Inspection Report on

Cartref Porthceri

Cartref Porthceri
91 Salisbury Road
Barry
CF62 6PU

Date Inspection Completed
14/08/2019
Description of the service
Cartref Porthceri is located in a quiet residential area of Barry in the Vale of Glamorgan and operated by the Vale of Glamorgan council.

The home is registered to provide accommodation, care and support to 30 adults over the age of 60 who have personal care needs. This includes older people living with dementia.

The provider has nominated a responsible individual (RI) who has strategic oversight of the service. The manager who is responsible for the daily management of the home, is suitably qualified and registered with Social Care Wales. The manager was present during both visits.

Summary of our findings

1. Overall assessment

   Overall, we found that people living at Cartref Porthceri and their families are complimentary about the care they receive. People living at the home are happy and have opportunities to take part in activities that they are interested in. People told us that staff were good and always assisted when required. However, improvements are required to the overall dining experience at the home to make this time a social, enjoyable experience for people to enjoy. The home offers people a comfortable environment, however, we identified a number of risks where improvements are required as highlighted throughout this report.

2. Improvements

   This was the first inspection of the service following re-registration under The Regulation and Inspection of Social Care (Wales) Act (RISCA) 2016. Therefore this area was not considered at this inspection.

3. Requirements and recommendations

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

   These include the following:

   - Security: To ensure staff request the identification as required of people visiting the premises prior to entry to safeguard people living at the home.
   - Ensure all entrances, exits and gates are regularly checked and alarmed as required.
1. Well-being

Our findings

Overall people living at Cartref Porthceri care home relate well and have good relationships with the staff that care for them. We saw genuine warm interactions between care workers and people living at the home. It was clear that relationships had been formed; we saw care workers encouraged people to participate in activities, promoted independence where possible and supported people to make choices at mealtimes. We saw care workers created fun moments which made people laugh. We observed people participating in a quiz and a game of bingo. One person told us “There is always a prize for the winner”. We observed the game created fun and conversation for people and we were shown the prize won. Although there are no activities coordinators employed at the home, we observed staff had time to spend with people and sit and chat in the lounge areas. People told us “there is always something going on for us to do”.

We saw a variety of recorded activities which included a “dog show” the previous week, one-to-one activities and garden parties. We were told by one person about the “dog show” and the fun that people had that day. We were told that residents were the judges of the show and that they had worn “official hats” to judge the show. Another person told us excitedly about the horse that had visited earlier that week. It was recognised by staff that one resident was a keen ‘horseperson’ having kept horses throughout their life. Staff had arranged for a miniature horse to visit the home. People told us all about the day and told us they hadn’t wanted to come in from the garden, and the ‘little horse’. We were shown photographs of the special day by the manager. Thus we conclude that people are provided with meaningful opportunities to be involved in life at the home through participation in social and recreational activities available for them.

We saw that people are empowered to make choices about their day to day life. We observed people rise from bed when they chose. One person told us “I don’t feel like getting up today, I’m going to have a lie in”. Another person told us they enjoyed sitting in the dining room throughout the day chatting to staff and other residents. We observed people walking freely around the home, enjoying the various sitting areas and the company of others. People we spoke with were complimentary of the staff and management of the home. We observed staff providing assistance calmly with dignity and respect. We conclude that the home works towards ensuring people have control over their day to day life.

Overall, people are as healthy as they can be and receive proactive care. We saw that referrals were made to relevant health professionals in a timely way. However, we found that improvements were required in the care documentation to ensure all correct information is provided for staff and visiting professionals to enable the correct care to be identified and provided. People are offered a choice of healthy meals and we saw drinks
and snacks freely offered throughout the day. We observed the breakfast and lunchtime meals being served and found the meal was well presented and people enjoying the meal. However, we observed the dining experience to be a chaotic time for people when this time should be a social, enjoyable time for people. People would benefit from the dining experience to be reviewed to enhanced people’s nutritional and fluid intake. Thus we conclude that further improvement are required to ensure that people achieve the best possible outcomes.

The home is warm and welcoming and provides a comfortable and clean environment for people. There are outside areas for people to use in the warmer weather. People are mostly safeguarded by the health and safety checks and measures at the home. However, we identified areas where improvements are required.
2. Care and Support

Our findings

Overall, people we spoke with told us they were satisfied with the care and support they receive and have a good relationship with the staff that care for them. Observations of staff communication with people identified examples of good practice. We saw staff responding to people’s needs in a caring manner, providing encouragement and reassurances appropriately. Staff treated people with dignity and respect. We observed staff knocking on people’s door prior to entering, greeting people in a kind manner and friendly in their approach. Throughout the inspection, we saw positive interactions between staff and people/relatives at the home. People appeared comfortable, happy and relaxed. We conclude that people receive care from staff who treat them in a kind, caring and respectful manner.

