington House. We received residents' and relative's questionnaire feedback and confirmed that they do not know how to contact Care Inspectorate Wales, therefore people would benefit from receiving information about the service and the role of the regulator. The manager told us that both documents were currently under review and will be re-issued to the residents and relatives. Following our inspection visit the new revised statement of purpose was provided therefore, the information meets the regulatory requirements but will be considered further at the next inspection.

We conclude that people currently receive some information about the service but further improvement is required.

People receive care from a group of staff who treat them kindly, with respect where dignity is promoted. We saw some positive examples of care delivery when staff were interacting and supporting people. We saw people being relaxed, calm and comfortable in their home with the staff supporting them. Throughout our visit we observed staff having jovial conversations with people which indicated that staff and residents had a good rapport and relationship. We received several compliments about the manager and staff, these included;

- *"I love the staff"*
- *"I have come a long way which is down to the staff"*
- *"I have a good relationship with my key worker, I can tell her anything"*
- *I would be able to speak to the manager or the staff if I have a problem, they are great"*

We received a relative's questionnaire feedback and confirmed that they receive a positive welcome and the staff's attitude is good towards people living in the home.

We saw one individual becoming upset and anxious, but staff worked proactively and gave assurance and used distraction techniques to defuse the situation. This indicated that the staff had a good understanding of their needs and preferences. Throughout the visit we saw staff encouraging people to exercise choice and control. People were making choices about when they would like to rise in the morning, choices of clothing, level of support needed,

food they wanted to eat and what they wanted to do and when. Furthermore, we received residents' questionnaire feedback and this confirmed that people's privacy is protected and they are encouraged to exercise their rights.

We conclude that people are content, happy and safe living in the home and that they experience positive relationships with the manager and staff that support them. People at Kington House benefit from staff that treat people with dignity and respect.

People are provided with opportunities to express their ideas and influence how the home operates. The manager told us that on a quarterly basis they consult with individuals living in the home and the staff team to gather their views and opinions. People had the opportunity to make suggestions for improvement and new ideas for activities and events. We saw that following the last consultation, the home walked up the mountain of Pen-y-Fan to raise money for charity and the home organised a coffee morning for relatives, friends and neighbours to raise awareness of mental health. A resident told us *"the staff will help me to read any information so I fully understand and can make a decision"*. We conclude that people feel involved; their contributions are valued and have a sense of belonging.

People are positively encouraged to engage in rewarding and meaningful activities and were fulfilled emotionally and socially. On the day of our visit we saw people visiting the local shops and also making arrangements to attend an appointment and another person visiting their relatives. When we examined the care and support plans there was a daily activity programme tailored to each person's interests and personal goals identified. The activities were varied and meaningful to the person. However, we noted that the daily recordings did not always reflect the activities that had been planned on a specific day. For example, on the day of our visit one individual was going to visit the library but made the decision to go to the shops instead. The activity programme needs to be flexible to respect a change of decision and choices but the recordings should reflect the change made at that time.

One individual told us *"We have been painting the wooden benches" and "I planted the flowers in the garden"*. Staff and residents told us of the recent barbecue they enjoyed over the bank holiday. The home has a vehicle but also uses public transport as a part of skills for independence. We noted on one activity plan that arrangements are made every week to visit their flat to maintain their links with old friends and continue with the responsibility of cleaning the home. We saw that social outings had taken place on a regular basis and one individual told us *"I saved some money and recently went to London with staff, which I thoroughly enjoyed. I had the opportunity to experience the London eye and visit Madame Tussauds"*. Another person told us *"Before my accident my passion was sailing, and I have now started sailing again which I love as it helps me"*. We spoke to the manager and assurance was given that further support will be given to staff to ensure the daily recordings reflect the delivery of care and choices made. The manager told us that in the future they intend to strengthen links with the community colleges, local communication groups/hubs and explore possible employment options. The activities will become more occupational, meaningful and enhance self-esteem. Based on what we observed and sampled, we conclude that people enjoy fulfilled and meaningful lives.

