



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru
Care and Social Services Inspectorate Wales

Inspection Report on

Park View (Wrexham)

Wrexham

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

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Description of the service

Park View is a respite care service located in Gwersyllt which provides accommodation and personal care for up to four people at any one time who require care and support because of a diagnosis of sensory loss or impairment, physical disabilities and /or learning disabilities. Wrexham County Council is the registered provider and they have nominated a person to be the responsible individual. The registered manager is Wendy Bailey.

Summary of our findings

1. Overall assessment

People receive care and support from staff familiar with their needs, and with whom they have a positive relationship. They have access to support with healthcare needs whenever necessary. People are supported to be as independent as possible and have opportunities to be purposefully occupied within the home and in the local community.

People live in an environment that is clean, safe, well maintained and which meets their needs.

Staff are provided with day to day leadership and support but we could not evidence what training or formal supervision had been provided. Improvements are needed to ensure measures are in place to monitor, review and improve the quality of the service this includes the way that complaints and safeguarding issues are managed.

2. Improvements

Staff meet with relatives on the day of admission and complete a written 'hand over' form which notes people's current needs so that any changes since previous stays are known and recorded. This information is used to review and update care records.

Staff files now contain a recent photograph of each member of staff.

We saw the service had been visited by the responsible individual, or a person delegated by them, on four occasions since July 2016.

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;

- The service must consider how they are going to meet the requirements of the Welsh Active Offer in information provided about the service and in the way care and support are delivered.
- Care plans and risk assessments require improvement.

- Improvements are needed in the way the service checks and improves the quality of the service.
- The Statement of Purpose and Service User Guide must be reviewed to include all the required and recommended information.
- Improvements are needed in the way supervision and appraisal records are kept. All staff should be provided with an annual appraisal.

1. Well-being

Summary

People are comfortable and at ease with staff who are familiar with their needs and routines. They are supported to make their own choices and to be as independent as possible. Improvements are needed to make sure people's Welsh cultural needs are met, as, and when required by individuals.

Our findings

People have choices about how they spend their time. Relatives who completed our questionnaires all rated the service as 'very good'. Comments were also very positive and included that a relative liked the, "*friendliness, flexibility and friendly caring nature of all the staff*", "*nothing is too much trouble and visitors are welcome at any time without notice, they have nothing to hide*" and "*you can't improve on excellence*". People staying at the home during our inspection were not able to communicate with us verbally. We observed how people spent their time and how they were supported by staff to make choices, including, watching TV, choosing their own meals and food preparation. People were able to move freely around the home and spend time with staff and other people or in the privacy of their own room. We saw people were comfortable with staff and enjoyed friendly banter with staff that anticipated their needs. We also used the SOFI tool to observe the breakfast routine for one person. Their needs were catered for discreetly and in line with their choices and preferences. Opportunities for people to be purposefully occupied if they want to be are provided in a way tailored to individuals' needs and abilities.

People cannot expect to receive a complete service in Welsh. The Statement of Purpose and Service User Guide do not make any reference to how the service intends to meet the requirements of the Welsh Active Offer. This requires services providing social care in Wales to tell people how their Welsh cultural needs will be met. This includes providing information about the service in Welsh, gathering information about the languages spoken and level of competency of staff, and whether the home can provide care, support and records in Welsh. We saw that some small, home made Welsh signage was in place but this requires improvement to make it more easily accessible. The manager told us that some staff speak Welsh and that they were currently auditing the staff teams Welsh language skills. Staff spoken with confirmed they were supported to attend Welsh language classes if they choose to. People can expect to receive a limited service in Welsh, for example in conversations with staff, but improvements are needed in records and information about the service.

2. Care and Support

Summary

People's individual needs and preferences are known to staff and recorded. Care and support is provided in a way that actively promotes independence and individuals' potential. Care records have improved but require further work to make sure up to date information is readily available to staff and they are clearer about how people want their care and support to be delivered.

Our findings

People are offered warmth and encouragement. We saw staff responded promptly when people needed help or reassurance. Two people who used the service had completed our questionnaires with their responses indicating they thought the service was, "*very good*" and "*always met their needs*". One relative who completed our questionnaire commented that, "*we always have peace of mind when leaving xxx in their very capable, caring hands*". Comments received from professionals involved in the service were very positive and included, "*communication between service and families is excellent*", "*staff/carers are very quick to respond if they identify concerns. Nothing ever seems too much trouble*" and, "*requests never responded to in negative manner. It is a pleasure to see (people), at the service and to see progress and results of service users achievements and families when introduced to the service*". People are treated with kindness and respect.

People receive appropriate care and support during their stay. People's care and support needs were recorded and included details of any aids and equipment needed. Information about any diagnosed medical conditions was available for staff to refer to when necessary. Records included details of any medication people brought into the home, had taken during their stay, and any that returned home with them. Records also showed people were supported with their health needs, including seeking medical and healthcare advice if this became necessary during their stay. Improvements had been made in the record keeping when people returned to the home for respite care. Records showed that people's goals were recorded and records kept when these had been achieved, for example, buying their own ticket on public transport. We saw measures including meeting with relatives on, or before admission, had been introduced to make sure records were up to date and reflective of people's current circumstances. However, it was sometimes difficult to work out which information was current because out of date information was not always removed from the file and it wasn't clear how people's views were sought about how they wanted care and support to be delivered.

