



Inspection Report on

Landsdowne Gardens

**23 HEOL TERRELL
CANTON
CARDIFF
CF11 8BF**

Date Inspection Completed

15/05/2019

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Description of the service.

Landsdowne Gardens is registered with Care Inspectorate Wales (CIW) as a care home providing personal care and accommodation to three people aged 18 and above who have a learning disability and/or functional mental health care needs. The home is located in Canton, Cardiff.

At the time of the inspection the new manager was in the process of registering with CIW. Their role will be to oversee the management and operation of the home. At the time of the inspection, there was a new manager employed who was in the process of registering with Social Care Wales as required. The registered provider of Landsdowne Gardens is Accomplish Ltd.

Summary of our findings

1. Overall assessment.

People living at the service appeared to be happy and content, there was a happy and warm environment, with people coming and going as they choose. People have developed good working relationships with staff and there was a relaxed atmosphere at the home. People have opportunity to receive support to make decisions and remain as independent as possible. There are opportunities for the home to develop these opportunities further. People are supported to take part in activities outside of the care home which are meaningful to them.

2. Improvements.

This is the first inspection for this home since registering under the new Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA), and therefore became subject to new regulations

3. Requirements and recommendations.

Section five of this report sets out our recommendations to improve the service and areas where the registered person is not meeting legal requirements. These include the following;

- Developing clearer risk assessments.
- Development of outcome recordings on care plans.
- Development of support towards greater independence.
- Resident's involvement and signatures on care documents.
- Care file layout.
- Care documents updated after review.
- Clearer recording of food charts and food monitoring.

- Clearing of outdoor gardens.
- Review and monitoring of staff training.

1. Well-being

Summary

People are supported in a warm, happy and caring environment, there are opportunities for people to be as independent as possible, and further work is needed to give all at Landsdowne Gardens the opportunity to develop this area further.

Our findings

People can feel safe and as far as possible protected from harm. We saw that people had comprehensive and individualised risk assessments in their care files. People were working closely and proactively with staff to prevent risks and their risk management plans reflected this. Accidents and incidents were routinely reported to CIW. We found that there was a good understanding of the Deprivation of Liberty Safeguarding (DoLS) and safeguarding process. We observed that people were supported by a staff team who were aware of the safeguarding policy and processes to follow, we saw evidence of interventions being used to ensure people were safe from harm, for example all residents had a section in their care files, which gave staff information about how to respond if they were to abscond. We spoke with residents who told us they felt safe within the service.

People are given the opportunity to make choices and have their care provided with dignity and respect. We observed interactions between residents and staff which showed dignity and respect, for example we saw people being supported at the time of their choosing to have breakfast and to plan their day. We saw that staff were following directions as recorded within people's care documents. We saw interactions being carried out with warmth and fun, for example we saw staff getting down to the person's level making sure they understood what the person was requesting, and then they acted upon it swiftly. We observed the person in charge managing a situation where a member of staff had inadvertently denied a resident the opportunity to have access to information delivered to them, this was managed immediately and appropriate actions were agreed. People feel fulfilled as they can make choices in their day to day life.

People are sometimes able to maximise their potential and independence however some further work is needed. We observed that some people had opportunity to develop their independence, and to control and lead their development, for example we read and were informed by one person that they liked to arrange meetings and outings with their family and that they were able to do this independently and safely on their own, they were also working towards moving into shared accommodation within the community. We saw tools available within people's care files to support individuals to identify their goals and track progress towards these. However, we also saw that staff were very busy during the morning of the inspection cleaning and tidying, and cooking breakfast for people, the residents were getting up at the times of their choice, and coming down for a breakfast cooked for them. Whilst we saw there were some joint tasks being completed, we also observed that staff appeared to be the main house cleaners, and cooks, and there was little evidence of actual one to one support to enable people to get involved with these tasks. This was contrary to the Statement of Purpose (SoP) which states that 'we strongly believe in "doing with, not for"'. Although we found that people at some times are able to have control over their own recovery journey, this is not the case at all times for all residents.