There is a weekly menu in place that is tailored to the likes, dislikes and preferences of people living at the home to encourage nutrition. The home has been awarded a five star "very good" food hygiene rating by the Food Standards Agency at the time we visited.

Staff confirmed that the menu is changed weekly to ensure there are varied options and to incorporate meals out and fish and chips suppers etc. We sampled the menu, which was varied and displayed in both dining rooms for residents to read. We received staff questionnaire feedback and they told us *“meals are balanced, cooked fresh and the menu is rotated”*. The residents’ questionnaire feedback confirmed that they have a choice of meals and any special food requirements are met.

On the day of our visit we saw an individual make the decision not to have the planned meal but to have an alternative. We were told by two residents *“the food is good”* and *“we can help ourselves when we want”*. This choice was respected by staff and an alternative choice was made by the individual with the assistance of staff. This indicated that there is a structured menu that would be flexible and individuals’ choice will be encouraged and respected.

Deprivations of liberty are appropriately made. The care and support files we examined, evidenced applications being submitted to the relevant local authorities for people, which are restricted to protect their safety and well-being. Therefore, we conclude that people’s rights are respected.

2. Care and Development

Summary

People can be assured that they will receive the right level of care and support based on their needs and individual preferences. Care is being delivered by competent and familiar staff team. Personal care files are detailed and regularly reviewed by a key worker with the person's involvement. Goals and aspirations are identified and measured to assess achievements and skills to independence. Activities are planned and tailored to the individuals' choices and preferences however, the daily care recordings do not always incorporate the planned activities. There is robust risk assessments in place for staff to follow and to minimise risk. However, we spoke to the manager and advised that consideration needs to be made to additional key areas. There are appropriate systems in place to manage people's medication but there needs to be further improvement.

Our findings

People receive a detailed assessment before moving into the home but do not always receive confirmation of a support agreement, which details the agreed care fees as well as other terms and conditions. We examined the admission procedure and there is a process in place, which ensures that the manager completes an assessment to determine if the home is able to meet their needs, and provide a proposal of support and offer a trial period. We case tracked three people's files and saw that there were detailed assessments completed by the manager, which took into account previous history, current needs, future support and information from other professionals that may also be involved. Based on the assessment the manager made the decision to agree to the admission. However, the three people's files we examined did not have a service agreement in place. We asked an individual if they had received information from the provider and they were unable to confirm. We spoke to the manager and was unable to locate the service agreement. We conclude that people may not always receive information to confirm the terms and conditions of their care therefore are not fully meeting the regulatory requirements.

People's best interests are promoted and their independence maximised. Throughout our visit we saw people moving freely throughout the home and encouraged by staff to be as independent as possible. We saw residents accessing all areas of the home enjoying time in the communal lounge, preparing meals and spending time in their room. One individual told us, *"I go to the shop once a week to purchase the food I enjoy and have my own fridge to keep my items"*. *"We can go to the kitchen and help ourselves or the staff are available to support us to make a meal"*. We spoke to one person and they told us *"that over the last two years the staff has given support and reassurance to build my confidence to do things myself and develop my skills."* *"Due to the help I have received from staff there are plans for me to move to my own home in the future. To prepare me for the move on and to further develop my skills in making snacks and drinks, the provider is considering purchasing kitchen units to place in my room, so I can help myself. This will really help my confidence."* We saw in the kitchen dining area that people had their own personal cupboards and fridge areas to store their groceries.

Based on our findings we conclude that people's rights are promoted to be as independent as possible to reach their personal goals and aspirations.

Overall, people receive appropriate support and supervision for their individual needs. We saw staff was plentiful and therefore able to respond in a timely manner and provide person centred care that focussed on the individual. Staff was treating people with warmth and kindness throughout our visit. Staff were respectful and courteous particularly when personal care was provided. We saw staff gently prompting people, knocking their door before entering and providing care at the pace of the individual. A staff member responded promptly when an individual was experiencing difficulties, this was done in a discreet manner so that others did not notice that there was an issue. The residents' questionnaire feedback confirmed that they feel respected by the staff and treated with courtesy. Based on observations, people usually receive the right care at the right time.