Care records included details of people's interests and activities, such as shopping, day care attendance, attending sensory support and trips out. We saw people being given choices about the meals and drinks available and supported to shop and prepare their own meals whenever possible. Risk assessments were in place but these lacked specific details about known risks and guidance for staff about how to reduce risks whilst supporting people's independence. People receive the right care at the right time but improvements are needed in care planning to make sure records are accurate, up to date and take into account how people wish care and support to be delivered.

3. Environment

Summary

People stay in a suitable, homely environment which offers a reasonable standard of living but which will benefit from the planned redecoration and refurbishment. Health and safety is taken seriously and the premises and equipment are serviced and well maintained.

Our findings

People are supported in a homely, domestic environment. We saw the home was clean, tidy and free from unpleasant odours but some areas require refurbishment and redecoration, for example some walls had settlement cracks and some paintwork was chipped and missing due to wear and tear. There are noticeboards in each bedroom which are used to write people's name and how long they were staying, which is institutional practice. A senior member of staff removed the dates and told us this practice would be reconsidered. A member of staff told us they thought the service should, '*improve the décor*' and that this could include, '*more matched bedding*'. The manager told us that the home was due to be redecorated and refurbished once the ongoing building work to extend the home had been completed. We saw equipment required by people including overhead tracking and accessible bathing facilities were provided. We saw personal items kept in the communal bathroom which is not good practice due to the risk of cross infection. These items were removed by a senior member of staff on the day of the inspection. The environment meets peoples' needs but requires updating.

People live in a safe environment. The home is well maintained and records are kept to evidence equipment was serviced in line with health and safety requirements. Weekly health and safety checks are made with any maintenance work required recorded. Fire prevention measures are in place including a fire risk assessment, fire safety training for staff and fire extinguishers which are regularly checked to make sure they are fit for purpose. Care and support is provided in a suitable, safe environment.

4. Leadership and Management

Summary

Information is provided about the service but this needs reviewing to make sure it is accurate in relation to complaints and includes reference to the Welsh Active Offer.

Whilst we have no concerns about how people are supported at the service, we cannot evidence that support is provided by staff that have completed necessary training or received formal support so they have the right skills and knowledge to meet peoples' needs. Improvements are needed in the way the service is managed, including record keeping, reporting to external agencies and quality assurance processes so that the service and outcomes for people are constantly improving.

Our findings

Information is available about the service. The service produces a Statement of Purpose and Service User Guide, dated June 2017 which includes details about the complaints procedure, but does not make it clear that any complaints would be investigated within 14 days and the complainant informed of the outcome. We were not told during the inspection that two complaints had been received. The manager told us they were unaware of the outcome of one complaint and that neither complaint had been logged with full details, including the outcome and any changes made as a result of the findings. The Service User Guide does not include the phone number of CIW and we also noted that the Guide needed to be clearer about who the service was registered to provide care and support to. Information about the service requires review and updating to make sure people are provided with correct information so they can make an informed decision about using the service. Complaints are not managed in line with legal requirements or good practice.

Leaders provide day to day support to staff. The manager told us the service had not recruited any new staff since the last inspection, although some staff had been redeployed from within the organisation. Staff spoken with told us they felt supported by the manager and senior staff and were able to approach them for advice when necessary. They told us they were provided with formal supervision but records provided by the manager did not include all staff working at the home and did not evidence that all staff were provided with regular, formal supervision in line with the recommended frequency of at least six times a year and an annual appraisal. People do not benefit from a service where staff are regularly supervised to make sure they are competent and fulfilling the expectations of the organisation.

Incidents, including safeguarding issues are not reported to external agencies. Although the Statement of Purpose notes that any safeguarding issues '*would be reported immediately*' to CIW, there have been two safeguarding issues at the service which were not reported to us as legally required, until requested. We asked to see the records but these were only available digitally and the computer at the service was not working. The manager told us that they had not been provided with feedback from Social Services about one of the issues. This means that the manager is unable to review such incidents and take measures to reduce the risks of them reoccurring. Measures are not in place to ensure CIW is

informed of incidents that impact on the safety and well-being of people who use the service.

The service is not visited regularly by the responsible individual. We saw that the responsible individual, or a person delegated to do so, had visited the home to look at the quality of the service. Records showed their findings were recorded but visits did not take place in line with the required frequency, for example evidence provided by the manager showed that only one visit had taken place in 2017. This was also identified in the last inspection report. Improvements are needed in the organisations oversight of the service.