People, mostly receive appropriate, person centred care. We looked at four people’s care files and found that referrals had been made in a timely manner to the relevant health and social care professionals when the need indicated. Care files are important documents which should outline a person’s entire needs and the actions that are required from staff to meet those identified needs. We found overall that personal care files provided staff with detailed information in relation to people’s preferences, personal care needs, medical conditions and medication requirements. However, we found in one person’s care file an identified risk regarding a complex condition. We saw however, no further entries regarding this condition within the documentation. We raised this issue with the manager immediately. We were reassured that the matter would be investigated and acknowledged that the personal file did not contain the required information. In another two files we identified that risk assessments regarding skin integrity had not been appropriately filled in by staff and important information missing on the assessment documentation. This information is essential in providing quality care and will ensure that an individual’s needs will be met if their condition deteriorates. Furthermore, we identified that the person had been unwell the previous few days, yet no revision of the care plan had been undertaken to reflect this. The manager informed us that the documentation would be amended immediately.

In another care file, we identified that a person had no information regarding oral care. We discussed this issue with the manager who told us the information would be entered on the “bath file” which is kept in the manager’s office. We informed the manager that oral care was required to be monitored daily and therefore the documentation required in the person’s personal file. Furthermore, the documentation we looked at was disorganised with blank sections where a date or signature was required. We noted some people’s care files had a ‘My Life’ section at the beginning of the file whilst others did not. This section of their documents gives the reader more information about people’s life prior to entering the home. This can be key to helping staff build more meaningful relationships. We advised that all care files include a completed ‘My Life’ section. Therefore we conclude that a lack of
revised documentation presented a potential risk that changes in an individual’s status will not be identified, planned or met. Therefore, improvements are required.

People are offered a choice of nutritious healthy meals that are tailored to their likes, dislikes and preferences as to encourage nutrition. We were told by the cook on duty that weekly menu plans were in place which provided people with a choice of two meals and an alternative available if required. We were shown documentation that recorded people’s individual dietary requirements and preferences. We observed the lunch time meal experience for people. We saw a choice of meals and observed the dining room to be pleasant and clean with table cloths and condiments available. However, we saw the dining experience became chaotic and distracting. This is because a radio was playing loud music, we saw two medication trolleys brought in by staff which was a further distraction at the time the meal was being served. We saw people become distracted and had difficulty communicating due to the level of noise. We observed staff were collecting individual meals from the kitchen hatch and serving the meal and two staff administering medication during the mealtime which should be a calm, sociable time for people to enjoy. We discussed our concerns with the manager at the time of the visit who agreed that the dining experience was an area to be . The manager agreed alternative arrangements were required for the administration of medication during mealtimes. The manager told us they had carried out observations the previous week during the lunch time and highlighted the same issues. Thus we conclude that although people’s choice and dietary requirements are encouraged and promoted; people would benefit from the dining experience being reviewed to enable people to enjoy their meal in a calm environment.

People do not always benefit from auditing and monitoring to ensure staff medication practice is safe. We looked at the Medication Administration Records (MARs) and also the arrangements for ordering, administering and storing medication and identified areas for improvement. We saw that the storage of medication was appropriate and temperatures of fridge and storage rooms monitored daily. However, we examined the medication administration system and found it was not sufficiently detailed regarding the persons identification details. We saw that the file containing the MARs did not contain the person’s date of birth, allergy status, room number or photograph for several residents.

We raised this concern with the manager at the time of the visit who acted immediately and ensured the identification details for each person were available during our visit. Furthermore, we were concerned to find one chart contained the details of a prescribed medication had been hand transcribed with the dosage and time of administration. However, the name of the prescribed medication had not been entered on to the chart. We were concerned to find this medication had been administered by staff. Audits being completed by the manager had failed to identify the above errors to enable this to be addressed with the relevant staff member. Thus we conclude that medication systems are in place but staff practice improvements are required.
3. Environment

Our findings

People are cared for in a clean and homely environment. The home provides accommodation over two floors. People’s bedrooms were individualised and contained personal items of their choosing. There were sufficient bathing and toilet facilities for people living at the home. We saw domestic staff undertaking cleaning duties throughout the home and we found the home overall to be clean and well maintained. When we spoke to people they were complimentary about the home.

