



# Inspection Report on

**rachel kathryn residential home**

**BRIDGE FARM  
HIGH STREET  
BLACKWOOD  
NP12 0HG**

## **Date Inspection Completed**

09 January 2020

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## **Description of the service**

Dawn Hobbs is registered with Care Inspectorate Wales (CIW) to provide a care home service at Rachel Kathryn residential home for up to four people. The home provides care for people over the age of 18 years with personal care needs who may have a learning disability, physical or mental health need.

Dawn Hobbs is the responsible individual (RI) for this service and there is an appointed manager, who is registered with Social Care Wales (SCW). The home is located in Argoed, Caerphilly.

## **Summary of our findings**

### **1. Overall assessment**

People who live in the home appeared relaxed and comfortable. There are opportunities for people to express their views and take part in activities they are interested in. We found staff to be hard working, caring and responsive to people's needs. Personal plans were person centred and contained detailed information, however, need to be revised as required. The home is welcoming, clean and meets the needs of people living there. There are support and training mechanisms in place for staff. Safety checks within the environment need to be strengthened. Quality assurance systems are in place. The RI and manager are committed to making improvements at the home.

### **2. Improvements**

This is the first inspection of this service since it was re-registered under The Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA).

### **3. Requirements and recommendations**

Section five of this report sets out details of our recommendations to improve the service and areas where the care home is not meeting legal requirements. In brief these relate to:-

- Health and Safety: Risks to people within the home need to be managed robustly.
- Personal Plans: The personal plan must be revised when required.
- Medication: Medication systems and practices need some improvement.

## 1. Well-being

### Our findings

People's individual circumstances are understood. The service ensures information is provided in a format people understand and it was evident from reviewing personal plans people were involved in this process. We saw individual preferences in different areas of people's lives are documented, respected and valued by staff. People were able to personalise their surroundings and there are opportunities for people to both formally, and informally, express their views and opinions on the running of the home. Preferences in terms of activities were documented and it was evident people participate in things that are of interest to them. It was clear from our observations that staff were familiar with people's needs. People have control over their day to day lives.

People are treated with respect and their health and well-being is promoted. External healthcare support is sought in a proactive and preventative way. There was evidence the service made contact with health professionals when this was required. However, personal plans had not always been updated to reflect recommendations made by professionals involved. We observed staff were caring and attentive to people's communication needs. People who lived in the home and a visiting social care professional were very complimentary of the care and support provided. Systems were in place to ensure clear oversight of people's health and we found evidence to indicate good relationships with community services were maintained. We conclude people are valued and their physical well-being is supported.

The service has mechanisms in place to safeguard people from harm. People knew they could talk to people working in the home, about anything of concern to them, and they told us staff were approachable. Staff were aware of how to raise concerns if they suspect harm to an individual and they had attended safeguarding vulnerable adults training. Safeguarding policies and procedures were in place and available. People were provided with information about the service and what they could expect from the service, however, some improvements to documentation is required. We conclude people are protected from abuse and neglect.

People live in an environment that does not always promote their safety. The home was clean, personalised and welcoming. We found communal areas were warm, homely and allowed people to relax and do things that is of interest to them. Medication was stored safely, however, improvements in the safe storage of hazardous substances were needed. We informed the RI and manager they must ensure fire safety checks are completed consistently and ensure window restrictors are in place, where required, in order to keep people safe. The RI assured CIW that the necessary improvements had been made following our visit. We conclude the environment is not always maintained in order to ensure risks to people's safety are acted upon in a timely manner.

## 2. Care and Support

### Our findings

People are as well as they can be, because their personal wishes and support needs are understood. We saw written guidance provided in personal plans reflected the needs identified in assessments. We noted care documentation was easy to navigate and well-organised so pertinent information could be easily accessed by supporting staff. We examined personal plans for two people living in the home and found reviews had taken place, however, we considered the review process generally lacked detail. We reviewed care documentation for one person who had received involvement from a health professional and noted the personal plan had not been updated following recommendations made. We noted a mobility risk assessment for one person had not been updated to reflect their current situation. We found clear evidence on file that people had been involved in the development of their personal plan. We considered personal plans to be 'person-centred' in their approach, contained essential information in relation to people's preferences and included pictures alongside information to make plans more accessible to the individual. People benefit from a service that has clear, personalised written guidance to enable staff to support them, however, the revision of personal plans need to be strengthened.

