



Inspection Report on

57 Tir Morfa

**57 TIR MORFA ROAD
PORT TALBOT
SA12 7PF**

Date Inspection Completed

10/01/2020

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Description of the service

57, Tir Morfa provides accommodation and personal care for four adults. The home is located within a large housing estate in the Sandfields area of Port Talbot and benefits from being within walking distance of the seafront. The home is situated in a quiet residential cul-de-sac. The registered provider is Community Lives Consortium; the Responsible Individual (RI) is Lynda Rosseli. At the time of the inspection the manager had just left the service and a new manager was about to start.

Summary of our findings

1. Overall assessment

People receive a professional, person led service that is well managed. People are supported by highly committed staff, who have a thorough understanding of their needs. Staff, were professional, well trained and motivated and complimented by relatives of the people using the service.

We found the health and wellbeing of people living at the home was actively promoted and closely monitored. People are seen as individuals whose choices, likes and dislikes are always taken into account. We saw that people are actively encouraged to engage in a range of in-house and community based activities where risks are assessed and appropriately managed.

2. Improvements

This was the first inspection of this service since it was registered under the new Registration and Inspection of Social Care Wales Act 2016 (RISCA).

3. Requirements and recommendations

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

- Personal plans.
- Notifications.
- Statement of Purpose.
- Health and safety.
- Complaints policy.
- Welsh Language.

1. Well-being

Our findings

People live in a home where they are actively involved in a wide range of activities that positively impacts on their health and wellbeing.

People looked healthy and were happy throughout the inspection. Relatives visited the home on a regular basis and were overall complimentary on the service. They said, “*staff are very good*” and “*I get on with staff*” describing them as ‘*part of the family*’ and that ‘*they are absolutely amazing with x*’. However, one relative at times felt additional staff would help in getting people out more. We found all staff held responsibilities in engaging with, and stimulating people living at the home. This was done through both internal and external activities. We found the home to be an integral part of the wider community. On the day of the inspection, people were out at a local day centre and visiting a local coffee shop on Aberavon beachfront. Other activities included going to the pub, visiting local shops and watching rugby on the weekends. There was also regular coffee morning and social events organised by the service provider. A number of people living at the home had access to their own transport, which further promoted their independence. We found care workers displayed a natural affinity to working with people with a range of vulnerabilities, including people living with dementia. Staff were seen assisting people to eat in a sensitive and professional manner.

Individuals have their physical, mental health and emotional wellbeing enhanced, by doing things that make them happy.

People are able to speak for themselves and contribute to the decisions that affect their lives.

The provider ensured everyone who used the service were fully aware of what it provided. This was explained at assessment and by providing people with information on the home and the services, it provided. This included a statement of purpose (SOP) and written guide. The written guide also provided information in a pictorial format. This included information on how to raise a concern or compliment. Although, there was no Welsh speaking people living at the home, these documents under the Welsh Governments “active offer” are required to be made available in Welsh. There was also a complaints policy, although we recommended this be placed in a location where it was more visible. We were told people and/ or their relatives were consulted on the care and support provided. Although, further focus needed to be placed on evidencing such discussion. We saw, and people and their relatives told us they were treated with dignity and respect by care workers at all times. Relatives were actively involved in the care and support being provided. Communication between them and staff was open and regular.

Therefore, the rights and entitlements of people are actively promoted within the service. The service has appropriate systems in place to safeguard vulnerable individuals to whom they provide care and support.

We saw there was an up-to-date safeguarding policy and procedure in place aligned to current legislation, national guidance and local adult safeguarding procedures. Staff received training relevant to their roles and were fully aware of their safeguarding responsibilities. They described both internal and external reporting procedures. We saw clear individual risk assessments in place that were up to date and being reviewed at regular intervals.

People are therefore safe and protected from abuse.

People live in a homely and well-maintained environment.

