



Inspection Report on

4 Chester Road

**4 CHESTER ROAD
WREXHAM
LL12 7AD**

Date Inspection Completed

29/01/2020

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Description of the service

The registered provider of Chester Road is Autism Together who provide accommodation and personal care for up to six people. The service mainly accommodates younger adults who may have autism specific conditions, such as Asperger's syndrome, or autistic traits. The provider have appointed a person to represent them as the responsible individual, who is currently applying to Care Inspectorate Wales for registration. A manager is in post who is registered with Social Care Wales.

Summary of our findings

1. Overall assessment

People receive person centred care from staff who are provided with clear, detailed records of individuals' care and support needs. Such needs are understood by suitable staff who are generally provided with support. The environment while meeting current people's needs, is basic and requires improvement to make sure it offers an adequate standard of living and health and safety matters must be dealt with promptly. Improvements are needed in the information about the service and the day to day management of the home to ensure the service meets the requirements of legislation in Wales.

2. Improvements

This is the first inspection since the service re registered under The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017.

3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service and areas where it is not meeting legal requirements:

- Welsh Active Offer.
- Personal plans.
- Confidentiality.
- Environment.
- Health and safety.
- Staff training.
- Staff supervision.
- Quality of care report.
- Statement of purpose and guide.
- Policies and procedures.

1. Well-being

Summary

People were supported to have choices about their lifestyle and environment to suit their personal needs and interests. They were supported to maintain contact with family and access the local, and wider community. People had positive relationships with staff familiar with their needs who provided care and support with courtesy and respect. The premises were suitable for the needs of people living in the service but required improvement to offer a reasonable standard of living.

Safeguarding measures require improvement. The safeguarding policy, 2018, referred to regulatory legislation relevant in England and did not include reference to the Wales Adult Safeguarding procedures. The link in the policy to CIW did not take the reader directly to information about safeguarding or the Wales procedures. Links to safeguarding boards were relevant to England. Information about how to make a referral referred to England, and to the English regulator not CIW. The whistle blowing policy, (2018), did not include the contact details of external agencies staff could contact such as social services, CIW or Public Concern at Work. We conclude improvements are needed in safeguarding information to provide staff with clear and accurate advice relevant to the services registration in Wales.

Measures are not in place to implement the Welsh 'Active Offer'. The service did not currently accommodate anyone with Welsh cultural or language needs. Following the inspection the manager sent us a Welsh language policy dated 2015 which referred to out of date and incorrect legislation. The policy stated that when appointing staff they would consider applicants Welsh language skills. However, the application form did not ask applicants about this and there was no evidence this was discussed at interview. The manager told us this had been addressed. The statement of purpose, (undated), (SOP), told readers the service could not meet the linguistic needs of people whose first language was Welsh. It made no reference to how it intended to meet the Welsh language and cultural needs of prospective residents. We conclude significant improvements are needed to ensure measures are in place in relation to the service meeting people's language and cultural needs in the future.

2. Care and Support

Our findings

People are supported by staff who are provided with clear guidance about individual's needs. Although there were no vacancies at the home an admission and commencement of service policy was not in place should this situation change. We saw people were comfortable with staff and support was provided in a discreet, professional way. Records included clear, detailed guidance for staff about people's needs and how care and support was to be provided. Records included information about diagnosed health issues and how these may impact on people's care and support needs. People at the home had complex needs, including with communication. We saw staff were familiar with such needs and communicated with people using a range of methods including observing behaviour indicators, pictures and autism specific techniques and strategies. Risk assessments were generally in place, and together with care plans, had been reviewed and generally updated when people's needs had changed. We saw applications were made, and records in place in relation to Deprivation of Liberty Safeguards, (DoLS). This is when legal decisions are made in relation to where people live when they do not have the capacity to make their own informed decisions. We conclude, measures are in place to provide a person centred approach to ensure people's needs will be met and they receive the right care at the right time.

People are offered choices about how they spent their time. The manager told us four people travelled to the Wirral four days a week to attend a day centre run by the organisation. If people were unable to cope with the travelling similar facilities were not sought in the Wrexham area but people provided with individual activities with staff. People were supported to learn new skills and be as independent as possible. We saw one person being supported to make their own lunch and the manager told us people were supported to choose what they would like on the menu, go shopping and make meals with staff. The manager was able to tell us about a reduction in staff support for one person due to them becoming more independent which had made a positive improvement in their everyday skills and well-being. Records included details of people's interests and how they were supported by staff, for example with trips out and activities within the home. We conclude people are involved in decision making and provided with opportunities to socialise and become as independent as possible.

People have access to healthcare services. Records showed people were supported to access medical and healthcare services. The manager was able to tell us about positive strategies they had agreed with the local surgery to reduce people's anxiety if they needed to see a GP which was working well. We reviewed how medicines were managed and found measures in place in line with good practice. It was positive to see work underway to support a person working towards being able to manage their own medicines independently of staff. We conclude people's medical and healthcare needs are anticipated and met.

