



Inspection Report on

Ferry Cottage

Date Inspection Completed

03/07/2019

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Description of the service

Ferry Cottage is located near Abergavenny, Monmouthshire. The service provider is Ferry Care Ltd which is registered with Care Inspectorate Wales (CIW) to provide a Care Home Service for one person. The responsible individual for this service is Peter Cox. There is a manager in post who is registered with Social Care Wales (SCW).

Summary of our findings

1. Overall assessment

People who live at the home told us that they are happy with the care and support provided. The home is attractive and comfortable and the environment meets the needs of people living there. We observed staff to know people well and to be responsive to their needs. People have opportunities to take part in activities which interest them, both in the home and in the community. Staff and management demonstrate a commitment to providing a good quality service and they have good care planning and quality assurance systems in place to help them achieve this.

2. Improvements

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

3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service. These include recommendations in relation to medication, information for people, internal decoration and the stock control of food.

1. Well-being

Practices and processes in the service support people to be well, physically and emotionally. People using the service told us they were happy with the service they received. We observed them making choices about day-to-day matters such as how to spend the day and what to eat and drink. We observed that people had opportunities to take part in activities in the home and in the community. The home is spacious, clean and comfortable and provides people with an environment in which they can pursue their interests. This included an attractively maintained garden and a dedicated 'games' room. We found that staff knew people extremely well and were concerned about their well-being. We observed that people living in the home looked comfortable in their surroundings and in their exchanges with staff. We noted that there have been few changes to the staff team over the last fifteen years. In addition, people were supported to maintain relationships with relatives and to have acquaintances in the community. There was documentation in the home which outlined how people's care and support is to be provided. This included a 'this is me' profile, which gave an overview of their life history, likes, dislikes and routines. In addition to the care and support provided by staff, people accessed support from health professionals when required. We saw evidence that people and their representatives had been involved in the planning and reviewing of the service provided at the home. We saw that the care and support people received was monitored and reviewed in a timely manner. We observed that people were protected from the risk of abuse or neglect. People who lived at the home knew who to approach if they had any concerns and staff were familiar with procedures to follow if they became aware of any issues. In addition, to people's own care documentation, the service provider had policies and procedures in place which further instructed staff as to how the service was to be delivered. The records we reviewed, our observations on the day of the inspection and the feedback received from people showed that the care and support was delivered as outlined in their documentation. We conclude that people receive the care and support they need to stay as healthy as they can be and to do things that make them happy.

2. Care and Development

People get the right care at the right time. Our discussions with staff and observations showed that staff had an excellent knowledge of individual's needs and were able to anticipate needs and respond to these. We saw care documentation was in place for each person, comprising of personal plans detailing how people should be supported, risk assessments, a personal profile (containing people's life history, likes and dislikes) and monitoring charts. These described how the care and support must be provided and enabled staff to record what had been provided. Our observations on the day of the inspection showed that the service provided was as per people's care documentation and reflected what people told us they liked. We also noted that records were reviewed on a regular basis and the reviews had enabled staff to identify when needs changed. In addition to the care and support delivered by the service provider, we saw that people were referred to appropriate health and social care professionals when their needs changed and people were supported to attend routine health appointments. Based on the above, we conclude that people receive right care at the right time in the way they want it.

The service provider has mechanisms in place to ensure people are safe and protected from neglect and abuse. Discussions with people who used the service and staff showed that they all knew who to approach if they had any concerns. We observed that the service provider had ensured that where people were unable to manage their financial affairs independently and where restrictions were placed upon an individual, the relevant agencies were involved and relevant authorisations were in place, namely The Court of Protection and the Deprivation of Liberties safeguarding (DoLS). We were also told that people had received the support from independent advocates when important decisions were being considered. In addition, we saw that the service provider had a policy in relation to safeguarding vulnerable adults and that staff had received the relevant training. Overall, people are safe and protected from abuse.

Systems for medicines management are in place. We saw where medication was stored, observed staff administering some medication and examined records. We saw that medication was stored securely and that it was administered as per people's medication plan. We noted that the service provider had a policy and procedure in place which was aligned to current legislation and current national guidance and discussion with staff showed that they were familiar with these. Furthermore, we saw that staff had received medication training and that their competency had been assessed. We observed that there was some medication which was no longer required and which was out of date in the medication cabinet. In addition, we identified four instances in the last four months where a medication administration record was not correctly completed. We discussed this with the manager who took immediate action to deal with the issues we raised. Overall, we concluded that there are safe systems in place for management of medication to ensure people receive the right medication at the right time.

3. Environment

People's well-being is uplifted from having access to a clean, comfortable and personalised living environment. The home offered a range of options for people to spend their time with others or privately and for them to pursue their own interests. On the ground floor, there was a living area (comprising of the kitchen, dining area and lounge area), a separate lounge for people's own use and a large room used for leisure pursuits such as games and physical activity. Bedrooms and bathrooms were situated on the first floor. In addition, the home was set in well-maintained grounds. We noted that the artwork, photographs and keepsakes on display in the house reflected people who live there and their interests. At the time of our inspection, we observed that people chose to spend time in the communal areas however; they spoke to us about the separate lounge they liked using to have time alone. People also told us that the home had subscriptions in place, which enables them to watch the TV sports channels they are interested in. We found that the home had good arrangements in place to ensure all records were stored securely. Based on our finding, we conclude that people's well-being is enhanced by having access to a pleasant environment which is a relaxing place to live.

