Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report on

Hengoed Court Care Home

Cefn Hengoed Road
Winch Wen
Swansea
SA1 7LQ

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Description of the service

Hengoed Court Care Home is located in Winch Wen, Swansea. The service is owned by Vitrose Ltd. and the registered manager is Nicola Williams. There is also another manager, Marie Diamond, who manages the home on a daily basis. Hengoed Court Care Home provides care and support for 107 people who require either nursing or personal care.

Summary of our findings

1. Overall assessment

We found that people living in Hengoed Court Care Home receive care that focuses on their individual needs. The registered manager provides clear direction and ensures the staff team are well supported. Systems are in place to monitor the quality of care, and action is taken to address any areas that require improvement.

2. Improvements

Care planning is now recorded electronically so that all care planning updates are immediately accessible for the staff at the home and other healthcare professionals.

3. Requirements and recommendations

Section five of this report sets out the action service providers need to take to ensure the service meets the legal requirements and recommendations to improve the quality of the service provided to people in the care home.

We recommended that:

- Medication is managed in line with N.I.C.E. (National Institute for Health and Care Excellence) guidelines for managing medication in care homes 2014.
- Individual activities with people are recorded.
- Consideration of how people and/or their relatives' involvement in decisions about their care is evidenced.
- People and family members' involvement in care reviews is evidenced.
- The manager arranges for the statement of purpose and the service user guide to be provided bilingually, in Welsh and English.

1. Well-being

Summary

People living at Hengoed Court Care Home are treated with dignity and respect. The provider has an ethos based on ‘How they would like their family member to be cared for.’ The well-being of people in the home and the care workers who support them is a priority.

Our findings

People can be assured that their privacy and safety is maintained. People were safe from unauthorised visitors entering the building, as all visitors had to ring the front door bell prior to gaining entry and we were requested to complete the visitor’s book when entering and leaving. Care workers and trained nurses we spoke with were clear about their responsibilities regarding protecting the people they supported. They were also clear about the actions they would take if they had any concerns about a person’s well-being. Care workers’ files we examined confirmed that they had attended training on the principles of DoLS and safeguarding and we saw that policies were in place relating to these areas and were accessible to staff for reference. We saw risk assessments in people’s care records which were reviewed regularly to ensure that the risk to people was minimised. We saw that Deprivation of Liberty Safeguarding (DoLS) applications had been made where people lacked the capacity to make choices about their own safety. A system was not in place to alert the manager of the expiry date of the DoLS authorisations. However, the manager was considering an alert option being installed on the electronic care record system. This meant that as far as possible, people are kept safe.

People can take part in meaningful activities, feel valued and make a contribution to the home. An activity co-ordinator was available for the equivalent of seven days every two weeks. This is in addition to events held in the home such as ‘arts and craft’ sessions. In the main lounge there was a craft sale table with products that were made by people in the home. There were patios and seating areas with views of the coastline and grounds. Flowers were being planted and people told us that they were involved with choosing the plants and were excited about getting the home and garden ready for the coming season. One person told us, “*We enjoy potting the plants and we get to choose the colours and plants.”* On the day of the inspection, peacocks were being moved in to the farm, and we accompanied people to the lake in the afternoon to see them. A petting farm was in the process of being developed, with an opening day was planned with people contributing ideas to the naming of the farm for the official opening. People told us about trips they enjoyed and one person said, “*We go to Mumbles and always have an ice cream.”* Photos of outings were kept in a book available for all to see and an activity record was also maintained. Noticeboards had upcoming events displayed such as Cupcake Day and Fathers Day celebrations. We were told of individual activities that were provided, but

recordings of these were not evident to us. We therefore recommended that the manager evidenced this in individual care records. Overall, we found that improvements have been made to activity provision and the development of projects within the home, adding to an overall sense of well-being for the people taking part in them.