3. Environment

Our findings

The environment meets people's needs. The service was provided in a domestic house near the town centre. The home was clean. People had single rooms they were able to personalise to their own tastes and lifestyle choices. We saw some people needed minimal furniture and fittings in their rooms and staff were aware of this and measures were in place to support people, for example by keeping clothes in a separate room. A new kitchen had been fitted and people were supported to use it with staff support. Communal lounges were furnished in line with people's needs. There was a large garden with areas arranged to suit people's different needs and interests. However, we saw significant cracks in the walls, ceiling and skirting boards throughout the home, some had been filled in but remained visible, and some were not filled in with one measuring approximately 7 mm in width. We saw paint flaking off and missing and areas that need decorating. We also saw curtains hanging off rails and vents in walls covered with paper. These issues were not referred to in the report completed by the RI after their visits in October and November 2019 or the maintenance plan. We conclude the environment is basic and requires improvement to offer an adequate standard of living.

Health and safety is not always taken seriously. People who were able to were supported by staff with laundry. However, the washing machine was rusty due to water leaking and the flooring underneath wet and discoloured. The potential risk of an electrical fire due to water damage had not been identified or risk assessed. The manager told us the washing machine had since been replaced. The service did not provide en suites and people were supported to use communal toilet and bathing facilities. We saw these facilities required improvement to offer an adequate standard of living. Issues identified included, missing wall tiles, black mould in sealant and mould on walls and ceilings. The presence of mould was a potential health hazard. The carpeting on stairs and in hallways was in poor condition through wear and tear. This included, rucked areas which were a potential trip hazard, an area covered with plastic tape and threadbare areas. We saw an individual was at risk of coming into physical contact with glass in their bedroom. This had not been risk assessed and preventative measures had not been taken. The manager told us after the inspection that 'anti smash' measures were now in place. We saw electrical extension leads in use throughout the home. There was no evidence this had been risk assessed or that there was any awareness of the maximum load for such devices. We could not evidence electrical equipment was regularly checked to make sure it was safe. The manager told us this would be carried out but no date was available or included in the long term maintenance plan. The fire risk assessment provided was dated 2016 with two areas identified as needing improvement, but no evidence they had been addressed. We spoke with colleagues in North Wales Fire and Rescue and they visited the premises and made recommendations to improve fire safety precautions. Following the inspection the manager forwarded us a fire risk assessment dated 2017, that they had been unaware of. This also identified issues that needed to be addressed and evidence was

forwarded to us to show this had been completed. We conclude that delays in maintaining the premises, identifying and addressing potential health and safety issues potentially put people who live, and work at the home at risk.

4. Leadership and Management

Our findings

Information is provided about the service. A SOP, undated, was provided. It included information about complaints but did not include contact details of external agencies such as social services, advocacy services or the Public Services Ombudsman. It included the contact details of CIW but did not make it clear CIW were not able to investigate individual complaints. It did not include all the required information including, information about how the service makes provision for Welsh language and culture, arrangements for assessing people's care and it referred to previous, not current legislation. The guide, (2019), stated the service did not support people aged 65 years or over but did not explicitly state if people would be asked to leave when they reached that age. It did not include all the required information including, but not limited to, how to contact the RI, the Public Services Ombudsman for Wales, Older Peoples Commissioner for Wales, relevant advocacy services and the terms and conditions of residency. We conclude that while information is provided it needs significant improvement to make sure it is relevant to the service in Wales so people are making an informed choice when considering using the service.

Recruitment practice is not always robust. Records showed staff did not start work at the home until checks had been undertaken. This included references and a DBS check. However, the manager was unaware of the requirement under RISCA to renew staff DBS every three years. This meant seven staff were working at the home without current checks in place, which is a breach of the regulations. The manager told us applications for renewals had been made. We conclude that measures are not always in place to ensure staff are suitable to work with people at risk.

Measures are not always in place to ensure staff are provided with necessary training or support in a timely way. Staff spoken with were very positive about working at the service. Comments included, "*I really enjoyed the induction*", "*the training was brilliant*" "*love working here*" and a member of staff had, "*enjoyed the training*". The manager told us all new staff completed an in house induction which included face to face safeguarding training and on line training. Records provided showed only 36 % of staff had a recognised qualification relevant to their role. The manager told us new staff were given six months to complete all necessary training. However, whilst checks were made on staffs' progress, necessary training was not given priority and this meant staff could work at the home for six months before completing training such as infection control, health and safety and fire safety. Records also showed a number of training qualifications had expired and there was no evidence this had been identified. Staff working at the home without necessary training is a breach of regulations. We asked for copies of the staff meeting minutes. We were provided with a record of only one meeting held since the service was re-registered, but evidence of additional meetings was supplied after the inspection. The manager told us meetings were held weekly but records showed they included a 'handover' of information about people living

at the service so it included personal information about people and did not focus solely on staff development or issues relevant to staff roles and responsibilities. Records showed staff were provided with an annual appraisal and supervision with five supervisions overdue. The manager was not included on the record so we could not evidence they were provided with an appraisal or supervision by the RI. We conclude measures are not in place to ensure staff complete necessary training as soon as practicable and that qualifications do not expire.