People are able to express their views and opinions. We saw that people had access to regular support planning time with staff, and that good relationships had been developed. People mostly spoke positively about staff and were confident that the staff would understand and support them. They were able to speak to staff if they had a problem or concern; we observed people talking with staff openly about concerns during the inspection.

People told us of the activities they were planning, and in particular of their forthcoming trips out which they were looking forward to. We saw minutes of resident meetings, where it was clearly recorded that people had a say in the planning and arranging of some household tasks, such as the menu planning for meals. We observed an active, calm morning and afternoon within the home with residents coming and going as they had planned and presenting as being chatty and happy. People feel comfortable at home at Landsdowne Gardens, they mostly receive care and support which fosters confidence and self-esteem.

2. Care and Development

Summary

People are supported by kind and caring staff, who have a good understanding of their needs and preferences. Care and support plans are in place, with risk assessments and behavioural management plans, which are seen to be reviewed however some work is needed to ensure that when the review has taken place changes are made and documented. Signatures are needed on all appropriate documents to evidence the input and agreement from people living at the service and/or their relatives. Some work is needed to ensure that all risk assessments are in place as needed.

Our findings

People are often involved in making decisions that affect their lives. We observed the care and support plans for two of the three people living at the service. These documents provide staff with clear directions as to how to meet people's individual needs consistently. We found the plans to be written in a person centred way and showed that people were actively involved in setting their own goals. One person told us of their desire to progress that is to move into supported accommodation and out of residential care, and to gain employment. When we read their care plan we saw that their needs were recorded as outcome's, and detailed the person's desire and actions as to how they would like to reach this, with support. People's progress towards meeting their outcomes were included, with dates. However, both files reviewed identified that some improvements were required as we saw that the actual outcome was the same for both residents that is; 'I am supported to achieve my goals, wishes and dreams'. Improvements are needed to enable staff to record more specific outcomes for people, which are measurable and achievable. We noted that there was no evidence on the training report of outcome training being available for staff. We saw that on some care documents there was a lack of signatures from staff, and fewer signatures from residents. This is important as it shows evidence of people's involvement and their agreement with the plan. We saw minutes of residents meetings which evidence their involvement in the general running of the home. People can mostly make decisions about the service they receive from a staff team who know them well.

Some work is needed to enable staff to access residents care documents easily and efficiently. The layout of the files were awkward to read with documents filed in different places, making it difficult for staff to navigate around, having linked documents filed close to each other would enable ease of access for all. We also found that although reviews were being undertaken, in a timely manner, that is every three months; we found they were not always cross referenced with the specific document, and changes were not necessarily updated in the document being reviewed. Although we found peoples care needs are documented, this is not easily accessible and consideration needs to be given to the organisation and layout of the care files.

People are mostly supported to stay well, and manage particular challenges they might face. Some people are being supported to become fitter and lose weight, we saw that food intake is being monitored with charts recorded in their care files. However, we saw little details as to what optimum weights should be and how the person had chosen to monitor and manage their weight loss. This is important as people are more likely to achieve

success in their plans if they are actively involved, and progress is monitored. People's risks were mostly recorded within their risk assessments, which staff were aware of. However we found that for one person the risk to their health had not been considered in relation to their nail care and the risk for potential deterioration of their health if assistance wasn't given. We discussed this with the manager who agreed to give this their immediate attention. We also saw little clarity for staff as to how to manage early indicators for potential agitation residents might present. When we spoke to staff they showed us that they were aware of how to manage this situation. The manager told us they will be reviewing and working with care documents and ensure that these are reviewed regularly. People are mostly supported by staff who they know well and have a good understanding of their care needs.

People benefit from having sufficient numbers of staff. We saw staff interact with people in a positive way offering warmth and encouragement and people are treated with kindness and respect. Staff had the time and confidence to develop meaningful relationships with the people living there. People told us that *'staff here are good, they listen to me and help me to do the things I want to, usually when I want to'* and *'I like to have a good chat and a laugh with the staff, they are busy sometimes but they are usually available for me'* People are supported to make decisions and go out at the time they choose,

3. Environment

Summary

People live in pleasant accommodation which meets their needs. The home is in a good decorative state, it is clean and fresh smelling, and had a homely appearance. Some work is needed to cut the front garden grass and trim bushes. The service was felt to be safe, with all appropriate certificates in place.