People can be assured that care plans and risk assessments work in parallel with each other. We case tracked three resident's files and found that the care plans and risk assessments in place were detailed and informed the staff how to effectively support the individual and the risks associated. Risk assessments had been reviewed on a monthly basis and when needed there was evidence that plans were updated. We identified that the home does not provide an individual alarm in each room for people to seek staff assistance if needed. The manager informed us that at night the staff complete audio checks from outside the individual's room but do not enter the room as this would disturb the person. People living at the home are all ages from 18 years with varied health and social care needs. Therefore, there may be associated risks for example, self-harm, epilepsy, health and illness etc. We recommended that the manager completed a night risk assessment to confirm measures in place for each person to minimise the level of risk. Furthermore, some individuals smoke, and they understand that there is a no smoking policy in the home and that they use the outside space. However, staff informed us that people are able to take their cigarettes and lighter into their room. We recommended that a risk assessment should be in place for each person to determine the measures in place to minimise the potential risk to the individual and to others living in the home.

We examined the staff recordings and found that they were consistently completed but would benefit from being more detailed by incorporating the activities planned, and undertaken. For the three care and support files we sampled, there was a recovery star actions and goals for each person that outlines their skills for independence. This is measured by management, to assess when an individual has achieved their full potential to move onto living in their own home. At the time of the visit both the manager and staff were celebrating their achievements of two individuals' leaving the home to live together in the community. Also, there was another person awaiting accommodation and told us *"I am ready to move on and looking forward to the change"*.

At the time of our visit we saw that an individual became anxious about attending a hospital appointment. The staff anticipated the situation and provided constant reassurance and encouragement. They contacted the professional to explore possible options if the individual was unable to attend, to ensure their health care needs are met. We saw recorded in the personal files that people had access to other specialist health services such as psychiatrist and mental health services. The two case files confirmed that they had attended the optician, dentist and podiatry services. However, we noted that an additional individual had not attended an appointment with an optician or dentist. We spoke to the manager and they confirmed this was due to the level of anxiety. However, we recommended that they further explore the options such as home visits etc to ensure health care checks are provided. If any visits are unsuccessful this should be reflected in the recordings to demonstrate that they are working towards reducing the anxiety and building

a relationship with professionals, based on trust. A care and support plan should be in place as a future goal and identify the methods of achievement, possible intervention and approaches to achieve the desired outcome.

People generally receive the right care, at the right time in the way they want but further improvement is necessary to ensure health care needs are fully met. People have the opportunity to develop and grow, with the support of staff and have a progression pathway in place to meet their full potential.

People can be assured that there are arrangements in place to identify and investigate accidents and incidents. We saw documentation in place that staff complete when an accident and incident occurs and the manager investigated to ensure all options had been explored and any patterns or trends identified. Also, there is a shift handover form in place that also ensured that staff pass on any relevant information regarding any incident or accidents that has occurred. We conclude that there are effective systems and monitoring arrangements in place therefore, people are staying safe.

Generally, there are effective arrangements in place to ensure medication is stored and administered safely. There is a medication policy in place and we confirmed that all staff administering medication had received medication training. When we arrived at the home the two night staff has recently been appointed and have completed some training but not medication awareness. There was a number of individuals living at the home that have been prescribed PRN medication (as required) therefore, the staff would have not been able to administer the medication if an individual had requested. Staff told us, *"we could contact the out of hour's manager if needed and arrangements would be put in place"*. When we spoke to the manager and they confirmed that medication training has been arranged for the new staff and acknowledged that alternative arrangements should have been made to ensure there was a staff member on duty that was medication trained. We recommended that people should be assured that they can receive medication as and when required by staff that are suitably trained.

We examined the storage of medication, which was sufficient, and the medication administration medication charts and noted that they had been fully completed by staff. We recommended that each person has an individual medication profile which details how the person would like their medication administered and identify any risks such as storing of medication. This will ensure that staff work in a consistent way, risks are minimised, avoids any staff confusion and the individual will receive continuity of approach when being administered medication. We spoke to the manager and confirmed that the profiles will be developed. The current controlled drug book is out of date, index was incorrect and some entries have not been clearly indicated on some pages. At the time of our visit there were no controlled drugs being stored, therefore the manager made arrangements with the pharmacy to purchase a new controlled drug book.