There was a real sense of community in the home, whereby people and staff genuinely cared about the wellbeing of each other. There was a calm, relaxed and positive atmosphere throughout the inspection that promoted a sense of wellbeing. The home was fully accessible and provided suitable support and equipment for people with a range of disabilities. Each person's bedroom was pleasant and well decorated. Communal areas throughout the home were clean and were well maintained. Furnishings were appropriate and there were plans in place for ongoing refurbishments. People were happy living at Tir Morfa and had access to good outdoor space. We were shown evidence that regular audits of the physical environment were undertaken, with action plans to address any issues that arose. Peoples' personal information was well protected in locked cabinets.

Therefore, the environment in which they live enhances people's well-being.

2. Care and Support

Our findings

Overall, people can feel confident the service providers have an accurate and up to date personal plan for how their care is to be provided in order to meet their needs. These were detailed and informed by the information provided by people who commissioned the services. However, the assessment carried out by senior staff as part of the moving into the home was not available at the time of the inspection. We saw personal plans were detailed and provided clear guidance for staff in relation to how the care and support was to be provided. They were also reviewed on a regular basis. However, they were generally task focussed and failed to make clear the goals the person wished to achieve. In addition, although staff, people and their relatives told us they were consulted on the contents of personal plans, this was not being recorded. We recommended further focus should be placed on ensuring such information was captured in personal planning and review meetings. The responsible individual was fully aware of these issues and a review of care planning documentation across the organisation was being carried out. Personal plans covered areas such as personal care, diet and nutrition, communication, oral care and mobility. We saw personal profile documents were being introduced. These referenced people's likes/ dislikes, what made them happy and key words, phrases for people with limited verbal communication.

Therefore, a wide range of views and information is gathered, to confirm that the service is able to meet the individual's needs. Although a more focussed approach on personal outcomes would further improve the service.

The service has mechanisms in place to safeguard the people living at the home. We saw good risk management plans in place. Safeguarding measures were clearly stated, and easy for staff to follow. Manual handling plans were available, up to date and provided staff with clear instructions. People at risk of trips and falls, weight loss and developing pressures sores had the relevant safeguards in place. Risk assessments were detailed, well documented and reviewed on a regular basis, or when circumstances changed. Care records seen included clear guidance for staff on an individual's risk of choking. External occupational therapists and dieticians were also providing advice and guidance for the individual. Care workers were very clear on what actions to take in relation to situations in later discussions. We saw risks were also minimised through measures such as electronic sensor mats, movement sensors, time specific regular staff checks, regular weight monitoring and detailed skin integrity procedures. These were clearly noted in personal planning and deprivation of liberty safeguards (DoLs) documentation. We saw good evidence that incidents/ accidents were being recorded and analysed with further actions taken if needed. A detailed safeguarding policy was in place. This reflected current legislation and good practice guidance. All care workers completed safeguarding training as part of their initial induction procedure. In discussion with care workers, we found them to be clear on their safeguarding responsibilities.

Therefore, people live in a home where they are safe and risks are minimised.

Staff that are competent in the management and administration of medication support people with their medication.

The management of medication was very good. People had individual medication cabinets secured to the wall of their bedrooms. These were appropriate and locked. The deputy manager carried out weekly audits and annual competency checks of staff administering medication. All staff administering medication had the relevant training. Staff on a daily basis carried out the relevant temperature checks to ensure medication was stored at appropriate temperatures. The medication administration record (MAR) charts we saw were accurately completed. At the time of inspection no controlled medication was being administered but a segregated section in the medication cupboard was provided. We saw personal plans clearly stated people's health conditions and the medication taken. This demonstrates that people are supported to be as safe and healthy as they can be in terms of their medication.

