



## Inspection Report on

**Caerau Manor**

**2 CAERAU CRESCENT  
NEWPORT  
NP20 4HG**

**25 September 2019**

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## **Description of the service**

Caerau Manor is registered with Care Inspectorate Wales (CIW) to provide personal care and accommodation for eight adults aged over 18 years with mental health needs and or a learning disability. The service provider is Ocean Community Services Ltd. The company has nominated a responsible individual to oversee the management of the home. The manager is registered with Social Care Wales. The service is in walking distance of Newport city centre and its amenities.

## **Summary of our findings**

### **1. Overall assessment**

People we spoke with during the visit were complimentary about the service. The atmosphere was calm, welcoming and homely. Individuals are supported to develop their skills and participate in local community clubs and societies in accordance with their desired goals. We found staff were motivated and committed to making a difference to residents' lives. We concluded that people live in a service which supports their overall wellbeing.

### **2. Improvements**

This was the first inspection of the service under Regulation and Inspection of Social Care (Wales) Act 2016. The service was approved in September 2018. Any improvements will be considered at future inspections of the service.

### **3. Requirements and recommendations**

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

We made recommendations in relation to the number of residents accommodated and their needs at the service, residents' care plan/s, medication and policies.

## 1. Well-being

### Our findings

People are given opportunities to exercise choice and control over their daily lives. The ethos of the service promotes individual growth and development. Residents told us they are actively encouraged to develop their everyday living skills. People's individual documentation and the environment support individuals to carry out daily tasks. We observed that people were treated with dignity and respect. We found residents are consulted and their views considered in regards to all aspects of their care, support and the service. We saw that one resident had received a postal ballot to enable them to vote. People are treated with sensitivity and their individual rights and entitlements are promoted.

Residents are protected from harm, abuse and neglect. The necessary safeguarding mechanisms were in place to protect specific individuals from restrictions. Staff support people to manage their individual needs. Recruitment practices ensure staff's fitness which serve to protect people and staff are trained to recognise and report incidents of abuse. Residents confirmed they would be supported to make a complaint. Medication practices and health and safety checks to the environment further safeguard people living, working and visiting the service. We found the service had satisfactory systems in place to safeguard people.

People are supported and encouraged to learn and develop to their individual potential. Residents are involved in setting goals for themselves. Individuals participate in hobbies, clubs and volunteering in the local community. Staff supported residents to achieve their desired wishes and goals. Examples included, a resident who attends an education class after staff researched the availability of local courses. Another resident has attended a music concert which proved to be such a success that future events are planned. Also, a resident recently moved from the service to less supported accommodation. The service supports residents to maintain contact with their family. We found residents are supported to fulfil their potential and do things that matter to them.

The service promotes residents' physical and emotional health and wellbeing. Comprehensive plans set out the actions needed to support individuals with their needs. Community healthcare professionals provide further support to individuals. Residents have regular opportunities to discuss their health and wellbeing. One resident felt that regular staff presence was the key to their current state of general wellbeing. Another resident reported since living at Caerau Manor it's the best their health has ever been. This led us to conclude that the service responds positively to people's emotional needs and supports them to be happy and remain healthy.

People live in a home which supports their wellbeing. We found the location, size and layout of the service provided everyday opportunities for individuals to develop life skills. Security arrangements were in place to safeguard residents and their belongings. We judged the accommodation was suitable and safe for the individuals living at the service.

## 2. Care and Support

### Our findings

People can be satisfied the service can accommodate their individual needs. The service provider considers a number of views and information to confirm the service can meet an individual's needs prior to placement. The home's statement of purpose sets out the facilities, staffing and governance arrangements of the service. Examination of residents' documentation showed individual pre-assessments were in place. We saw letters from the service provider outlining they could meet each individual's care and support needs prior to placement. People had access to a service user guide. Residents were given terms and conditions of residency and house rules once they moved into the service. This meant people were provided with sufficient information about the service to understand the choices available to them and facilities on offer.

Residents are supported by competent staff who have access to reliable and up to date information about how to meet their needs. We found comprehensive plans which inform staff how to support individuals. We saw evidence that residents had been consulted about their individual plans. Each plan was routinely reviewed. Individual recovery plans which set out support strategies for when a person is experiencing emotional difficulties were in place. Staff demonstrated a good level of understanding of the individual needs of residents. Staff told us they received appropriate training to understand individual behaviours and strategies about how to achieve positive outcomes. Residents have a regular opportunity to meet with their keyworker, a named member of staff, to discuss their care and support plans. We saw everyday tasks are supported by individual risk assessments. This means the service is proactive at mitigating risks and supporting positive risk taking. Individual preferences are reflected in plans. Individuals can feel confident that staff are trained and they will be fully informed to support each person's wellbeing.