Our findings

People live in pleasant accommodation which meets their needs. The home contains three private bedrooms, one with en-suite. One bedroom is located on the ground floor, and the other two are located on the first floor. There was a communal bathroom and toilet on the first floor. We observed that the home was in a good decoration condition and people were able to personalise their rooms. We were informed (and read), that people living at the service had been involved in the management of the home that is in decorating, managing the garden areas and choosing vegetables and flowers to plant. One person showed us plants they had recently purchased and how they were looking forward to watching them grow. We saw that some work is needed in the front garden to mow the lawn and trim the bushes. We saw that mostly people live in a homely environment, which enhances their feelings of value and worth.

The home is laid out in a way that enables people to make the most of the space available. The conservatory is used as a sleep-in room for staff, we observed staff had cleared away their sleep-in space and this room was then available for residents to use as an extra space, and access to the garden. We saw people using this space to sit in quietly and to walk through into the garden. On arrival at the service we saw a large number of black plastic bin bags in the garden. These were quickly removed on our arrival. It is therefore recommended that arrangements for the consistent and safe removal of refuse should be arranged. Overall people can generally make natural associations with staff and other residents as well as having private space as they choose,

People can be assured they are supported in an environment which is as safe as it could be. This is because we saw the safe storage of chemicals. We were shown the locked cupboard where COSHH (Control of Substances Hazardous to Health) products were stored. We reviewed the homes health and safety information which was kept in the office of the home. We reviewed all relevant safety certificates including the latest annual electrical installation report dated 3.12.18, this is an audit by a qualified electrical engineer to test the safety of a home's electrical system such as wall sockets and fuse boards. We noted there to be a few minor faults, which had since been repaired. We the fire risk assessment had been carried out recently, which showed as 'low' risk and annual gas safety certificate dated 06.09.18. We found that unnecessary risks to people as far as possible are eliminated.

4. Leadership and Management

Summary

People are now benefitting from a stable staff team. A permanent manager and responsible individual have been appointed and are now awaiting appropriate registration. The service is now seen to be an improving service, which is showing some good plans and actions for its ongoing development and progression. The stability of management oversight is now possible to enable the people living and working at the service to feel appropriately supported

Our findings

People receive care from a service which is committed to providing person centred homely care provision. The manager provides person centred care to the people they support. We observed care documents which were written in a person centred way, and planned actions to develop this work further.

The service is committed to on-going improvements being made to ensure that the vision, values and purpose of the service is clear. The service has a Quality Assurance Report which is currently being amended. This report shows that residents feel positively about the support they receive. There is work on-going to put together an action plan to deliver an improved service to the people living at the home. We saw evidence of on-going proactive work taking place by the new manager to strengthen processes and the delivery of an improved service to the people they support. This includes an audit of care files to make these documents easier for staff to follow. The manager is also updating the statement of purpose. People receive a service, where they are supported to understand the care and support opportunities which are available to them.

People are cared for by a staff team who are supported by their management team. We observed that staff received supervision within regular and consistent time scales. Supervision is important as it enable workers to check their understanding of particular issues/policies, seek support and assistance, and allows managers to discuss progress and or improvements needed. Supervision should be undertaken regularly and consistently. We found that these meetings had been managed mostly within the agreed time scales. The manager informed us that they will continue to work to ensure that all supervisions are undertaken within agreed time scale. Staff told us that despite the manager being relatively new, they felt comfortable approaching them about concerns they had and they were able to request additional supervision at any time. People are supported by staff who understand and work to fulfil their roles in relation to the service's aim's, plans and responsibilities.

