



Inspection Report on

Avondale

Cardiff

Date Inspection Completed

10/06/2019

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Description of the service

Avondale is registered with Care Inspectorate Wales (CIW) to provide rehabilitation and support for a maximum of five individuals (all male) over the age of 18. The home's Statement of Purpose provides detailed information relating to the level of need the service can support.

The registered service provider is Integra Community Living Options Limited. Peter Max is the nominated Responsible Individual (RI), who oversees the strategic operation of the service. A manager is employed, who is registered with Social Care Wales (SCW), who now maintain the register of social care workers.

The home is located in Llandaff, Cardiff. On the day of our visit we were informed three people were accommodated.

Summary of our findings

1. Overall assessment

Overall, we found people receive a good standard of care in suitable accommodation. Staff are familiar with the needs and preferences of people they support. Independence is promoted and individuals are able to engage in activities appropriate to their needs and abilities.

2. Improvements

This was the first inspection since the service had registered under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA 2016). Any improvements are to be considered as part of the next inspection.

3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service. We did not identify any non-compliance.

1. Well-being

Our findings

People are supported to maintain their physical well-being. A review of a sample of people's care records demonstrated the service produced plans of care in order to promote good health. We saw personal plans and risk assessments, which included plans for physical health promotion, bloods monitoring and specialist health conditions. We requested additional information in relation to staff practice concerning an area of health care, as it was unclear why care staff had undertaken a particular task. Following our inspection we were provided with an assurance that health care professionals had been consulted, resulting in a more detailed plan being put in place in order to monitor one aspect of a person's physical health. There was evidence the service made contact with health professionals when this was required. Based on what we saw we are satisfied people receive the support they require to remain as healthy as possible.

There is a clear emphasis on promoting people's independence. On the day of our inspection visit, people's support was tailored and individualised. People completed weekly planners of how they wished to spend their time. Interests included attending educational facilities, spending time at the house, eating out and visiting places of interest. On the day of our visit, we saw people making plans for the week, which included, attending medical appointments, shopping and visiting local facilities. People were encouraged to prepare their own meals, wash dishes, clean their rooms and pursue interests within the community. Comments from a care management professional included, *'The service user I am involved with has made good progress and is now ready for the next move in their recovery. The care staff have been very supportive and enabling.'* Independence was promoted in regards to the administration of medication, where we saw people receiving differing levels of support. Spot checks were in place to ensure medication had been taken as prescribed. Evidence suggests people are supported to develop a level of independence. This includes being encouraged to be responsible for their own medication, integration into the local community and have assistance to make use of community services, facilities and activities to pursue interests and hobbies.

The emotional well-being of people is promoted by a group of staff who know them well. We observed interactions between people living at the home and members of staff; these were warm, friendly and encouraging. Staff demonstrated they understood people's complex needs. Comments from people receiving a service included, *'Staff are very understanding and really helpful. It is a nice place, very clean, very well run. The manager and staff are 100%,'* and *'I am happy here, it's a nice place. Staff are very nice and are kind. My room is good. The food is good, I enjoy it.'* Plans in place included triggers which indicated when people's emotional well-being was at risk of deteriorating, where detailed information of actions to be taken were in place. Based on what we saw, we are satisfied the service provider takes appropriate steps to maintain and promote the emotional health of people living at Avondale.

People are provided with the opportunity to influence their care and day-to-day life within the home. We saw people had been encouraged to sign their plans of care and when they refused this had been documented. We viewed the minutes of meetings held between staff and people living at the home, which evidenced people had been given a 'voice' in matters relating to the home. However, we recommend any actions identified through the course of the meeting, should be clearly documented. Then at the next meeting these should be followed up, to ensure outcomes have been achieved, or if not, to explain to the people in attendance why this is so. We also saw people had been consulted during provider monitoring visits. A professional told us, *'As far as I am aware service users are consulted and their wishes incorporated as far as possible.'* People's well-being benefits positively from opportunities for consultation, which enable them to have a 'voice' in matters relating to the running of the home and how they live their life.