Individuals are fully supported with their emotional and mental well-being. Residents are supported to access a range of healthcare services to maintain their ongoing health, development and wellbeing. All residents were signed up to a local GP practice. We saw evidence that residents were attending local dentists and opticians. Further, individuals were supported to health care screening, general check-ups and hospital appointments. Staff are part of the service's healthcare promotion. We discussed the need for all individuals to have monthly weight checks when there is no medical requirement. Also, a general discussion with GP in respect of a specific individual is needed. This demonstrates individuals are fully involved in their own care and support delivery which supports their overall general wellbeing.

People are protected from harm. Staff are trained and know their individual responsibilities in regards to safeguarding vulnerable residents. The organisation's whistle blowing policy is promoted. Residents are provided with regular opportunities to raise any concerns. Individual recovery plans outline strategies to support individuals to manage their own behaviours. Individual risk assessments mitigate any risk factors. Arrangements are in place to monitor accidents, incidents, and complaints on a routine basis. Individuals are safeguarded by relevant authorisations which consider the use of restrictive practices at the service. Mechanisms are in place to safeguard vulnerable individuals who are accommodated at the service.

The service has sound systems for medicines management. Staff receive training and are competent in safe medication practices. An organisational policy supports the independent management of medication by individuals. Residents are trained and monitored in relation to independent administration and management of medicines. On-going competency testing is to be introduced for staff to ensure safe practices are maintained. Internal monthly audits are completed. We discussed one resident's as required (PRN) pain relief and recommended further discussion with GP. The manager was directed to the National Institute for Health and Care Excellence (NICE) guidelines in regards to recording of controlled medication. We considered the impact to people given the number this directly involved and judged it to be minimal.

### **3. Environment**

#### **Our findings**

People live in accommodation that supports their wellbeing. The premises are located, decorated and equipped to meet the needs of residents. We found the environment was welcoming, comfortable and well maintained. The environment provides sufficient facilities for individuals to practise everyday life skills, for example, an accessible kitchen with cooking and laundry facilities. The service was awarded a 5 star rating by the Food Standards Agency. This indicates good food standards are in practice. Regular health and safety checks are in operation. Monthly audits are completed in respect of the premises. Staff are trained in regards to health and safety, control of substances hazardous to health (COSHH) and infection control. Residents and staff have access to systems which report faults and repairs. The organisation uses an electronic system to address repairs. The location of the service enables residents to easily access the city centre, education, health, employment and leisure services, as well as public transport.

Security arrangements are in place to safeguard residents and their belongings. Residents have keys to access the property and their individual bedrooms. This promotes a sense of ownership and belonging. Individual rooms suit people's needs, lifestyles and personal tastes and are decorated accordingly. Individuals have safe and secure storage facilities for their personal belongings. We found the property provided sufficient space to enable residents to spend time with others or spend time alone and/or meet privately with relatives, visitors and professionals. The grounds are kept tidy, safe, attractive and accessible to residents. This provided a positive and calm outlook despite being located so close to the City Centre. People have access to outdoor space which supports their general wellbeing.

The statement of purpose (SOP) should clearly set out the facilities on offer at the service. We discussed the number of rooms available at the service with the responsible individual. The number listed in the SOP was different to information held by CIW in relation to the service. The manager told us one room was turned into a downstairs lounge prior to her appointment about 18 months ago. Information held by CIW classified the service as providing nursing care. We recognised the information needed to be clarified as a priority.

## 4. Leadership and Management

### Our findings

Governance arrangements support the smooth running and development of the service. Residents were involved and consulted about their care and support and the overall service. We saw regular monitoring and audits were in place for all aspects of the service. No concerns were recorded since the last inspection visit in 2017. Policies and procedures provide guidance for staff to ensure that the service is delivered in line with the statement of purpose. The organisation is currently reviewing the policies and procedures. We found these needed to reflect how the individual service is provided and not the organisation as a whole. The responsible individual had completed regular visits to the service. We viewed the initial six monthly quality report for the service which identified areas for development. The organisation is reviewing stakeholders' questionnaires. People's views of the service will form part of the future quality assurance process. We felt satisfied service providers had clear arrangements for oversight of the service which promotes the achievement of individuals' personal outcomes.