Comments included;

“I can’t fault it here, I love my home”.
“I had put my name down to come here years ago, as I knew it was so good when I visited”.
“The home is excellent” (relative).

Therefore, people feel uplifted and valued because they are supported in an environment that is warm and homely.

However, the need for safety is not always anticipated. During the visit on the 8 August 2019 we found several areas for concern.

These included;

- The exit double doors in the lounge area were observed to be open. This enabled access around to the front of the building where it was identified that the gate was also unlocked;
- Two upstairs windows required restrictors;
- Incontinence products stored around the home and in bathrooms;
- Hazardous cleaning items stored in an unlocked room;
- Various items of clutter in bathrooms including; an armchair, cushions and walking aids.
- The sluice room door was unlocked containing hazardous substances.

Furthermore, we were concerned that we were not asked for proof of identification on arrival during the first visit or asked to sign the visitor’s book. Upon arriving on the first morning of the unannounced visit, we found the patio door in the lounge area to be open which led through a gate to the road. We advised the manager that on this occasion people could not be confident that they would be safe from strangers entering the premises. This also posed a risk that people living at the home could leave the property. The manager assured us that typically this door was locked securely and alarmed and the gate to the side of the garden securely locked. However, the manager had noted that the door alarm had failed the previous week and was waiting for the maintenance person to attend to repair the
door. The side gate was locked immediately. We advised that the door to the lounge area be manually locked until repaired. At the time of the second visit we saw the door repaired and the alarm activated. Based on the findings, this indicates that people are living in an environment where potential hazards are not always recognised and addressed which therefore could compromise people’s safety.

People can be assured that systems and equipment are serviced regularly. We saw that regular safety checks and measures in relation to gas installation, safety records, electricity and PAT (Portable Appliance Testing) and passenger lifts were satisfactory and up to date. We noted that the home had a stair lift in addition to the passenger lift to enable people to access each floor in the event of a potential passenger lift failure. All confidential files including care and staff files were stored securely in lockable areas. We conclude that whilst the home is clean and comfortable consideration needs to be given to the issues identified within this report to ensure the security of the home and preventing potential risk.
4. Leadership and Management

Our findings

People benefit from a management team that is visible. People living at the home and their relatives told us they are able to approach the management with any queries or concerns they may have. During both visits we saw people attending the manager’s office if they wished to speak with them, and greeted in an open and friendly manner. The staff confirmed that the management team were visible and approachable.

Comments included;

“I am able to approach the management team with any issues”.
“I always feel supported to do my job”.
“I always get encouraged in my role with any training”.

The manager acknowledges there are areas for improvement and development and is fully committed to improving the service.

People can be confident they will be cared for by staff that have been appropriately and safely recruited. We saw procedures were in place for the safe recruitment of staff as per regulatory requirements. We examined three staff files and saw there was a robust process for the recruitment of staff. Whilst files were kept at the local authority council offices, we saw proof of identification, a Disclosure and Barring Service (DBS) check had been carried out prior to commencement of employment, and two written references had been obtained with a full employment history. This evidences that there are systems in place to ensure that the staff employed are suitable to work in the home and safeguard people.

People can be confident that management ensures staff providing care and support are able to meet people’s needs. We saw that mandatory training for staff was mostly up-to-date and that additional training relevant to the needs of people living at the home was provided. We spoke with care staff who confirmed the training provided met their learning needs and assisted them in their roles. We saw that staff supervision records were up to date. Supervision in this context refers to staff members meeting on a confidential one-to-one basis with their manager to discuss their performance, training needs or any concerns they may have. However, we noted that supervision had been carried out by the deputy manager on a one-to-three basis. We raised this issue with the manager during the visit who told us that staff are told if they require a one to one this would be available. We recommended that one-to-one supervisions be carried out. Staff told us they felt supported in their roles and had opportunities to air their views in supervision and in the regular staff meeting that were organised. We conclude that people living at the home benefit from staff who are safely recruited and appropriately trained for the roles they undertake.
The service has a clear statement of purpose and service user guide outlining its values and principles. These are important documents which should outline the homes philosophy of care. The documents demonstrated that the home has a focus on promoting “choice, independence and dignity”. Our review of the documentation and observations during our visits demonstrated that the home seeks to put these values into practice. We were told by the manager that there had been no complaints received at the home.

