



Inspection Report on

Cartref

**NEATH
SA10 9BE**

Date Inspection Completed

07/01/2020

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Description of the service

Cartref is a care home service that provides accommodation and personal care for up to four adults over 18 years of age who have an acquired brain injury and or mental health needs. The home is located in Severn Sisters in the Neath Valley. It is close to local amenities and bus services. The registered provider of the service is Stanton Dene Ltd. There is a manager in post who is registered with the Social Care Wales. The responsible individual is Donna Colamazza.

Summary of our findings

1. Overall assessment

People living in Cartref are able to speak for themselves and contribute to the decisions that affect their lives. People are cared for by dedicated and compassionate staff who provide good quality person centred care. The manager provides clear direction and ensures the staff team are well supported. There are effective systems in place to support the staff team. The mutual respect and value between the staff and management team results in a high standard of care being delivered.

2. Improvements

This was the first inspection following its re-registration under the Regulation and Inspection of Social Care (Wales) Act (RISCA) 2016. Improvements made at the service will be considered at the next inspection.

3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service. This includes the following:

- Reviews of care documentation.
- Staff training,
- Manager supervision.
- Service quality report.

1. Well-being

Our findings

People are able to speak for themselves and contribute to the decisions that affect their lives. We saw that people using the service were communicated with for all aspects of their care planning and provision. Personal care plans were person centred giving a real insight into the individual's wishes. People appeared comfortable and at ease with the care workers supporting them and there was a sense of warmth between them. One person said "*it's lovely living here*". People are treated with dignity and respect, are listened to and encouraged to speak for themselves.

People do things that matter to them. During the inspection we saw that people were engaged in community activities with support. The manager told us that one resident frequently met with friends in the community and another went for a walk to the local shop with support during the inspection. One person told us "*I get to do things that I like, I like to go shopping and to see shows*". People were encouraged and supported to find volunteer placements when suitable. We saw that people had active lives and did numerous activities within and outside of the home. Where possible people's independence was encouraged at and this was clear in care records. People were encouraged to carry out domestic duties where possible, especially maintaining their own rooms. This shows that people's potential and independence is maximised when possible.

There are clear systems in place to safeguard vulnerable people receiving care and support from the service. We saw thorough risk assessments were carried out on commencement of care provision. In addition to this; new risk assessments were added to the care files following incidents or observations at the home to minimise risk of re-occurrence. We saw that these assessments accurately reflected the risks to the individuals and to staff delivering the service. The manager told us that careful consideration was made when considering new residents to ensure that the home was compatible with the person's needs and also that the individual had a good rapport with those already accommodated. Records seen showed that the service acted in accordance with legislation and regulation on their duty to report any areas of concern. We saw that Deprivation of Liberty Safeguards (DoLS) screening tools were in place to assess if they were required. We saw that DoLS were in place for individuals who did not have the capacity to make decisions about their accommodation, care and support and these were reviewed annually. Care staff spoken to demonstrated good awareness of the safeguarding process, and had a good knowledge of the people they supported. People who used the service felt comfortable with the care staff who provided their support. People are safe and risks to their health and well-being minimised as much as possible.

People live in a home that is safe, secure and homely. There was external and internal space for people to engage with others and undertake activities. Security features were in place to safeguard people including a doorbell entry and visitors book. There were

monitoring systems in place to maintain the building and all areas were homely with individuals bedrooms personalised with their own things. People live in a home that supports them to achieve their well-being.

The implementation of an Active Offer of the Welsh language is ongoing. The Active offer means: being able to provide a service and documentation in Welsh without people having to ask for it. The manager told us that they were aware of the need to produce documentation in Welsh however the residents living at the home at the time of the inspection did not speak Welsh, therefore there was no demand for this service at the time. This would however be prioritised if a vacancy within the home arose. In conclusion, the home is still working towards an active offer.

2. Care and Support

Our findings

People receive care that is tailored to their needs. We looked at two care files and saw that initial assessments were carried out with individuals and family members when appropriate. Personal support plans were written from the individual's perspective. We saw that care files were detailed and contained a lot of information about the supported individual which included: their personal history, likes, dislikes and hopes for the future. Risk assessments were tailored around this information and their individual needs. Within the care files we also saw that individuals were supported to plan their own long term and short time goals and saw that these were achievable and were given a timescale. We saw that reviews of personal plans were completed but not always quarterly. People were supported to have a healthy balanced diet where possible but treats were also encouraged with a home takeaway ordered once a week which people enjoyed. During the inspection we saw people enjoying food and snacks throughout the day at times to suit them. People's signatures were seen on documentation within the care files, and individuals spoken to confirmed that they knew what their personal plans were and felt involved in the process of completing them. We saw that monthly resident meetings took place where people were encouraged to feedback their views about the service and suggest improvements. People are able to express their views and opinions and have a proactive role in their care provision.