People's views and choices are respected. We spoke with people in communal areas and in their own rooms. One person said, *"I like being here where I can read and knit and then when I want to join the main activity, I do."* We saw a choice of meals provided and people spoken to were very positive about the food and one person stated "*There is always something available in between meals.*" A coffee shop was available on the ground floor near the lake. This enabled people and their visitors to have a choice of venues for socialising. One person told us that they had attended resident and relatives meetings in the past and contributed their ideas. Another person was not aware of these meetings, although they were advertised throughout the home. We saw that the last three resident and relatives meetings arranged had not been attended. The manager told us that as a management team, they had a presence within the home and therefore received regular feedback from people and their relatives. This was confirmed by people and relatives we spoke with. One person said, *"We don't really feel the need to attend. The manager and all the nurses are always around if we need them."* We conclude that people are involved with decisions about their own care, their day to day routine and the running of the home. However, as this is not captured within meeting minutes, we recommended that consideration was given as to how this involvement is evidenced.

The home is working towards a Welsh language Active Offer. This means being proactive in providing a service in Welsh without people having to ask for it. On discussions with the manager, people and care workers, we saw there was no demand currently for Welsh speaking support. However, the manager agreed with the necessity of providing an Active Offer in the event that the home supported anyone who did prefer to communicate in Welsh. The manager is therefore arranging for the home's statement of purpose and service user guide to be made available bilingually so that people will not have to ask for them. This will mean that Welsh speaking people would be able to make informed decisions about their care and support.

2. Care and Support

Summary

People receive the right care in the way that they want it, in a timely manner. People are supported to remain healthy and are supported by a well established staff team who are caring and know them well.

Our findings

People receive timely and appropriate support. Care workers and nurses told us that they felt that they could meet the needs of people in a timely manner and we saw positive interactions between staff and people they were supporting. Care workers demonstrated their knowledge of people and their care needs and we were told by one person that, "*Everybody is lovely here.*" We noted that people's call alarms were answered promptly throughout the inspection. Care workers and nurses were visible in the communal areas of the home and were seen spending time talking to people in a respectful manner. We observed a calm, relaxed atmosphere with positive and kind interactions between people and care workers. We concluded that people receive the right support when they need it.

Individual needs are anticipated and where possible, independence is supported. One person told us, "*I feel I can be as independent as possible.*" Another person told us that they were awaiting a physiotherapy appointment to work towards improving their independence; it was confirmed by the manager that this had been arranged. A relative stated, "*She has never looked so well since moving to the home."* Peoples' daily records, assessments, care plans and risk assessments were recorded electronically and were viewed on laptops. Care workers and nurses carried handheld devices that were linked to the system; these were used to update people's care records as they interacted with them and provided alerts when a planned interaction, such as checking a person who was being nursed in bed, was due. This meant that up to date information could be obtained from the electronic record as the care was delivered. In addition, we saw how all information that was entered into the system was collated into a summary of the person's care and support at the end of each day; this gave nurses an overview of how the person's support needs had been met. Care plans and risk assessments detailed how peoples' needs were met and were regularly reviewed. Although people and family members told us that they were invited to be involved with the initial assessment and reviews, this could not always be evidenced in the care records we examined, so the manager agreed to ensure that people and their relatives' involvement was recorded in future. Care records we viewed did not have detailed social histories regarding people's backgrounds, but we saw that 'About Me' booklets were in the process of being completed. We also saw concise pen pictures of people's lives in their own words, displayed outside their bedrooms, with the person's consent. This information was also captured within the electronic care documentation and

demonstrates that individual needs and preferences are understood and anticipated by care workers.