3. Environment

Our findings

The provider ensures that individual's care and support is provided in a suitable environment, with facilities and equipment, which promoted each person's well-being. The home was situated in a quiet residential cul-de-sac close to Aberavon beachfront. It was easily accessible and provided off-road parking for both staff and people to use. The people living at the home all required support and equipment to assist them with their mobility. This includes wheelchairs and hoists. We found the layout of the home promoted accessibility. The building was easy to navigate which meant that people could move around as they wished. People told us or indicated that they felt happy and comfortable living at the home. Relatives also provided positive comments, including "*x has lived there many years, and is happy*" and "*it's fabulous, outstanding*". Each bedroom we saw was spacious and personalised to reflect the occupant's taste and interests. They were also specially adapted with mobility aids such as hoists to assist the person with their daily lives. There was adapted wet room areas, one, we were told, would be renovated later in the year. The home was warm and had a choice of areas for people to use; there was a lounge, kitchen and dining room. We saw people could be supported to access the kitchen area, which was adapted, well laid out and the relevant safety checks had been carried out. The kitchen we were told would also be updated later in the year. A "4" star rating (good) had been awarded by the food standards agency. Staff had all completed food hygiene training. There was a large enclosed garden where people could spend time with each other or with friends and family.

This shows that people can feel valued because they are supported in an environment that suits them.

People are protected from environmental health and safety risks.

Coastal Housing Association was the social landlord, who had a stringent housing management systems in place. This ensures that areas such as gas, electrical and fire safety was certified. In addition, staff at the home carried out regular health and safety checks. This included weekly water temperature checks and regular checks of fire safety equipment. Fire drills were also completed on a monthly basis. People living at the home all had a Personal Emergency Evacuation Plan (PEEP's) in place. A copy held in their personal file and another securely stored by the fire panel. However, these had not been reviewed since July 2019. This was raised, and we were told would be reviewed following the inspection. We found equipment including overhead hoists; portable hoists and wheelchairs were well maintained, certified and the appropriate safety checks in place and signed. Regular audits of the physical environment were being undertaken by senior staff as part of their health and safety duties, and reports made available. All COSHH (Control of Substances Hazardous to Health) materials we saw were stored correctly.

This evidences that people receive care and support in a well-maintained and safe environment, that helps each person to maintain their personal well-being.

4. Leadership and Management

Our findings

The Service had arrangements in place to support the smooth operation of the home. We were shown the companies intranet site which included their policies and procedures. These were relevant, in date and reviewed yearly, staff could access these at any time. However, we did recommend that the home displayed a complaints policy for easy access to people, relatives and other visitors. We were told that the deputy manager held monthly meetings with staff and we saw minutes to evidence this. We also saw the minutes of meetings held monthly with people living at the home, which were held quarterly. Staff discussed the level of support from the deputy manager in post and that they were awaiting a new manager due to start later in the month. Staff also told us that they could request supervisions any time and we saw evidence of regular supervisions and annual appraisals. We saw an appreciation jar where staff could thank and praise one another for their support. Staff knew how to report concerns to CIW and to the local authority safeguarding teams if required. In addition, Safeguarding training was at 100% throughout the staff team. The staff praised the deputy manager and stated that they felt supported within their roles. The deputy manager and the RI were knowledgeable about the residents and their visibility was noted by staff and relatives. In conclusion, there are appropriate measures in place to support the smooth running of the home.

The service is provided in accordance with the Statement of Purpose.

The Statement of Purpose (SOP) was dated October 2018; this was reflective of the service being provided. However, the RI and managers details were incorrect. Although during inspection, we were shown an updated version, which had the correct details. The RI provided an updated version to the inspectors during the feedback meeting, and an electronic copy would be sent to us via our online portal.

Therefore, the service is run in accordance with the SOP.

Individuals are supported by adequate levels of competent staff.

