



Inspection Report on

Coed Parc House

**COED PARC HOUSE
PORT TALBOT
SA12 9BZ**

Date Inspection Completed

07/11/2019

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Description of the service

Coed Parc is a care home operated by Orbis Education and Care Limited. The home can accommodate up to six people aged eighteen to sixty five with a learning disability and needs associated with Autistic Spectrum Conditions. There is a manager in post who is registered with Social Care Wales. A responsible individual has been appointed and is in the process of registering with Care Inspectorate Wales. The home is located in a village on the outskirts of Port Talbot.

Summary of our findings

1. Overall assessment

People living in Coed Parc enjoy positive relationships with staff who understand their needs and enjoy their work. They are able to exercise choice in how they spend their time and are encouraged to develop independence and life skills. Good management structures support staff and overall the home is well run. The home is suitable for the needs of the people living there but the provider has been too slow to repair or replace items of equipment that would make a real difference to people's lives. Health and safety matters must be dealt with more robustly.

2. Improvements

The home now has a sensory room and a safe rear garden.

3. Requirements and recommendations

Section five of this report sets out the action service providers need to take to ensure they meet their legal requirements and recommendations to improve the quality of the service provided. These relate to the statement of purpose, training, quality assurance processes, the service user guide and the environment.

1. Well-being

People's rights and entitlements are upheld. They are engaged in a range of activities of their choice within the home and local community. We found that people are treated with dignity and respect and receive support from friendly and caring staff. People are enabled to make choices and have their individual routines recognised and valued. The service actively supported people to maintain family relationships. People are able to personalise their surroundings and are encouraged to participate in the day to day running of the home. We concluded that people have opportunities to voice their views, they are listened to and can access some control over their day-to-day lives. We conclude that people are experiencing opportunities to do things that matter to them.

People have access to appropriate help and advice, when required, to support their health and well-being. We found support plan documentation was suitably detailed and person centred. Plans were regularly reviewed to ensure that these remained relevant and offered opportunities for people to develop life and independence skills, and to have new experiences. We saw that careful thought and planning took place to enable those living in the home to access medical attention when necessary, as well as universal health services. People are supported to achieve positive outcomes.

Practices and processes in the service protect people from abuse and neglect. Staff received safeguarding training and had access to policies and procedures to enable them to understand their responsibility to safeguard and protect vulnerable individuals. A positive and constructive approach was adopted to support resident's behaviour. The rights of people who may lack capacity regarding their care are protected. We find that systems in operation protect people from abuse and neglect.

The interior and exterior areas of the home are suitable for people's needs consisting of individual flats and some communal areas. We saw sufficient internal and external space for people to relax in, and to move about supported by staff. Safety checks and maintenance of equipment was not always carried out in a consistent or timely fashion and sometimes this was to the detriment of people living in the home. Individual rooms were personalised and reflected individual preferences. We find that the accommodation provided enables people to feel safe and at home.

2. Care and Support

People experience caring relationships with staff who know them well. We saw warm, caring interactions and staff spoke with pleasure and pride about progress people had made or support that had made a significant difference to their well-being. Person-centred care and support was underpinned by detailed personal information, plans and risk assessments. We discussed with the manager that plans should include the personal outcomes of people using the service but records and discussions with staff did demonstrate that staff worked proactively with individuals to improve their independence and life skills. Staff were encouraged to attend 'network day' meetings involving families and professionals for further discussion and review of people's needs and how best to work with them to achieve their desired outcomes. People can feel confident that the staff understand their needs and want the best for them.

People are supported to achieve and maintain good physical and mental health. We saw they were registered with local health services and there was evidence within their files of attendance at routine appointments and additional requested appointments when required. It was evident that people were encouraged to eat a balanced diet and engage in physical activities. There was suitable storage for medication and staff had received training in the safe storage and administration of medication. People are encouraged to lead a healthy lifestyle.

Staff use a variety of methods and strategies to communicate with people living in the home and to support them to express their wishes and views. A PECS 'speak up' board provided information about complaints and advocacy in an accessible format. One person had a Makaton 'sign of the week' board outside their flat whereby they would choose a new sign to learn and practice all week. Individual files contained information about their communication preferences and, with varying levels of support, every one living in the home had completed a questionnaire as part of quality assurance processes. People are encouraged to develop their communication skills including the use of technology, signing and writing letters. House meetings and questionnaires are used to encourage participation in planning for different activities such as what sorts of things people wanted to do for Halloween and Bonfire night. Staff proactively work to improve effective two way communication.