Improvements are required with the administering, ordering and storage of medication. Due to recent concerns regarding people missing their medication, the provider had reviewed and updated its medication management processes. The home's system for ordering medication has been simplified to prevent errors being made. Whereas beforehand, several nurses were involved in the ordering and receiving of peoples' medicines, the new system involved only three specific senior staff and each of these people we spoke with was confident about their role and responsibilities and believed that the new system was safer. We were also told of the recent appointment of a second clinical lead nurse, which should assist in working towards best practice. Senior care workers and nurses had protected time to administer medication and we saw medication being given to people in a timely, safe and dignified manner. We checked 14 medication administration records (MARs) and saw that these were completed appropriately following administration of medication. However, we did note that out of these records, seven had hand written prescriptions which were not signed by two staff, as recommended within the National Institute of Clinical Excellence (NICE) guidelines for the administration of medication in Care Homes 2014. We also saw that six of the medication records seen did not have a photo of the person. We therefore recommended that the provider followed the NICE guidelines at all times in order to maintain best practice. We saw that medication was stored securely in locked cupboards, stocks were regularly audited and the manager undertook regular spot checks of medication administration to ensure people's medication was being administered correctly. We saw that daily recordings were kept of the fridge temperatures where medication was stored but not of the room temperatures. We therefore recommended that the manager ensured that daily recordings were kept of the room temperatures, in line with NICE guidelines. This evidences that on the whole, people living in the home receive medication as prescribed, but that improvements are required.

3. Environment

Summary

Hengoed Court Care Home provides a comfortable and homely environment that is suitable for people's needs. People are supported in a safe environment. Bedrooms were personalised to reflect each occupant's taste and interests and peoples' confidentiality is respected.

Our findings

Hengoed Court Care Home is comprised of four floors, with a passenger lift for accessibility. There were lounges and dining rooms on each floor, together with kitchenettes for people and their families to socialise and make hot and cold drinks when they wished. Although all bedrooms were en suite, there were bathrooms with adapted baths on each floor for people who found it difficult to use a traditional bath. Additional facilities accessible included a coffee shop, library, hairdresser's salon and a gym. The home is designed to promote accessibility and independence where possible. People told us that they found it easy to find their way around; this included people with walking frames or who used wheelchairs. We saw people socialising with friends or visiting other areas for activities throughout our visit. One relative told us, "A*lthough it is a big home it feels like a small home within."*

People told us they felt happy and comfortable. The home was warm and had many spacious areas for people to use. Externally, there was a large lake to the rear of the property, with a circular walkway around it that is accessible for people with reduced mobility. There were decorative flower displays throughout the gardens and patio areas on each floor so that people could enjoy sitting outside, each with a water feature, grass, flowers and seating. People told us that they liked to sit outside on sunny days and we observed several people doing that with their friends and relatives. People contributed to suggestions regarding the décor in communal areas and within their own bedrooms. Currently, a mural was being painted along one corridor and people had been asked for ideas about decorating it further. Bedrooms contained clear evidence of personalisation with items such as ornaments, soft furnishings, photos and items of furniture. This demonstrates that people can feel valued because they are supported in an environment that suits them.

People are supported in a safe environment because regular, monthly audits of the physical environment addressed any issues that arose. All COSHH (Control of Substances Hazardous to Health) materials we saw were stored correctly, in line with the COSHH Regulations 2002. We saw from maintenance records that monthly checks of equipment had been carried out to promote people's safety. These included checks of wheelchairs,

beds and hoist slings. Environmental certificates evidenced that general electrical and gas safety inspections had been carried out within the recommended timeframes. People could be assured of effective fire procedures. For example, we saw records that demonstrated that the fire alarm was tested every week. This evidences that people can feel secure because of the safe environment they live in.

Confidentiality is maintained. Care records were stored electronically and were only available to employees who were authorised to access them. The handheld devices carried by care workers were passworded to prevent unauthorised access. Employee personnel records were properly protected, as they were stored in the manager's office. We conclude that all personal information is well protected.

4. Leadership and Management

Summary

Procedures are in place to monitor care workers' recruitment, training and support. There are robust systems in place to assess and improve the quality of the service. The manager provides all employees with good support.