2. Care and Support

Our findings

Care is tailored to the individual. We considered the care documentation of a small sample of people living at the home, including their personal plans. These plans are important documents, which outline a person's needs and the support they require from staff to meet those identified needs. Recorded information included a history and sense of the person. Plans were both proactive and reactive. We saw choice had been respected and upheld wherever possible, in keeping with the person's assessed needs and individual plans. Recorded dates indicated regular reviews of people's care had taken place. Prior to a placement commencing, a detailed process of assessment had been completed, where compatibility with the other people residing at the home had been considered. Based on the above we conclude people experience positive well-being because their needs are understood and catered for and staff have access to guidance to enable them to carry out expected support.

People are treated with dignity and respect by staff who appear compassionate and caring. We heard staff interacting with people in a warm and friendly manner throughout the inspection. People's wishes were sought and respected throughout the time we were present. One person told us *'Staff are kind to me.'* The interactions we saw demonstrate staff understand the people accommodated and are able to react promptly and effectively to their needs.

People receive encouragement from staff who are valued and supported in their roles. However, some improvement is required regarding staff training arrangements. All staff, who had completed their probationary period, possessed a vocational qualification. We considered a list of training completed and spoke with members of staff and the RI regarding training and induction. Although we saw a range of training had been completed, some needed to be refreshed. We reviewed audits of the service and supervision records and saw recommendations had been made that training needed to take place in identified areas. Records viewed did not always reflect this had taken place. Additionally, new staff should be completing a programme of training relevant to their role, which we did not see evidence of. People living at the home were very complimentary about staff competence. Additionally, we received positive feedback from staff we spoke with. One person, for example, told us: *'It's a really, really good service. I am happy to work here. There is a good induction. The manager is brilliant and is very supportive.'* We saw records evidencing medication competency assessments had taken place. We considered the record of a person's induction, which was in progress. We noted it was detailed, however, was not the one published by SCW. Whilst we saw management had signed off competencies, we noted there was no explanation of progress made or reflection on practice. We discussed our findings with the RI, who provided assurances immediate action would be taken; additionally the induction published by SCW will be used going forward. We considered people are supported by a competent staff group and there is evidence to demonstrate staff

generally have access to training. Where recommendations have been made, the RI assured us they would be implementing immediate improvements.

3. Environment

Our findings

People live in a domestic setting that is appropriate to their needs. Avondale is situated in Llandaff, on the outskirts of the city of Cardiff. The home's interior was comfortable and homely. Four of the five bedrooms benefitted from en-suite facilities, as detailed in the home's Statement of Purpose. A communal bathroom was also available. Communal rooms were well decorated and provided adequate social space. People were encouraged to prepare their own food; therefore, the premises had not been inspected by the Food Standards Agency. People live in an environment, which is personalised, welcoming and suitable for their needs.

Systems are in place to protect people and their personal information. We saw access to the home was secure. We were unable to gain entry into the home without assistance from staff. People's personal information was securely stored and computers were password protected. We judge people live in an environment that is safe and secure.

People's health and safety is promoted and protected. We saw testing and servicing of appliances and equipment was kept up to date, as were risk assessments. We saw the public liability insurance certificate and records of a visit from a private company who had completed fire safety checks. We saw a risk assessment was in place for Legionella. The RI provided confirmation the water system was checked and inspected routinely by a competent person, in accordance with the risk assessment. Based on the information available to us, we are satisfied people live in a home which is properly maintained.

4. Leadership and Management

Our findings

The service benefits from robust day-to-day management. A manager is employed who is appropriately registered with SCW. On the day of our visit, the manager was unavailable, but another senior manager within the organisation assisted us, who had a good understanding of the service. Staff and people living at the home provided positive feedback about the manager, telling us he was approachable and very professional. Requested information was provided straight away, which indicated good organisation. We considered records of incidents that had occurred. Based on what we saw, we were satisfied these matters did not meet the threshold for reporting to CIW. We judge, people receive a service which is well organised.