All residents have a medication safe in their room and staff prompt the individual to administer their own medication. The staff were recording the room temperature but we noted that there were several gaps in the recordings. The manager was aware of the inconsistencies in recording and has addressed this issue with staff. We examined the medication audit system and saw that on a weekly basis a medication quantity check has been consistently completed and accuracy has been maintained.

We conclude that on the whole, people receive their medication as prescribed however, oversight and improvement is required to meet the regulatory requirements.

People living at Kington House are supported to manage their own finances as a part of the development for moving on in the future. We saw on the care and support files that a financial capacity assessment had been completed to determine that the individual has the capacity to manage their own finances or if they require limited, or, full support. We also examined the personal finance policy dated 05.03.2019 which details the arrangements in place to safeguard the individual and the provider. We conclude that people are encouraged to independently manage their own finances and are safeguarded by the policy in place.

3. Environment

Summary

People benefit from a safe, clean and comfortable environment. There are areas, indoors and outdoors which allow for privacy and quiet times alongside the rooms for socialising together. The home would benefit for some redecoration and some furniture replaced as appeared worn.

Our findings

We found the premises to be safe securely locked and people protected from intruders. When we arrived at the home we found it to be locked and was asked for proof of identification on arrival. There is a visitors book available and we saw people being asked to sign the book on entry and leaving the home. At night when there are two staff present, one staff is located in the house and one staff in the annex. The staff told us that they maintain contact frequently by the use of mobile communications. We saw this in use, which was effective to maintain contact and support if needed. We conclude people are safe living at Kington House.

People benefit from a clean and safe environment. We had a tour of the home and found that it was clean and free from odour. We saw that there was a cleaning schedule in place and that all hazardous chemicals were stored in a locked cupboard under the kitchen sink and also in a locked room. We found that there was different coloured cloths and mops for specific areas of the home to ensure standards were maintained and minimise cross-contamination. We found that the home uses branded cleaning materials purchased from a supermarket. However, there was not sufficient COSH data sheets available for the products used. The information needs to be available for staff, to ensure they use the cleaning products appropriately for the specific cleaning task and decant safely. We spoke to the manager and they confirmed that the data sheets are in the process of being collated. There is a contract in place for clinical disposal and a staff member confirmed that there are red laundry bags in each person's room and any soiled clothing is placed in the bags to ensure it is transported safely to minimise infection control. Overall, the cleanliness of the home is maintained, however there needs to be improvements made to ensure staff are informed of the safety guidelines of the cleaning materials that are in use.

Overall, the home had a friendly, warm feel, and personalised bedroom with an en-suite facilities. We saw that people are encouraged to bring their personal items to personalise their space and make the house their home.

There was a lounge space and dining room areas where people could chat and enjoy time socialising together. There was a spacious garden with suitable seating area and raised beds for people to enjoy. During our visit we saw several people using the space and we were told that two people help to grow their own vegetable patch. The home is also developing a zen patch with sensory herbs to enjoy. We informed the manager that some areas of the home required updating such as general decoration and some furniture items appeared worn. The residents' and staff questionnaire feedback, both confirmed that the home is in need of decoration.

Furthermore, the garden path slabs need to be replaced as they were uneven. Some people living at the home may have some mobility issues therefore could pose a risk. The manager assured us that the issues will be reviewed and addressed.

The staff questionnaire feedback suggested additional laundry machine for the individuals' at the home to undertake their own laundry. We recommended that the manager reviews the current laundry arrangements to determine the effectiveness. We believe people feel included, uplifted and valued because they are supported in an environment that is warm and homely, but some areas would benefit from home being updated.

People can be assured that there are systems and equipment are serviced regularly. The registered person has arranged a contract with a maintenance company to undertake all repairs at the home. We were shown a computerised system that logs all repairs and the home can prioritise the job to ensure it is completed within a timescale. The service also provides an out of hour's system therefore the home receives a prompt response when needed.