Our findings

The provider has developed robust systems to monitor the quality of support people receive, together with an overall commitment to continuous improvement. Surveys that were given to people in the home and their relatives were complimentary. Responses included, *"Very happy with everything"* and *"Can't really fault the place."* We saw that three-monthly visits were made to the home by the responsible individual which were used to check the overall quality of support provided in the home. There was a complaints policy and procedure available in the office and people and relatives we spoke with told us they knew how to make a complaint if they needed to. We noted that there had been three complaints since the last inspection and we were shown written evidence from complainants that they were satisfied with the home's responses and actions. Monthly audits monitored medication, call bells, pressure-relieving equipment such as air mattresses, manual handling equipment such as hoists and wheelchairs, and record keeping. From these, we saw that any issues that arose were resolved promptly. The manager showed us how findings from surveys, incident reporting, audits and complaints were collated and summarised into an annual care review which identified all planned improvements for the home, including an action plan. This illustrates that people can expect to receive care from a service committed to continuous improvement.

There are suitable procedures in place to monitor care workers' recruitment, training and support. We viewed employee recruitment records and saw that all the required employment checks were in place before new employees commenced working in the home. This included checks for references from past employers, photo identification and Disclosure and Barring Service checks. Employee training records demonstrated that new care workers went through a thorough initial induction, and then received regular support from nurses and the manager**.** Staff training records evidenced that employees were up to date in their essential training that was relevant to the people they supported, and included specific courses, such as dementia care, nutrition in the elderly and dental care. Employee supervision records showed that care workers and senior staff were regularly given the opportunity to discuss any issues they wished to raise in a formal setting and have the conversations recorded. This illustrates that the provider has developed good processes to monitor employee recruitment, training and support**.**

People know there are senior staff members, including the manager and a clinical lead nurse who are overseeing the service. It was evident that the manager had an open door policy; we saw her talking to several people throughout the inspection and noted that they were not rushed or hurried, and each person appeared to be happy to have the contact. We also observed that the manager was approachable and professional in her manner with the nurses and care workers on duty. This demonstrates that people can expect to have regular contact with the manager and senior staff members who are overseeing the care and support they receive.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

None

5.2 Recommendations for improvement

We recommend the following:

- Medication is managed in line with N.I.C.E. (National Institute for Health and Care Excellence) guidelines for managing medication in care homes 2014.
- Individual activities with people are recorded.
- Consideration of how people and/or their relatives' involvement in decisions about their care is evidenced.
- People and family members' involvement in care reviews is evidenced.

6. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. Two inspectors made an unannounced visit to the home on 7 June 2018 between 09.00 and 17.15.
The following methods were used:-

- We walked around the premises, visiting people in their lounges, dining rooms and their own bedrooms.
- We used the Short Observational Framework for Inspection (SOFI). The SOFI tool enables inspectors to observe and record care to help us understand the experience of people who cannot communicate with us.
- We met and spoke with fourteen people living in the home and six relatives.
- We spoke with five care workers, three nurses, a senior care worker and the registered manager.
- We examined six people's care records and five employee personnel and training records.
- We looked at a range of records, including the home's statement of purpose, service user guide, medication records, maintenance records and the staff training matrix.

Further information about what we do can be found on our website:
www.careinspectorate.wales

About the service

Type of care provided	**Adult Care Home - Older**
Registered Person	**Vitrose Ltd**
Registered Manager(s)	**Nicola Williams**
Registered maximum number of places	**107**
Date of previous Care Inspectorate Wales inspection	**21/11/2017**
Dates of this Inspection visit(s)	**07/06/2018**
Operating Language of the service	**English**
Does this service provide the Welsh Language active offer?	**Working Towards**

Additional Information:

The home is working towards an Active Offer. This means being proactive in providing a service in Welsh without people having to ask for it. On discussions with the manager, people and care workers, we saw there was no demand currently for Welsh-speaking support. The manager agreed with the necessity of providing an Active Offer in the event that the home supported anyone who did prefer to communicate in Welsh. The manager is arranging for the home's statement of purpose and service user guide to be made available bilingually so that people will not have to ask for them.