The service provider works with the home's management to ensure it is continually improving. Management and staff members told us the RI had a visible presence within the service. We viewed the most recent reports of quarterly visits undertaken by the RI. Reports evidenced people had been spoken with in order to determine if they were satisfied with the service. Additional to the RI reports, other auditing processes were in place. We saw reports of auditing visits completed by other managers within the organisation, which identified where improvements could be made. We were provided with the report following a medication audit, completed by clinical staff within the organisation, which indicated the home implemented safe medication procedures. A range of policies were in place, which provided guidance to staff. We considered the policies for safeguarding and medication, which were detailed and included necessary information. We judge the registered provider possesses oversight of the service, where there is strong commitment to drive continuous improvement.

There are effective systems in place for staff supervision that leads to agreed targets. Supervision in this context refers to members of staff meeting regularly with their line manager on a confidential one-to-one basis, to discuss their performance, training needs or any concerns they may have. This in turn ensures people living at the home receive the best possible care from a knowledgeable, motivated staff group. We viewed a sample of records and saw staff had access to regular, meaningful formal supervision. As stated above, if a need for training is identified this should be followed up. We judge, people are cared for by staff who are motivated and supported by the implementation of formal processes.

Recruitment processes are in place to safeguard people. We viewed a small sample of staff personnel records, which included proof of identity, Disclosure and Barring Service (DBS) checks, employment history and references. We judge the service follows a robust process to ensure the staff it employs are suitable to work with vulnerable people.

The aims and objectives of the service are clear. We looked at the Statement of Purpose, which is an important document. It should contain specific information to help individuals

have a clear understanding of the culture of the service, how it will be provided and what they can expect to receive. The Statement of Purpose contained the expected information and identified the measures the service will take to promote the Welsh language needs of individuals. We requested a copy of the written guide to the service and were provided with the Service User Guide. Generally, relevant information was included, but we recommended the service provider revisit the document in order to make minor amendments and consider what is required within the new legislation. Following our visit, we were provided with a written guide to the service, which included all necessary information. We conclude, the documents in place set out and provide people with an understanding of the service they can expect to receive.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

This was the first inspection carried out under RISCA 2016. Any improvements to be considered as part of the next inspection.

5.2 Areas of non compliance identified at this inspection

No areas of non-compliance were identified at this inspection.

5.3 Recommendations for improvement

We made the following recommendations to promote quality outcomes for people receiving the service:

- A review of staff training should take place, including the training undertaken by newly recruited staff. Additionally the induction record (booklet) for new staff should be regularly updated throughout the induction period.
- Clear guidelines should be in place if staff employed at the home have delegated responsibility for undertaking health related tasks.

- Following meetings, held between staff and people living at the home, any actions identified should be clearly documented. These should be followed up at the next meeting.

The RI advised CIW that measures have been put in place to address all of the above.

6. How we undertook this inspection

We carried out a full inspection. An unannounced visit to the registered care home took place on 10 June 2019. This was the first inspection since the service had registered under RISCA 2016.

Our findings are included within the body of the report. The following sources were used to inform this report:

- Consideration of information we already held about the service, such as re-registration information and notifications of significant events.
- Discussions with the RI and management within the organisation.
- Observations and interactions with people receiving a service and/or their representatives via a mixture of visits to the care home and questionnaires. We also received feedback from staff within the organisation who provide direct care to people living at the home and professionals who are involved in the commissioning of people's care.
- Examination of care records for a sample of individuals. This included care planning documentation, risk assessments and daily care intervention records.
- Personnel records for a sample of staff. This included information relating to recruitment, training and supervision.
- The public liability certificate of insurance.
- Consideration of a sample of policies, which included safeguarding and medication.
- The Statement of Purpose and the written guide to the service.
- A range of auditing information, which the service provider utilised to measure the quality of the service.

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	Integra Community Living Options Limited
Manager	A manager has been appointed who is registered with SCW
Registered maximum number of places	5
Date of previous Care Inspectorate Wales inspection	First inspection under RISCA 2016.
Date of this Inspection visit	10 June 2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	Yes
Additional Information:	

Date Published 31/07/2019