People are supported by a staff team who mostly received appropriate training. The home is invested in gaining a clear oversight of the staff's training needs. We were told and observed that a review of the training provided to staff was in progress. The current training report shows a number of mandatory training areas that have been completed in a timely manner. It also highlights some areas of training show a low overall percentage of completion. The manager's review of this has highlighted that the staff training information

has not always been processed in a timely and accurate manner. They have also found that some staff on the list have left the service and need to be removed, hence showing an inaccurate overall percentage. When we spoke with the staff they informed us that there was now clarity as to the training available and the recording of training received. It is important that the manager progresses her review and ensures that mandatory training and additional training appropriate to the service is provided for all staff. People are confident that the manager will ensure that staff receive the support and training they need to best support residents.

People have their concerns listened to and managed well. There was evidence that people living at, working in or visiting the home know how to raise concerns and are supported to do so and that these are acted upon. When asked people told us that they knew who to go to if they had a concern or a complaint. The manager told us there were no on-going complaints within the service. They also informed us that they have regular residents meeting. These meetings give people the opportunity to voice opinions and gain involvement in planning décor of the home, as well as planning meals and being involved generally in decisions and discussions about any changes planned or problems with the home. People feel listened to and feel confident that they will be able to talk to staff when they are upset.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

This is the first inspection completed since Landsdowne Gardens were registered under the Regulation and Inspection of Social Care (Wales) Act 2016.

5.2 Identified non-compliance where non-compliance notices were not issued

During this inspection, we identified the registered person were not meeting legal requirements and this is resulting in the potential outcomes for people using the service in relation to; Regulation 15 (e). This is because we found that for one person the potential risk to their health had not been considered in relation to their nail care, and the impact upon them of the potential for deterioration of their health. That is: one person had long jagged and dirty nails, which needed care and attention. We read in their care documents that when they become agitated they pick at their nails this could cause bleeding and that they are diabetic. We saw no risk assessment in relation to this to advise staff as to how to manage the situation. We also saw no staff recordings in the daily recordings in relation to any actions they might have carried out. A referral had not been made to the GP, to refer to a medical professional to cut the persons nails in line with diabetic care. A non-compliance notice was not issued at this time as we judge there had been no direct adverse impact for the resident.

5.3 Recommendations for improvement

- That care plans should record more specific outcomes applicable to each resident, and that outcome training should become available for staff to assist them with this.
- People living in the home to be encouraged and supported to manage daily living tasks throughout the day, including: cleaning, cooking and planning tasks of daily living
- Improvements are needed to ensure that when people are involved in writing their care documentation, and their signatures are gained to evidence this involvement.
- Improvements are needed to the current layout of the files to enable staff to be able to link relevant areas and navigate around the files with greater ease.
- That appropriate action/changes from care plan and risk assessment reviews are made to the care plan/risk assessment documents, with dates and signatures attached.
- The reason for recording peoples food intake charts, and record of weight should be recorded as well as to what the target weight should be.

- Arrangements should be made to ensure all refuse is removed from the premises in a timely manner to prevent risks to the immediate environment, such as the risk of pests.
- Ongoing review and monitoring of staff training, as well as updating of the training matrix.

6. How we undertook this inspection

The following sources of information were used to support our findings for this report:
Review of information held by CIW about the service. This included the previous

- Inspection report and records of notifiable events and any concerns received since the last inspection.
- We met and held discussions with people using the service.
- Observations of care practices and interactions between staff and service users.
- Discussions with the person in charge at the time of the inspection, senior officers and staff working at the home.
- Examination of two service user care files.
- Examination of three staff personnel files.
- Review of the staff training matrix detailing training completed.
- Statement of purpose and Quality report
- Examination of the staff handover book, minutes of service user meetings and minutes of staff meetings
- Examination of health and safety records for the home
- Visual inspection of the home and rear garden, giving consideration to the environment, layout, furnishings and fixtures.
- Staff rotas

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	Victoria Bailey
Registered maximum number of places	3
Date of previous Care Inspectorate Wales inspection	First inspection since registration.
Dates of this Inspection visit(s)	15/05/2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	No
Additional Information:	

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