The home's environment is safe and secure. Upon arrival at the home, we found the entrance to the home to be locked and our identity was checked before entering the property. We had sight of the home's health and safety records. There was a process in place to ensure safety checks by external contractors and staff were completed in a timely manner. These included gas, electrical, fire and water checks. In addition, we saw that people had a personal emergency evacuation plan. We carried out a visual inspection of the home and found it to be mostly hazard free. However, we found areas in need of attention which included loose floor thresholds, loose flooring, loose stair ramp and seals in bathroom. We discussed maintenance requirements with the manager and recommended that an ongoing maintenance programme was implemented. In relation to food hygiene we noted that the Food Standard Agency (FSA) gave the home a three star rating (satisfactory). We also found some out of date dried food and fresh food which had not been correctly labelled to state when these items were opened. We brought this to the attention of the manager who took immediate action and who assured us that checks will be introduced. Based on the above we concluded that overall the service provider identifies and mitigates risks in order to ensure people's safety and security.

4. Leadership and Management

People are provided with accurate information about the service. A Statement of Purpose which accurately describes the service provided and states the arrangements in place to support the delivery of the service needs to be available. We found that the home's Statement of Purpose contained all required information. In addition, a written guide to the service must be made available to individuals, the placing authority and any representatives. We saw that a service user guide containing most of the required information was in place, however we noted that the guide covered two services provided by the responsible individual and managed by the manager. We advised the manager that a guide was required for each care home and recommended they checked that they contained requirements under the new regulations. Overall, we concluded that people are provided with sufficient accurate information about the service to make informed choices.

People can be assured that staff have the necessary knowledge, competency, skills and qualifications and that they are supported and developed. Discussions with people and staff and examination of records show that there was an established staff team in place with the majority of members having been in post for over ten years. There were sufficient number of staff on duty at all times. We saw that staff hold the qualification recommended by Social Care Wales (SCW). Furthermore, we found that the service provider had arrangements in place to ensure all staff were supported and developed. Staff fed back that they were supported by the manager, and by colleagues. The manager told us that they received ongoing support from the responsible individual. The records we examined showed that staff had regular supervisions, annual appraisals, attended bi-monthly team meetings and had accessed regular training. We conclude that staff are fully equipped in order for them to make positive contributions to the wellbeing of people using the service.

The home has arrangements for staff recruitment and induction. We examined a staff personnel file and found that the relevant criminal disclosure checks had been carried out, that a full employment history was available and that the required employment references had been obtained prior to them starting in their post. We noted that, as legally required, the reasons why the previous employment involving working with vulnerable adults ended had been checked. We also saw that the person completed SCW's induction framework. We concluded that people are as safe as they could be and that the service provider is meeting legal requirements in relation to recruitment and induction.

The service provider has sound arrangements in place for monitoring the quality of care and support provided by the service. The manager described the quality assurance measures in place and provided us with documentary evidence. These included quarterly monitoring visits by a manager from another service or by the responsible individual and an annual quality of care review. We noted that these covered all aspects of the service

delivered and included outcomes for people, feedback from people and health and safety matters. The manager told us that the quarterly monitoring visits are now only completed by the responsible individual as required under the new regulations. We concluded that people receive a service from a provider that sets high standards for itself and who has processes and procedures to ensure that there are regular reviews of the actual care and support delivered at the home.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

Not applicable, this was the first inspection of the home under the Regulation and Inspection of Social Care (Wales) Act 2016.

5.2 Recommendations for improvement

We made the following recommendations:

- Medication audits should review the Medication Administration Records (MAR) and consider if any medication no longer required has been disposed of.
- Audits in the kitchen should include checking food supplies on a regular basis.
- Service User Guide should only cover the service provided at Ferry Cottage.
- A maintenance programme should be developed to ensure all necessary upgrades/repairs are carried out in a timely manner.

6. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. We made an unannounced visit to the home on 03 July 2019 between 14:45 and 18:30.

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 us about the service.
- We reviewed the home's Statement of Purpose (SoP) and compared it with the service we observed. The SoP sets out the vision for the service and demonstrates how, particularly through the levels and training of staff, and so on, the service will promote the best possible outcomes for people they care for.
- We carried out a visual inspection of the home to consider the internal and external environment.
- Discussions with the manager and staff.
- Discussion with the responsible individual.
- We spoke to people living at the home.
- We examined the care documentation of one person.
- We examined the personnel file of one staff.
- We considered staff supervisions, appraisals, induction and training.
- We considered records relating to the home's internal auditing records.
- We considered of the home's policies and procedures.
- We carried out observations of care practices and routines at the home.
- We received two questionnaires from staff.
- We are committed to promoting and upholding the rights of people who use care and support services. In undertaking this inspection, we actively sought to uphold people's legal human rights. <https://careinspectorate.wales/sites/default/files/2018-04/180419humanrightsen.pdf>

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

www.careinspectorate.wales

About the service

Type of care provided	Care Home Service
Service Provider	Ferry Care Ltd
Manager	There is a manager in post who is registered with Social Care Wales.
Registered maximum number of places	1
Date of previous Care Inspectorate Wales inspection	First inspection under The Regulation and Inspection of Social Care (Wales) Act 2016
Dates of this Inspection visit(s)	03/07/2019
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 that the service provider considers Welsh Government's 'More Than Just Words follow on strategic guidance for Welsh language in social care'.
Additional Information:	

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