Some quality assurance systems are in place. A relative commented that they thought the service was, “all *very good* – *would change nothing*”. We saw that a medication audit was carried out by a senior member of staff. However, this did not record the findings in sufficient detail, but merely recorded, ‘*yes*’, ‘*none*’ or *n/a (not applicable)*’. The manager told us that health and safety checks and inspections were undertaken by the organisation but that the findings were not shared with the manager. We could not see any evidence that the accident book had been audited to see if there were any trends so that preventative action could be taken to reduce further reoccurrence. We asked for a copy of the services Quality of Care Report for 2017 but this was not provided. Measures in place to monitor, review and improve the quality of the service are not always effective.

Staff are not always provided with appropriate training. All staff spoken with, and who completed our questionnaire, told us they had completed all necessary training but there had been reduction in specialist training available. This meant that staff may not have the skills and knowledge to meet people’s individual needs. The manager and staff told us about future planned changes to the needs of people using the service and that when the extension was finished people using that part of the premises would have higher, more specialised needs than that of people currently using the service. Staff spoken with told us of recent training that was intended to provide staff with specialised knowledge but the training was described as, “*very limited*”, “*outdated*” and “*not progressive*”. We were not provided with training records as requested so we are unable to evidence what, if any training staff have completed. We cannot evidence that people benefit from a service where staff are provide with appropriate training to meet the needs of people using the service.

5. Improvements required and recommended following this inspection

There were no non compliance notices issued.

We have advised the registered person(s) that improvements are needed in relation to quality assurance and an annual Quality of Care Report (regulation 25 (1) (2)). A notice has not been issued on this occasion, as there was no immediate or significant impact for people using the service.

We expect the registered person(s) to take action to rectify this and it will be followed up at the next inspection.

We have advised the registered person(s) that improvements are needed in relation to making sure CIW is notified, without delay, of any incidents that affect the health and well-being of people using the service (regulation 38 (1) (e) (g) (2)). A notice has not been issued on this occasion, as there was no immediate or significant impact for people using the service.

We expect the registered person(s) to take action to rectify this and it will be followed up at the next inspection.

We have advised the registered person(s) that improvements are needed in relation to complaints management (regulation 23 (1)). A notice has not been issued on this occasion, as there was no immediate or significant impact for people using the service.

We expect the registered person(s) to take action to rectify this and it will be followed up at the next inspection.

We have advised the registered person(s) that improvements are needed in relation to staff training (regulation 18 (1) (a) (c) (i)). A notice has not been issued on this occasion, as there was no immediate or significant impact for people using the service.

We expect the registered person(s) to take action to rectify this and it will be followed up at the next inspection.

We have advised the registered person(s) that improvements are needed in relation to staff supervision (regulation 18 (2)). A notice has not been issued on this occasion, as there was no immediate or significant impact for people using the service.

We expect the registered person(s) to take action to rectify this and it will be followed up at the next inspection.

We have advised the registered person(s) that improvements are needed in relation to monitoring visits by the registered provider (regulation 27 (2) (a) (c)). A notice has not been issued on this occasion, as there was no immediate or significant impact for people using the service.

We expect the registered person(s) to take action to rectify this and it will be followed up at the next inspection. **(This is repeated from the last inspection report).**

5.1 Areas of non compliance from previous inspections

We did not issue any non compliance notices.

5.2 Recommendations for improvement

- The service must consider how they are going to meet the requirements of the Welsh Active Offer in information provided about the service and in the way care and support is delivered.
- Care plans require further improvement to make them person centred and include more detail about how people want their care and support needs to be met. Risk assessments should be more detailed and specific.
- The Statement of Purpose and Service User Guide must include the timescale within which a complaint will be investigated, reassurance that any complaints received will be investigated and that complainants will be informed of the outcome. The Service User Guide should be clear who the service is registered to provide accommodation and care for.
- All staff should be provided with an annual appraisal.

6. How we undertook this inspection

We made a planned, unannounced visit to the service on 9 January 2018 between 10 a.m. & 3 p.m. as part of our inspection programme.

The following methods were used:

- We spoke with the manager and five staff.
- We toured the premises and reviewed the health and safety records relating to the building and necessary equipment.
- We sent out questionnaires to people who use the service, their relatives, staff and professional who have contact with Park View. We received two from people who use the service, two from relatives, two from staff and three from professionals. Their responses are included in this report.
- 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 looked at a range of records, including three care records. We reviewed the Statement of Purpose, Serve User Guide, supervision record and a medication audit. We also looked at reports completed by the responsible individual when they visited the home in line with the requirements of regulation 27.

Further information about what we do can be found on our website www.cssiw.org.uk

About the service

Type of care provided	Adult Care Home - Younger
Registered Person	Wrexham CBC Social Services
Registered Manager(s)	Wendy Bailey
Registered maximum number of places	4
Date of previous CSSIW inspection	7/07/2016
Dates of this Inspection visit(s)	09/01/2018
Operating Language of the service	Partially bilingual
Does this service provide the Welsh Language active offer?	No but working towards.
Additional Information: This is a service that does not currently provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people who use, or intend to use their service. We recommend that the service provider considers Welsh Governments' 'More than Just Words' follow on strategic guidance for Welsh language in social care.	