We examined the monitoring contracts and recordings for legionella, water temperatures, window restrictors, wheelchair checks, equipment servicing, fire equipment, fire alarms and the fire risk assessment. There were some areas identified that the manager was in the process of actioning within the specific timescale of three months. These included;

- We recommended checks to be completed to monitor and remove any the hazards in the smoking shed.
- Fire drills to be signed by staff that has taken part.
- 5 year electrical testing dated 05.10.2015 which identified remedial work but we found no evidence that the work had been carried out.
- Fire evacuation strategy to be updated.
- Instructions how to operate the security device in the garden gate.

We conclude that overall the service prioritises resident's safety.

4. Leadership and Management

Summary

People living at the home can be assured that the service is led by dedicated management who are visible and approachable. Staff are safely recruited to ensure they are able to perform their role and receive regular supervision and training to enhance their knowledge, skills and experience. There are comprehensive policies and procedures in place to guide staff and create a culture of openness and transparency.

Our findings

We, CIW, have been informed that a newly appointed responsible individual (RI) has commenced post in April 2019. On the day of our visit a new manager had been appointed and commenced post in January 2019 but we, CIW, have not been informed of the change of management at Kington House. The manager confirmed that the information will be submitted to CIW, as a matter of priority. We conclude that the responsible individual has failed to conform to the regulatory requirements and inform the regulator of the change of management in accordance with regulation 71.

Throughout the visit we saw the manager involved in the operation of the service, providing guidance and direction to staff and providing support to people living at the home. The manager demonstrated a clear understanding of the delivery of the service, the focus for the future and has clear oversight of the service.

We spoke to a number of staff and were complimentary of the manager. Some comments included;

- *“the manager is trying the best for the guys here”*
- *“he is actively involved and will support staff as and when needed”*
- *“I can’t sing the managers praises enough”*
- *manager is very approachable, supportive and has a clear understanding”*
- *“he is very involved and hands on”*

Additionally, we received staff questionnaire feedback and their comments included;

- *“just a lovely place to work”*
- *“great job satisfaction and we feel valued by manager”*
- *“I have been trusted with more responsibility and I enjoy my role immensely”*
- *“we are an excellent team and it’s great to come to work and have a feeling of accomplishment”*
- *“the team is going from strength to strength and feels great to be a part of it”*

All residents we spoke to during our visit was also complimentary of the manager and their comments included:

- *“there has been a big change since the manager started at the home”*
- *“we can approach the manager if we have any concerns, we feel we can talk to him”*

When we spoke to the manager they confirmed that they also receive regular professional supervision from a senior manager in the company. The responsible individual has delegated their duties for supervision of the manager.

Based on observations and feedback from people we conclude that management is seeking to drive improvement in the home for the safety and well-being of its residents’ at Kington House. They are dedicated and committed to making a difference to ensure the

home continues to provide assurance that the service is safe, well run and complies with regulations.

People can be confident that their day-to-day care and quality is being overseen and monitored. We saw that the responsible individual has visited the home on a three monthly basis to monitor the performance of the home. A quality review report had been produced for 01.12.2018 and 28.03.2019 in accordance with the regulatory requirements. The report detailed the following:

- feedback from the individuals' living at the home
- feedback from the staff team
- sampling of documentation
- standard of environment
- complaints and compliments
- reviewing of the statement of purpose
- any actions to be taken forward.

We conclude that senior management is visiting the home to consistently measure the standards of care to provide good evidence of its achievements. The quality review information gave the manager clear direction, understanding and, identified the areas to develop.

People receive care and support from people that are safely recruited. We found that there was suitable policies and procedures in place for recruiting staff. We examined four staff personal files and found that there was sufficient recruitment checks in place prior to staff commencing their position. The information included; photo, identification documents, employment contract, references, employment history/gaps in employment and a Disclosure and Barring check (DBS). We saw that there was an information document available for staff which detailed how the service is provided in accordance with the statement of purpose. The staff confirmed that they have been given a copy and have awareness of the Codes of Practice for Employees of social care, published by Social Care Wales.