People are protected from harm. Staff told us that safeguarding was given a very high priority by the organisation and usually a discussion topic in supervision and staff meetings. Safeguarding training was undertaken as part of induction and refreshed annually. They were also aware of whistleblowing and safeguarding procedures and said they would be confident to report any concerns if required. Posters with information on how to raise a concern using an independent service were on prominent display in a number of places in the home. The statement of purpose and service user guide contained details on how to raise a concern or complaint and the support available to do so. The rights of people who may be unable to make decisions regarding their care were protected because we saw the

home applied to the relevant authority regarding residents identified as potentially lacking mental capacity to make decisions about their care and/or welfare, and capacity assessments for specific issues were undertaken. Incidents and safeguarding matters were reviewed in regular multi disciplinary meetings offering scrutiny by senior managers and the clinical team. We find the service has systems in place to protect people from abuse and harm.

3. Environment

The accommodation is suitable for people's needs and for them to develop a sense of belonging. However improvement is required regarding:

- malodours
- fire safety procedures
- timely replacement of furniture and equipment
- refurbishment of one bathroom
- a system for ensuring an audit trail of maintenance requests and actions

Some areas of the home smelt strongly of urine. Coed Parc consisted of six self-contained flats furnished and equipped according to people's needs and preferences. Not all flats had kitchens but equipment was provided to enable people to safely participate in food preparation and washing up tasks in their own homes. In addition there was a communal kitchen and living room so that people living in the home could spend time together if they wished. The communal bathroom, although looking clean had a strong malodour. We also observed that the floor of one person's flat required cleaning. Although we were told staff would usually support the resident to sweep or Hoover every day, some of the debris had clearly been there for longer than that day. In general the furniture and furnishings were of good quality and in good repair, although one person's flat smelt strongly of urine which we were told might have been because this had soaked into a settee. Flats had been personalised and contained people's own belongings such as photos, pictures and toys. However one person's bathroom was not in a fit state with considerable mould and damp which was also evident in their bedroom. We were told that a refurbishment was planned but it was clear that the situation had gone on for many months. We considered this bathroom to be a health and safety concern which should have been carried out with more urgency. However we were told just after the inspection visit, that the work was now underway.

To the exterior there was a fenced, communal back garden containing a variety of equipment, games and furniture. All staff we spoke with as part of the inspection mentioned that two swings, which were hugely important to the well-being of the residents, had been broken for several months. Despite repeated requests to the provider for these to be replaced, this had not happened, which we were told was due to tendering processes and competing demands from other homes. Within the grounds of the property was a large wooded and lawn area where residents could relax or play games weather permitting and also a summer house

Systems for ensuring people's physical health and safety need to be improved. We were asked for our identification and to sign the visitors' book on arrival, although the reports of quality monitoring visits highlighted the need to ensure this important record was completed fully on all occasions. Reports also demonstrated that the full range of weekly and monthly health and safety checks were not always routinely carried out. We sampled a range of

documentation relating to fire safety which showed that checks were not carried out at consistent intervals or in line with the relevant policy. Problems with two fire doors had been recorded every week since July 2019. Fire evacuation drills had been carried out regularly but we recommended that the records include details of the staff who were present to ensure that all new staff had had the opportunity to practice an evacuation. Where people living in the home consistently refused to participate in drills, the provider must assure themselves that the person would be able to safely exit the building in an emergency. A fire risk assessment had been undertaken by an external company in 2018 but there was no evidence that the works recommended had been carried out. People cannot be reassured the systems in place to ensure that health and safety requirements are consistently implemented in a timely way.

4. Leadership and Management

Our findings

The service is clear about what it sets out to deliver. The statement of purpose outlined the ethos, aims and objectives of the service and provided information about service delivery. People were cared for as described in the service's statement of purpose which included information about the service's position regarding the 'active offer' in respect of the Welsh language; but this should be amended to reflect the current situation, which is that while the service would endeavour to provide a service in Welsh, they would need to put arrangements in place should the need arise. The service had produced a service user's guide. This document needed updating and was not suitable for the needs of people living at the home or as introduction for people due to move into the home. It also contained inaccurate information relating to numbers of people who can live in the home. Carers and professionals are provided with a clear picture of the service from the statement of purpose but the service user's guide is not suitable.