Robust measures are not in place to monitor, review and improve the service. The manager works from the home three or four days a week. They provided two questionnaires completed by relatives about the service. Responses were positive and one relative noted the person's skills and independence had improved. However, the form referred to the English regulator which is not relevant in Wales. Following the inspection we were provided with a record of internal monthly audits. The annual quality review report provided was dated 2018 and contained detailed, personal information about people who live at the service, breaching their right to confidentiality. The manager told us a report had not been completed in 2019, contrary to legal requirements. The manager provided evidence the RI had visited twice since the services re-registration under RISCA. The report did not include details of how many staff were spoken to in private, or any evidence the RI had identified the issues with the environment, including potential structural issues, staff working without a current DBS, detailed in this report. We were provided with a pictorial record of a person's views of the service which had been obtained in 2020. This recorded the person was satisfied with the service they received. We conclude improvements are needed to ensure measures are in place to monitor, review and improve the service.

5. Improvements required and recommended following this inspection

5.1 Areas of non-compliance from previous inspections

This is the first inspection since the service re registered under RISCA.

5.2. We have advised the registered provider that they are not fully meeting the legal requirements in relation to the following:

Regulation 35 (3) regarding Disclosure and Barring Service checks. We have not issued a non-compliance notice as we did not identify immediate or significant impact on the general outcomes for people using the service. We received assurances the registered provider will take steps to address this. We will monitor this at the next inspection.

Regulation 36 (2) (d) regarding staff receiving training appropriate to their work. We have not issued a non-compliance notice as we did not identify immediate or significant impact on the general outcomes for people using the service. We received assurances the registered provider will take steps to address this. We will monitor this at the next inspection.

5.3 Recommendations for improvement

The following are recommended areas of improvement to promote positive outcomes for people:

- The registered provider must take action to ensure it is aware of, and understands the requirements of the Welsh Active offer.
- The fire risk assessment must be reviewed regularly and action taken promptly in relation to issues identified.
- Significant improvements are needed in the standard of the environment. Measures must be in place to ensure the home is structurally sound, well maintained and offers a reasonable standard of living.
- A quality of care review must be completed at least every six months. Serious consideration should be given in relation to the current inclusion of detailed, personal information that identifies individuals using the service which would prevent the report from being shared with the public or commissioners. Consideration should be given to the information required, and referred to in the regulations and guidance.
- The visits undertaken by the RI must include details of people and staff spoken with and a record of the findings.
- Staff meetings should focus on staff issues not replicate reviews of individual's care and support.

- Serious consideration must be given to confidentiality and not including personal information about people living at the service in records of staff meetings and general reports.
- All staff must be provided with formal supervision of their practice at least quarterly.
- Information about complaints, including in the SOP, must make it clear CIW are not able to investigate individual complaints. It should include the contact details of external agencies including local advocacy services.
- The statement of purpose should be dated, refer to current legislation and include all the required information.
- Significant improvements are needed to ensure the guide to the service includes all the required information.
- An admission and commencement of service policy must be in place.
- All information produced and policies and procedures, must be relevant to the services registration in Wales. The relative's questionnaire must refer to CIW as the correct regulator of the service, not the Care Quality Commission, the regulator in England.

6. How we undertook this inspection

We carried out an unannounced visit on 29 January 2020 between 11 a.m. and 5 p.m. as part of our inspection programme.

The methodology included:

- Information held by CIW about the service.
- Reviewed records related to three people living at the service.
- We toured the premises.
- We reviewed how medicines were managed.
- We spoke with the manager and three staff. We observed daily life in the home. We tried to contact two relatives but were unsuccessful.
- We reviewed records relevant to the running of the home including, the statement of purpose, the guide, policies and procedures, quality of care review and visits by the responsible individual. We also looked at staff recruitment, training and support.

Further information about what we do can be found on our website:

www.careinspectorate.wales

About the service

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| Type of care provided | Care Home Service |
| Service Provider | Autism Together |
| Responsible Individual | Application pending Jane Carolan |
| Registered maximum number of places | 6 |
| Date of previous Care Inspectorate Wales inspection | This is the first inspection since the service was re-registered under RISCA. |
| Dates of this Inspection visit(s) | 29/01/2020 |
| Operating Language of the service | English |
| Does this service provide the Welsh Language active offer? | No. This is a service that does not 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 the service provider considers the Welsh Governments 'More Than Just Words follow on strategic guidance for Welsh language in social care'. |
| Additional Information: This does not impact on people currently living at the service. | |

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