Based on our findings, we conclude that there is a robust recruitment procedures in place to safeguard the people living at the home. The service provider has raised staff awareness of the service and the expectations of their role.

Staff are given support and clear direction; they always have their creativity valued and their potential developed. We sampled four staff personal files and found that all staff had received personal supervision and the supervision notes were detailed. We noted that newly appointed staff had the opportunity to meet the manager monthly for six months while working towards the completion of the probationary period. Two newly appointed staff told us:

- *"I meet the manager monthly, so I feel supported and can tell him anything"*
- *"The manager is supportive and approachable"*
- *"We receive regular supervisions"*

We sampled the staff team meetings and found that there had been six team meetings in 2018 and, three meetings took place during January to April 2019.

Based on the evidence and discussion with staff we conclude that people receive care from a motivated and supported staff team and management of the service listens to its workforce. The service is currently meeting the regulatory requirements of providing a minimum of three monthly supervision sessions and six team meetings per year.

People can be assured they receive care from trained and competent staff. We examined four staff files and there was evidence that the staff had received the induction framework training and the core mandatory training required to perform their role. This included; first aid, moving and handling, health and safety, fire safety, food safety awareness, medication, infection control, vulnerable adults, mental capacity act, deprivation of liberty safeguards and positive behaviour management training. Also, we noted that specific training was also provided such as epilepsy, brain acquired injury, personality disorder awareness and mental health etc. The manager informed us that if specific training is required for the individuals' they support, arrangements will be made to provide the training to staff to increase their knowledge and skill base. We spoke to staff and they confirmed that they have regular opportunities to undertake training to maintain their knowledge and increase awareness. When we arrived to the home the two night staff working had been recently appointed and has completed the induction and the majority of the mandatory core training. However, we identified that they both had not completed the medication awareness training therefore was unable to administer PRN (as required) medication if needed. We spoke to the manager and they gave assurance that there will be a trained medication staff member allocated on each shift to ensure people's medication requirements can be met. The staff has been working towards or has achieved the QCF level 3 or 2 in care award therefore the current percentage of staff is over 50% suitably qualified, which meets the requirements.

The manager confirmed that they will produce the information to CIW. We examined the computerised training system in place, which identified the training completed and, dates due to be re-completed, based on priority. Furthermore, the manager is able to analyse the information and statistical information produced. We found that 96% of the staff have completed the core mandatory training and 72% have completed specific training. The evidence conclude that staff receive support in the way that improves the outcomes for staff and people that live at the home.

Peoples' needs are being met by appropriately skilled staff in sufficient numbers. When we arrived at the home there was two night staff (one located in the house and one in the annex) and in the day there were two staff in the house, two staff in the annex and two senior care staff. Staffing was plentiful and enabled them to effectively respond to support all individuals' living at the home and was available to offer social opportunities. We sampled a month's rota and found that there was a consistent level of staff on duty. Staff told us "*we are given our rotas in advance, so we can plan ahead*" and on the day of our visit we saw one staff member swapping a shift to maintain a work and home life balance. The manager was supportive and agreed to the changes to maintain flexibility for the staff team. We found that there was no agency staff usage and generally the staff team will work the extra shifts when available. One staff confirmed "*we like to pick up the extra shift to cover leave and sickness*". One staff told us "*there is a night vacancy at the moment but find it difficult when we are working all different shifts in one week*". We spoke to the manager and they confirmed that one vacant post has been recruited and awaiting clearance of security checks. The manager has listened to the staff team and will be recruiting another night position so that they will only cover night shifts when there is leave and sickness. Furthermore, in the interim the manager intend to plan staff to work a few night shifts at a time to give staff continuity of pattern. This indicated that the manager is working with staff to ensure the staffing levels per shift are maintained therefore, people living at the home benefit from consistency and continuity of care from staff that are familiar to them.