Staff have adequate training to carry out their roles and are encouraged and expected to gain a relevant qualification. We were provided with a training matrix which showed that all staff had received core training. Additional guidance was provided via networking days and supervision. Staff we spoke with said they were satisfied with the training they received and felt that it properly equipped them for their roles, but there was little evidence of more advanced or updated training in key areas specific to the needs of the people living in the home. We also saw that one member of staff had repeatedly requested training in a particular and relevant but there was no record as to why this had not been sourced. The provider had introduced a competency based framework whereby staff would provide evidence of competencies achieved which was linked to annual appraisals, pay and promotion. People can be confident that they will be cared for by staff who are trained and competent to meet their complex needs.

There are systems in place to monitor service quality, however the quality of care system did not meet the requirements of legislation in respect of:

- consultation with service users, staff and others
- the content of the monitoring visits and quality of care report
- a clear process for linking the parts of the system in a way which leads to service improvement

The records of the monitoring visits evidenced a comprehensive overview of the service with matters requiring improvement identified and actions required noted. However, where actions had been identified, we did not see these to have been consistently implemented, shortfalls identified within the reports were in general also seen at inspection and there appeared to be no follow up on actions identified at the previous visit. A review of the

quality of care did not meet legal requirements. We saw that residents and their parents had all completed questionnaires about the service and the responses were all positive. We concluded that the service demonstrated that there was an enthusiasm and commitment to support people living in the home to fulfil their potential, but overall the quality assurance system did not demonstrate an integrated structure for service improvement. Attention to quality assurance mechanisms is required to demonstrate their effectiveness in evidencing continuous improvement for the benefit of people using the service.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

This was the first inspection of the service under the Regulation and Inspection of Social Care (Wales) Act 2016.

5.2 Recommendations for improvement

During this inspection, we identified areas where the responsible individual is not meeting legal requirements. We have advised the registered person that actions are needed in relation to the following regulations in order to fully meet legal requirements:

Regulation 19- The service provider must produce a guide to the service in a style and format which is accessible for people using the service.

Regulation 44- The service provider has not ensured that there are systems and processes in place which promote a safe and high quality environment. There was not a suitable system in place for maintenance and in particular for carrying out work recommended as a result of a fire risk assessment., The service provider has not replaced equipment and furniture as and when necessary or ensured that refurbishment to a bathroom was carried out in a timely fashion.

Regulation 73 - The responsible individual visits had not been carried out in line with regulations and those that had taken place prior to the responsible individual stepping down, did not include the matters required.

Regulation 80 – The responsible individual must provide a report of their review of the quality of care and support to the service provider which is consistent with CIW guidance.

We have not issued non compliance notices on this occasion as the responsible individual has given a commitment to take action to address these areas. The responsible individual is expected to take action to address these matters and they will be followed up at the next inspection.

5.3 Recommendations

We recommended the following:

- The statement of purpose should be amended with a more accurate reflection of the current situation with regard to the Welsh active offer.

- The responsible individual should consider providing staff with opportunities to undertake more specialist and advanced training in key areas pertinent to the needs of people living in the home.
- The responsible individual should consider the CIW 'Guidance on completing the quality of care review'

6. How we undertook this inspection

This was a full scheduled inspection undertaken as part of our inspection programme. We made one unannounced visit to the home on 20 September 2019 between 9.45am and 17.05 p.m.

The methodology used to conduct the inspection included:

- Discussions with the manager, team leader and two members of staff.
- Observations of interactions between people and staff.
- Visual inspection of the home.

We looked at a range of records, including

- Statement of purpose.
- Records relating to two people, including care planning documents, risk assessments and associated records.
- Records relating to staff recruitment
- Supervision statistics and records
- Staff training records.
- Quality assurance records.
- Fire safety assessment.
- Quality assurance monitoring reports
- Quality of care review report

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

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About the service

Type of care provided	Care Home Service
Service Provider	Orbis Education and Care Limited
Manager	David Power
Registered maximum number of places	6
Date of previous Care Inspectorate Wales inspection	8/8/17
Dates of this Inspection visit(s)	07/11/2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	yes
Additional Information:	

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