People are encouraged to be as independent as they can be. During the inspection, we saw that people were supported to manage their own money. We saw detailed transaction sheets that people had signed for each transaction. The manager told us that people were encouraged to keep their rooms clean and assist with sorting the laundry where possible. We saw that people had different levels of support, which varied greatly depending on individual need. People were encouraged to partake in various opportunities in the community. We spoke to one person who was keen to undertake voluntary work which the home were supporting them with. The manager told us that each person had a keyworker who established what the individual enjoyed and would like to do, this information was then fed back to the management team who strived to accommodate this wherever possible. It was evident that people have the opportunity to be involved in the community and increase their independence where possible.

People's health needs are supported and maintained as much as they can be. We saw that medication was stored safely with each resident having their own locked cabinet in the office. We saw the temperature of the office was monitored daily - this is because all care homes must maintain medication room temperatures below 25°C, in line with N.I.C.E. (National Institute for Health and Care Excellence) guidelines for managing medication in care homes 2014. The medication administration records (MAR) were recorded accurately and corresponded with the medication stored for the residents checked. We were also told that these were audited monthly by the manager. We saw photos of individuals with the MAR charts for easy recognition. Where possible, individuals were encouraged to manage

their own medication and we saw that there were systems in place to monitor this and assist with prompting to maintain independence as much as possible. We saw that medication used on an 'as needed' (PRN) basis were used rarely and were told that these were only given when requested by people or if it was evident that they needed it for health reasons. Any concerns with people's health or well-being were acted upon quickly and the GP or other medical professionals were sought in a timely way and details of all appointments were stored in care files. The manager told us that staff were very knowledgeable of people's distress behaviours, recognising health triggers quickly, and they were able to adapt their approach and seek help when needed. This was supported with behavioural care plans in care files, which detailed the way staff should recognise early indicators and different techniques to respond to individuals when they were requiring additional support. The manager told us that the continuity of the staff team was a key element of maintaining the consistent high level of response to people's needs due to care workers knowing the people supported so well. This evidences that people are supported to be as healthy as they can be.

3. Environment

Our findings

People are cared for in safe, secure, and warm surroundings. On entering the home via a key locked door, there was a sign in book for all visitors to sign. The ground floor of the property housed one large and one small communal lounge, conservatory, kitchen, manager's office, toilet facilities, the laundry room and one bedroom. Upstairs there were a further three bedrooms and a staff room and one large communal bathroom. Access to the enclosed and secured rear garden was from the conservatory. We saw that windows had restrictors in place. The communal areas were clean and personalised with decorative canvases and pictures on the wall. The kitchen was fully fitted with all appliances however the laundry machines were kept in a separate utility room off the kitchen that was kept locked when not in use to ensure chemicals under the Control of hazardous substances hazardous to health (COSHH) regulations and sharp objects were stored securely. Personal information, care plans and completed daily records were stored in the office. The office was locked at all times when not manned. All external doors in the property had key operated locks. All internal doors were fire doors and the fire service had completed their assessments which concluded that the home was fire safe. This confirms that people are cared for in a safe, clean and homely environment.

People feel at home at Cartref. The home is located in a residential street and has limited car parking space in the front however there is ample space to park on the street for visitors. We had the permission of two individuals to look at their bedrooms. These were personalised to their own choice of colour and themes and personal items were visible, we spoke with both individuals who loved their rooms and were very proud of them. Only one bedroom had en-suite facilities however the main bathroom in the home was very large and there was a second toilet downstairs. We saw that the bathroom and toilet were clean and people's toiletries were not stored in them. Communal areas were homely and cosy and we saw that people were relaxing in them. People feel uplifted and valued because they are cared for in a comfortable, clean, homely and personalised environment.