People are supported by staff who are suitably fit and have the knowledge, competency and skills to enable individuals to work towards their personal goals. The manager is suitably qualified and experienced to conduct the role. She is registered with Social Care Wales. Staff told us the manager was visible and approachable. The staff team are motivated and committed to making a difference to people's lives. We spoke with a resident and staff, they provided examples where staff had supported individuals to meet their individual and desired goals. One staff member was nominated for an award for making a difference to a resident's life.

Recruitment practices demonstrated the necessary pre-employment checks had been completed to satisfy staff's fitness. We spoke with staff and viewed personnel files. Routine three yearly fitness checks (Disclose and barring) further safeguard residents. Staff felt the organisation supported their individual development and provided them with necessary training to support residents' individual needs. We viewed staff training statistics for September 2019 which showed 100% compliance in health and safety, manual handling, fire, food safety and first aid. The majority of staff had completed an additional vocational qualification in care (QCF level 2 and 3). Staff told us the organisation's induction training is robust and reflects Social Care Wales induction. We were told newer staff benefit from working with (shadowing) more experienced colleagues. Staff told us they felt they are suitably trained to conduct their role. Staff welcomed the company's revised supervision programme. Regular staff meetings were taking place which kept staff informed. We were told new staff will be joining the staff team although no adverse impact was expected. The manager told us staffing numbers are dependent upon the individual needs, activities and planned events residents are attending, and are regularly reviewed. Staff work a variety of shifts days and nights which we were informed prevented cliques forming. This further shows that the service serves to promote and meet the individual needs of its residents.



## **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 Regulation and Inspection of Social Care (Wales) Act 2016 and therefore there were no areas of outstanding non-compliance.

### **5.2 Recommendations for improvement**

We made recommendations in relation to:

- The number of residents that can be accommodated at the service. We spoke with the RI to clarify the position to ensure that the details in the statement of purpose are correct.
- Residents' care plans. We were assured that changes to the two residents' care plans viewed, would be made the same day. We were satisfied given there was no impact to the individual residents these actions would be sufficient.
- National guidance should be sought in regards to the recording systems of controlled and non-controlled medications. We saw that initial amendments were made on the day of inspection.
- Policies and procedures should be revised to reflect the service's statement of purpose and the service provider.

## 6. How we undertook this inspection

We visited the service on Wednesday 25 September 2019 between 9:56 - 16:48 to carry out a full post registration inspection.

The following regulations were considered as part of this inspection:

6, 8, 9,10,12,14, 15-18,19,20,21, 26-7,29-31,33-38,43-48, 57-59,73-76,79-81 of The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017.

During the visit

- We spoke with two residents and four staff members including the manager
- We viewed two residents' care documents, risk assessments and recovery plans
- We viewed three residents' medication information and medication policy
- We viewed the revised service's Statement of Purpose (SOP) and Service User Guide. The SOP sets out the vision for the service and demonstrates how, particularly through the levels of training of staff, and so on, the service will promote the best possible outcomes for the people they care for.
- We viewed residents' daily activities and routines
- We viewed minutes of resident meetings for February, April, June and September 2019 and staff meetings for September 2019
- We viewed 2 staff's personnel files. This included applications, pre-employment checks, references and copies of identification.
- We viewed staff training statistics for September 2019
- We viewed staff supervision statistics for September 2019
- We completed a medication audit
- We viewed the quality of care report for the service dated August 2018- April 2019

We made observations of the general environment.

“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/2018-04/180409humanrightsen.pdf>*

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

[www.careinspectorate.wales](http://www.careinspectorate.wales)

## About the service

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|---|---|
| <b>Type of care provided</b>                                      | <b>Care Home Service</b>                              |
| <b>Service Provider</b>   | <b>Ocean Community Services Limited</b>               |
| <b>Responsible Individual</b>                                     | <b>Hazel Orr</b>                                      |
| <b>Registered maximum number of places</b>                        | <b>9</b>  |
| <b>Date of previous Care Inspectorate Wales inspection</b>        | <b>First inspection following RISCA registration.</b> |
| <b>Dates of this Inspection visit</b>                             | <b>25/09/2019</b>                                     |
| <b>Operating Language of the service</b>                          | <b>English</b>  |
| <b>Does this service provide the Welsh Language active offer?</b> | <b>Working towards</b>                                |
| <b>Additional Information:</b>                                    |   |

**Date Published 14/11/2019**