People can be assured that there are policies and procedures in place, which are appropriate and relevant to the service. We saw that there is a corporate policy file in place and when reviewed the date of the version was identified and we saw evidence of the policy being re-issued. The staff told us where the file was located and their understanding of the documents. Some of the documents included;

- safeguarding
- whistle blowing
- admissions
- medication
- management of personal finances
- infection control
- complaints and compliments
- staff discipline
- staff support and development

Based on the policies sampled we conclude that the service provider have policies and procedures in place to support a culture of openness and transparency, and which ensure that staff are aware of and follow them.

People can be confident that information is held securely. We saw that all confidential information was stored securely in a locked cabinet and room. We conclude that records are retained in a confidential manner and conform to data protection laws.

5. Improvements required and recommended following this inspection

5.1 Areas of non-compliance from previous inspections

This was the first inspection following re-registration under the new Registration and Inspection of Social Care Wales Act 2016 (RISCA).

5.2 Recommendations for improvement

We identified areas where the registered person is not meeting the legal requirements. A notice has not been issued on this occasion as there was no immediate or significant impact for people living at the home but we will consider at the next inspection to test compliance:

- **Regulation 19 (1), (2)(a)(b)(c)(d), (3)(a)(b), (4)** – People to receive information about the service that will be provided (user guide)
- **Regulation 20 (1)(a)(b), (2)** – Service agreement in place between the provider and the individual
- **Regulation 33 (2)(b)(c)(d)** – Access to health and other services
- **Regulation 57** – The service provider must ensure that any risks to the health and safety of individuals are identified and reduced so far as reasonably practicable – ensure staff are informed of the safety guidelines of the cleaning materials that are in use.
- **Regulation 58 (3)** – Safe storage and administration of medicines and must ensure that services are provided in accordance with this policy and procedures
- **Regulation 71 (1)(a)(b)** – Duty to report appointment of manager to the workforce and service regulators

Additional areas for improvement:

- To consider risk assessment and management plans for the risk of residents smoking and arrangements in place for monitoring residents at night
- Some areas of the home required updating such as general decoration and some furniture items appeared worn
- Garden path slabs to be replaced as they are uneven and could pose as a potential risk to people using the outside area
- Arrangements to be in place monitor and remove any the hazards in the smoking shed
- Fire drills to be signed by staff that has taken part
- Review the current laundry arrangements to determine the effectiveness and, if there is sufficient equipment available for people to undertake their own laundry.

6. How we undertook this inspection

This was a full inspection carried out in accordance with the Care Inspectorate Wales (CIW) Inspection Framework. We considered all four themes; well-being, care and support, leadership and management and the environment. Our visit to the home was unannounced and undertaken 30 April 2019.

The following sources of information were used to compile this report:

- We met and held discussions with individuals living in the care home;
- We observed care practices and interactions between staff and individuals living in the care home;
- We held discussions with the manager, two senior staff and six care staff;
- Questionnaire feedback forms given to residents, relatives and staff at the home. We received one resident's feedback, four staff feedback forms and one relative's feedback received;
- We carried out a detailed examination of three personal plan files which included care and support plans, risk assessments, health care and daily recordings';
- We reviewed the statement of purpose and user information guide;
- We examined various audits including management of medication, accidents and incidents etc
- We audited the various policy and procedure files including medication policy, admission policy, safeguarding, whistle-blowing policy etc – refer to the body of the report for further information
- We viewed the minutes of staff team meetings;
- We examined staff rotas for a four week period;
- We read four staff personal files, supervision notes and training files;
- We audited the systems and processes in place which promotes a safe and high quality environment, including water temperature monitoring, window restrictors, repairs and maintenance arrangements;
- We had a tour of the environment and considered the facilities provided;
- We examined the various quality assurance systems - quality of care review;
- At the time of the visit we feedback the findings to the general manager and confirmed their understanding;
- Manager agreed to feedback to the responsible individual following the inspection;

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	Accomplish group ltd
Manager	
Registered maximum number of places	11
Date of previous Care Inspectorate Wales inspection	29/03/2017
Dates of this Inspection visit(s)	30/04/2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	Working towards providing an “Active Offer” of the Welsh language.
Additional Information:	

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