People are listened to, feel safe and valued. People appeared relaxed and had access to activities. We saw a person involved in an activity with a staff member and observed another person enjoyed a word search activity. We spoke to one person who told us they enjoyed going to a day service and playing bingo within the local community. We observed staff interacting positively with people during our visit by gently reassuring them and making sure they were comfortable. People living in the home were very complimentary of the care and support provided. We observed people having their lunch in a relaxed, homely atmosphere, chatting together with music playing softly in the background. People told us they felt safe. Staff we spoke with had a good understanding of how to report matters of a safeguarding nature and staff told us they had received safeguarding training. We conclude, people are happy, have things to look forward to and are safeguarded from harm.

We found people have access to health and social care professionals and services. The home made referrals to relevant professionals when needed. We saw evidence within personal plans that staff had liaised appropriately with health and social care professionals. For example, we saw contact had been made with an occupational therapist following concerns surrounding a person's mobility. We noted there was a detailed outcome recorded. We found specialist equipment was in place for one individual to support with their mobility needs. This shows the provider monitored and addressed people's health needs and staff obtained professional advice when required. We conclude, people have access to appropriate advice and support when required to promote their health and well-being.

Medication management systems are in place, however, we found some improvements are needed. We examined medication administration records (MAR) and reviewed medication processes. There were secure arrangements for storing medication in a locked cabinet, accessible only to authorised staff. We found medication records for two people included a recent photograph to assist in identification when administering medication, however, one person's MAR did not include a photograph. There was a robust system for monitoring controlled drugs. We completed a stock check of some medication and found these to be accurate. We noted hand written entries on the MAR charts had not been counter-signed by two members of staff to ensure these entries were accurate. We identified that when PRN (as required) medication was given, the result of administration was not always recorded. We discussed the administration and review of anti-psychotic medication at the home and we were assured by the manager this would be followed up with the prescriber. We conclude there are systems in place with regards to the management of people's medication, however, some improvements are needed in practice.

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### 3. Environment

#### Our findings

People live in a clean and comfortable environment that meets their individual needs. The environment was warm, clean and had sufficient internal and external space to meet people's needs. People's rooms contained personal belongings including keepsakes, photographs and were pleasantly decorated. People were involved in choosing the colour of décor in their bedrooms and we noted one bedroom was in the process of being decorated. One person showed us their bedroom and we considered this to be personalised and reflected the preference and personal characteristics of the individual. People had access to a living room with a shared television, conservatory/dining area and separate kitchen. We noted the conservatory had been refurbished in order to make this area warmer and more appealing. We also found some communal carpets had been replaced. People had access to an appealing garden area with panoramic views of the local and surrounding areas. Staff told us people used external areas during warmer months. We conclude people's well-being is enhanced by having access to a clean and welcoming environment that is a pleasant space in which to live.

People cannot be assured that health and safety practices are consistently managed. There were some systems in place to protect residents' for example, a secure entrance to the home. We saw there was a visitor's book in use and saw evidence of its daily use. We viewed records of electricity and gas safety checks were completed. We requested sight of the servicing certificate for the ceiling track hoist, however, this was not made available. We reviewed records of fire safety checks. Records indicated fire checks had not been formally recorded on a regular basis as required. During our visit we requested sight of the fire risk assessment for the building, we noted the risk assessment had not been reviewed within the past 12 months. We noted one resident did not have a Personal Emergency Evacuation Plan in place, which would detail how the person should be evacuated in the event of an emergency or a fire. We noted not all staff had been involved in a fire drill within the last six months and individual staff names had not been recorded. We found cleaning chemicals inside an unlocked cupboard within a communal bathroom. These chemicals have the potential to be hazardous to someone's health if not used in a safe manner or stored securely. We saw that a number of rooms, including bedrooms on the second floor, contained windows with openings and no window restrictors in place. This did not protect people from potential harm. Therefore, we conclude people are supported in an environment where improvements are needed to health and safety processes to ensure people's safety is consistently maintained.

## 4. Leadership and Management

### Our findings

There are arrangements in place for the oversight of the service. We saw service delivery audits and quality assurance reports completed by the manager. We noted audits had been reviewed by the RI and actions for improvement identified. We observed the RI engaging with residents and saw they had a good rapport with people living and working in the home. We found the RI had completed three monthly visit reports and noted feedback from people living and working at the home was recorded. The manager told us they received very good support from the RI and supervision arrangements were in place. We noted events within the home had been reported to CIW appropriately, as required. We found resident and relative meetings had not been held on a regular basis. Regular residents/relative meetings, where people are encouraged and motivated to attend, strengthen opportunities for consultation in matters relating to the running of the home. As afore mentioned in this report, the RI and manager lacked sufficient oversight in fire safety management and matters relating to health and safety processes in the home. Following the inspection CIW received confirmation from the RI these matters had been addressed. We will monitor the health and safety arrangements in place at our next inspection. Overall, systems are in place to monitor and evaluate the service, however, we found improvements are needed in the supervision of health and safety processes in the home.