The home seemed well staffed with staff being visibly present throughout the day. People were being supported into the community at different times throughout the day. We saw records to evidence the positive, social lifestyle of people enabled by the staff present. For example, people were being supported to attend church, day centres and maintain meaningful relationships. We saw a training matrix, which evidenced staff training. Staff told us about the different training opportunities, they were provided. Some staff were registered with Social Care Wales (SCW) and we were told this was an ongoing process throughout the organisation. Staff were competent, knowledgeable and had an excellent understanding of the people they supported. We saw detailed personal plans, which outlined peoples care needs and guidance for care workers to follow. Care workers were aware of individuals' lifestyle choices, social history and people's preferences. The majority of staff had worked for the company for over a decade and were passionate about their roles. We observed skilled staff and management interact with people in a meaningful way. However, we were told by staff and relatives that sometimes the home may seem short staffed. Although we were told that, the

service was actively recruiting and agency workers could be used. However, rotas showed adequate staffing levels.

Therefore, we can conclude that residents are supported by appropriate numbers of staff who are suitable and qualified.

Notifications are submitted and regulatory bodies notified where required.

On inspection, it was noted that CIW had not been receiving any notifications to inform of significant incidents or changes to the service via the CIW online system. However, on inspection we noted that this was due to confusion in the notification process and that Tir Morfa's notifications had been submitted under another service owned by the company. This was fed back to the RI and is being addressed.

Therefore, notifications will be submitted in accordance with requirements.

There are arrangements in place for quality to be monitored reviewed and developed.

We saw three monthly visits by the RI where they had discussed with relatives any concerns or issues. We also were shown a detailed Quality of Care Review which was still in process. However, this was due for completion by December 2019. The RI was fully aware this was required and in the process of completing the report. The RI had a range of plans in place and had implemented strategic management meetings in order to identify areas of concern and maintain quality within the service. The RI knew the home and people living at the home extremely well. The RI had a sound knowledge of outcomes led practice and was in the process of further developing it across the organisation, also supporting staff where needed.

Thus, we can confirm there are arrangements in place for quality to be managed effectively.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

This was the first inspection of this service since it was registered under the new Registration and Inspection of Social Care Wales Act 2016 (RISCA).

5.2 Recommendations for improvement

We recommended the following areas for improvement:

- Personal plans: To further develop personal plans in ensuring the goals/ aspirations of people are clear, also to evidence the involvement of the person and/ or relative.
- Assessment: To ensure a copy of initial assessment carried out by the provider is held within personal planning documentation.
- Notifications: To ensure on-line notifications are correctly submitted to CIW, and that the deputy manager has access to the system.
- Statement of Purpose: An updated statement of purpose to be provided to CIW through the on-line portal.
- Health and safety: To review all personal evacuation plans.
- Complaints policy: To ensure the complaints policy is easily accessible.
- Welsh Language: To ensure the home fully complies with the “active offer” of the Welsh language as required under the Welsh Governments Strategy “More than just words 2016-2019”.

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 10 January 2020 between 08.30a.m and 4.30p.m and a follow-up visit to the main office on 14 January 2020 between 2.30p.m and 4.00p.m.

The following method was used:

- We were given a comprehensive tour of the home by a care worker.
- We had discussions with the deputy manager, locality manager and responsible individual.
- We looked at a range of care and other records, including medication and accidents and incidents logs.
- We selected two care files to examine and discussed the contents of the written records, risk assessments, care assessment, personal plan and reviews.
- We observed at various times, communication between people and the staff.
- We discussed and examined two staff recruitment, training and supervision records.
- We inspected the home's statement of purpose and written guide
- We observed and had conversations with three people living at the home,
- We had conversations with three care workers
- We spoke with two relatives of people living at the home.
- We assessed the well-being and care provision for people who have made their home at 57 Tir Morfa.

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	Community Lives Consortium
Manager	No manager at the service
Registered maximum number of places	4
Date of previous Care Inspectorate Wales inspection	03/10/2017
Dates of this Inspection visit(s)	10/01/2020 & 14/01/2020
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	No
Additional Information: 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 /children who use, or intend to use their service. We recommend that the service provider considers Welsh Government's '<i>More Than Just Words follow on strategic guidance for Welsh language in social care</i>'.	

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