We saw evidence that regular monitoring visits had been undertaken by the responsible individual under Regulation 73. These reports however did not include the interviews with people using the service and persons working at the care home. This is necessary in order to form an opinion of the standard of care provided at the home. We have requested a copy of the latest Regulation 73 visit and the latest quality of care review. We have received copies of questionnaires undertaken to gain the views of people living and working at the home. These evidenced that people were extremely happy living at Cartref Porthceri. We conclude that people benefit from management that is visible and approachable and there are clear lines of support and presence.
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 following re-registration under The Regulation and Inspection of Social Care (Wales) Act (RISCA) 2016.

5.2 Areas of non compliance identified at this inspection

During this inspection we identified areas where the registered person is not meeting legal requirements. We have not issued a notice of non-compliance on this occasion as there was no immediate or significant impact for people using the service.

- We found the registered were not compliant with Regulation 16 (1) (d). The personal plan to be reviewed as and when required and when there is a change in needs.

- We found the registered persons were not compliant with Regulation 15 (c). The steps which will be taken to mitigate any identified risks to the individual’s well-being.

- We found the registered persons were not compliant with Regulation 58 (2) (c). The service provider must have arrangements in place to ensure regular auditing of the storage and administration of medicines.

- We found the registered persons were not compliant with Regulation 21(1). The service provider must ensure that care and support is provided in a way which protects, promotes and maintains the safety and well-being of individuals.

We expect the service provider to take action to rectify this and we will follow this up at the next inspection.

5.3 Recommendations for improvements

- The provider should ensure that residents are seated and assisted with meals in a calm timely manner without delay or distraction to enable this time to be a pleasant social time for people.
- The provider must ensure staff request the identification as required of people visiting the premises prior to entry to safeguard people living at the home.
- The provider must ensure all entrances, exits and gates are regularly checked and alarmed as required.
- We recommend that the service provider considers Welsh Government’s ‘More Than Just Words’ follow on strategic guidance for Welsh language in Social Care.
6. How we undertook this inspection

This was the first inspection of the service following re-registration under The Regulation and Inspection of Social Care (Wales) Act (RISCA) 2016. CIW undertook a full inspection as part of our inspection programme. We considered all four themes; well-being, care and support, leadership and management and the environment. Our visits to the home were unannounced and undertaken on the 8 August 2019 between 10:30 and 15:15hrs and the 14 August between 07:00 and 15:00hrs.

The following methods were used to provide evidence for this inspection report;

- Consideration of information held by CIW about the service and records of notifiable events.
- Observations of daily life, care practices and interactions between care staff and people living at the home.
- Conversations with care staff, visiting relatives, kitchen staff and domestic staff.
- Discussions with people living at the home
- Discussions with the manager.
- Discussions with the responsible individual.
- Observations made during the unannounced visit of the care home environment.
- Detailed examination of the care documentation relating to four people living at the home.
- We used the Short Observational Framework for Inspection (SOFI). The SOFI tool enables inspectors to observe and record care to help us understand the experience of people living at the home who cannot communicate with us.
- We looked at a copy of the resident / relative meeting minutes.
- Detailed examination of three staff recruitment files.
- We examined the relative / resident quality feedback.
- We looked at a range of documents relating to the running of the service which included; fire safety records, the statement of purpose, service user guide. Medication administration records and the health and safety records.
- We examined the arrangements to review the quality of care provided.
- The following regulations were considered as part of this inspection:

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

We are committed to promoting and upholding the rights of people who use the care and support services. In undertaking this inspection we actively sought to uphold people's legal human rights.

Further information about what we do can be found on our website: www.careinspectorate.wales
### About the service

<table>
<thead>
<tr>
<th>Type of care provided</th>
<th>Care Home Service</th>
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<tr>
<td>Service Provider</td>
<td>Vale of Glamorgan Council</td>
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<td>Responsible Individual</td>
<td>Marijke Jenkins</td>
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<td>Registered maximum number of places</td>
<td>30</td>
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<tr>
<td>Date of previous Care Inspectorate Wales inspection</td>
<td>Cartref Porthceri was recently re-registered under the new registration and inspection of Social Care (Wales) Act 2016 (RISCA) and this was the first inspection under the new legislation.</td>
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<td>Dates of this Inspection visit(s)</td>
<td>08/08/2019 and 14/08/2019</td>
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<td>Operating Language of the service</td>
<td>English</td>
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<tr>
<td>Does this service provide the Welsh Language active offer?</td>
<td>No formal arrangements</td>
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### Additional Information:

**Date Published** 24/10/2019