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Staff are skilled and supported to undertake their roles. We spoke with three members of staff and received positive feedback on the support they received. We received CIW questionnaires from staff who told us they enjoyed working in the home and felt valued. We viewed individual supervision records for two staff and reviewed a supervision matrix. We saw supervisions were held on a regular basis. Supervision is an opportunity for staff to meet with their line manager on a one to one basis to discuss their progress, training needs and any issues or concerns either may have. We noted team meetings had also taken place on a regular basis. There was evidence that staff had received mandatory and specific training, including safeguarding, first aid, infection control and manual handling training, and we noted the majority of this was up to date. We discussed specialist mental health training with the manager, who agreed to source this training. Staff we spoke with had a good understanding of the safeguarding process. Examination of induction records showed care staff were receiving an induction on commencement of employment. However, we explained to the manager that the induction process was not in line with the Social Care Wales All Wales Induction Framework. We conclude people can achieve their individual personal outcomes because staff are well supported and trained in their roles.

People are supported by staff who have been through recruitment checks. We examined two staff files and found Disclosure and Barring Service (DBS) checks had been completed for both staff. We found most of the required documentation had been obtained to ensure each member of staff was fit to conduct their role/duties. However, we identified some

discrepancies in relation to employment histories and identification. We conclude recruitment practices require some improvement.

The home is mostly clear about its aims and objectives. We viewed the statement of purpose (SOP) and service user guide (SUG). The SOP is fundamental in setting out the vision for the service and is a key document that should clearly demonstrate the range of health and care needs the service will provide support for, including any specialist service/care provision offered. The SOP provided an overall picture of the service offered although we identified some additional information that was required. The SOP was not clear on how the provider will meet people's language and communication needs including the extent to which the service makes provision for the Welsh language offer. We also found the SOP required details on day time and night time staffing levels that will normally be in place at the home. We found the SUG required further detail on advocacy, the correct contact details for CIW and contact details of the Public Service Ombudsman for Wales. We conclude information on the service provided is available, however, some improvements are needed.

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## **5. Improvements required and recommended following this inspection**

### **5.1 Areas of non-compliance from previous inspections**

This is the first inspection of this service since it was re-registered under RISCA.

### **5.2 Recommendations to meet legal requirements**

We found that the service provider is not meeting its legal requirements under RISCA in relation to:

- Review of personal plans (Regulation 16 (5)): The service provider had not ensured personal plans had been revised when necessary.
- Health and safety (Regulation 57): The service provider had not ensured that unnecessary risks to the health and safety of individuals are managed effectively.

We did not issue a non-compliance notice on this occasion as we were assured measures will be taken to address the issues identified and manage any potential risks. We expect immediate action to be taken to address these areas, which will be considered at our next inspection.

### **5.3 Recommendations for improvement**

- The systems for recording of medicines administered at the home needs some improvement including the oversight of anti-psychotic medication reviews.
- All staff should receive training in specific areas of mental health as required.
- All staff should receive an induction appropriate to their role in line with Social Care Wales 'All Wales Induction Framework.'
- SOP needs to be reviewed and updated to include all information as required as per regulations.
- SUG needs to be reviewed and updated to include all the information as required as per regulations.

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## **6. How we undertook this inspection**

This was the first inspection of the service following re-registration under RISCA. This was a full inspection undertaken as part of our inspection programme. We made an unannounced visit to the home on 09 January 2020 between 09:05 a.m. and 6:40 p.m.

The following regulations were considered as part of this inspection:

- The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017.

The following methods were used:

- We considered the information held by CIW about the service, including notifiable events since the last inspection.
- We spoke with people living at the home, including staff.
- Discussions with the RI and manager.
- Discussions with an external social care professional.
- Consideration of completed CIW questionnaires received.
- We toured the home, observed staff and resident interaction and considered the internal and external environment.
- We looked at a wide range of records. We reviewed the care records for two people using the service, staff supervision records, staff training records, medication charts, and two staff recruitment records.
- Consideration of the home's SOP and SUG.
- Consideration of the providers auditing reports, including RI visit reports.
- Consideration of the health and safety records, including fire safety.
- Consideration of the home's policies and procedures.

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## About the service

Type of care provided	Care Home Service
Registered Provider	Dawn Hobbs
Responsible Individual	Dawn Hobbs
Registered maximum number of places	4
Date of previous Care Inspectorate Wales inspection	This was the first inspection since the service was re-registered under RISCA.
Dates of this Inspection visit	09 January 2020
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	This is a service working towards providing the 'active offer.'
Additional Information:	

Date Published 02/03/2020

No noncompliance records found in Open status.