The premises are well maintained and decorated. We saw that furnishings and fixtures in the home were in a good state of repair. The enclosed rear garden was small but had enough seating for all residents and staff to enjoy in the nice weather, in the garden there was a smoking shelter for people to use. We saw a maintenance file which contained all compliance certificates for gas, electricity and fire safety. We saw that 6 monthly environmental audits were undertaken by the RI. Personal emergency evacuation plan's (PEEP's) were in place for all residents and were reviewed annually or sooner if required. The kitchen had been inspected by the food standards agency and awarded a 5 rating which is very good. In conclusion, people have access to resources that are well maintained and conform to relevant safety standards.

4. Leadership and Management

Our findings

People can be assured that procedures are in place to ensure safe, robust and timely recruitment of staff. We looked at two staff files and all had the required documentation and background checks in place for recruitment. Disclosure and Barring Service (DBS) checks were up to date and personnel files were easy to navigate. Training records seen did not reflect the information on the statement of purpose in line with how the service would be delivered, however, on speaking to care workers, all felt that they had received adequate training to carry out their roles. The manager told us that the home had a very low staff turnover and care workers always help out to cover holidays and sickness, maintaining continuity of care for people. We saw that staff meetings were held quarterly enabling the management to share information with the care team and care workers to share their views. This shows that people benefit from a service where staff are well led, supported and trained.

People receive a service where the wellbeing of staff is important and staff are supported in their roles. We spoke to care workers who all felt supported in their roles. On looking at supervision and appraisal records, we saw that the manager had carried out supervision and appraisal at the required timescales. Care workers spoken to said *"it's excellent here, they (the management) are very good to us, if we need something they help"*, another said *"Management support is very good, flexible to work for and always try to accommodate you"*. All staff spoken to were happy in their roles and felt appreciated, all appeared to be very dedicated to their work and had a good rapport with those they supported. On speaking to the manager we discovered that formal supervision between the RI and the manager were not taking place, or annual appraisals. Despite this the manager did confirm that they spoke with the RI on a daily visit with any issues as they arose and resolution was always prompt. They also confirmed that the RI visited the carer home regularly on a weekly basis. In conclusion people benefit from a service where the staff are supported in their roles.

The service has some quality assurance process in place. We saw bi-annual audits carried out by the RI, these audits on the whole considered the environmental, maintenance and domestic issues in the home. Despite the manager telling us that the RI was in contact daily and visited the home at least weekly, evidence of this was not seen. The RI had not completed a quality assurance report which is a bi annual report on the service as a whole which is a regulatory requirement. This report enables the RI to highlight aspects of care that the service does well and address areas that could be improved. We saw a range of policies and procedures which were in the process of been reviewed and updated by the RI. The statement of purpose accurately described the service. We have advised the RI that the six monthly quality assurance report are a regulatory requirement. Completion of the quality assurance report would evidence the oversight of the service by the RI and

would enable the service to promote the things they do well and identify areas that they can improve.

5. Improvements required and recommended following this inspection

a. Areas of non-compliance from previous inspections

none

b. Recommendations for improvement

We have identified the following breaches of The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017:

- Regulation 80 (4) a quality of care report is to be completed six monthly

A notice has not been issued on this occasion, as there was no immediate or significant risk for the people using the service: We expect the registered person to take action to rectify this and it will be followed up at the next inspection.

We also made the following recommendations:

- Reviews of care documentation should be evidenced every 3 months.
- Staff training to correspond with the information on the SOP detailing how the safe working practices of the home are delivered.
- Manager supervision should be recorded formally 3 monthly and annual appraisals.

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 Monday 6 January 2020 from 9.30a.m. to 2:30p.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 RISCA (The Regulation and Inspection of Social Care (Wales) Act 2016) re registration report, Statement of Purpose and Quality Care Review prior to the inspection.
- We spoke to the manager who was present during the inspection.
- We viewed the home including two people's bedrooms.
- We looked at a range of records including two people's care records and medication administration records (MAR).
- We looked at two staff files; supervision, appraisal and training records.
- We looked at policies and procedures including the safeguarding and whistleblowing policies.
- We spoke to two people living at the service, one relative and two staff members.
- We gave feedback to the manager on the day of the inspection and the RI the following day.

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	Stanton Dene Ltd.
Responsible individual	Donna Colamazza
Registered maximum number of places	4
Date of previous Care Inspectorate Wales inspection	This was the first inspection following its re-registration under the Regulation and Inspection of Social Care (Wales) Act (RISCA) 2016
Dates of this Inspection visit(s)	07/01/2020
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	Working towards
Additional Information: The implementation of an Active Offer of the Welsh language is ongoing. There is no demand for this at present in the home, this would be priorities should this change in the future.	

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