



Inspection Report on

13 Caerau Park Road

Date Inspection Completed

24/09/2019

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Description of the service

Margaret Twine (sole provider) is registered with Care Inspectorate Wales (CIW) to provide care and accommodation at a care home known as 13 Caerau Park Road, for up to two people who have a functional mental illness. The service was registered under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA 2016) on 28 September 2018. Margaret Twine is the designated Responsible Individual (RI) and manager of the home. Therefore has responsibility for strategic oversight and day-to-day management. Margaret Twine is registered with Social Care Wales (SCW).

Summary of our findings

1. Overall assessment

13 Caerau Park Road provides a clean, comfortable and personalised environment for people to feel at home in, whilst achieving a sense of well-being. People experience a good level of independence, benefit from positive relationships with staff who care for them and where care and support is needed it is person centred. People are protected from harm and abuse, and are supported to remain active and healthy. Improvement is required to ensure the service meets legal requirements in the areas detailed throughout this report. Based on what we saw, this did not detract from the quality of care provided.

2. Improvements

- Personal plans, which describe people's needs, although basic, are now in place.
- Basic reviews of people's personal plans are completed three monthly.
- A competent person has undertaken a fire risk assessment.
- Information, although basic, is in place in regards to safeguarding.

3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service and areas where the registered provider is not meeting legal requirements. These include:

- fitness of staff;
- staff training;
- revision of the statement of purpose;
- a written guide to the service should be in place;
- quality assurance;
- policies relating to a range of key areas should be put in place and
- consideration to be made to the Active Offer of the Welsh language.

1. Well-being

Our findings

People have control over their day-to-day life and live in suitable accommodation. Care and support was provided in consultation with people receiving a service. Personal plans were in place describing the support people needed. However, plans viewed were basic and required improvement, to ensure they were outcomes focused. The service actively promoted and supported people to maintain friendships and family relationships and people accessed the community independently on a daily basis. We saw sufficient space for people to relax in, and they were able to personalise their private space. Safety checks and maintenance had been undertaken. The RI had not made arrangements for six monthly quality of care reviews to take place, which are required to meet legal requirements. Improvement to the statement of purpose was needed to ensure people had access to accurate information about the service. Additionally a written guide to the service should be in place. We conclude, the service enables people to make choices and have their individual identities and routines recognised, achieving a sense of well-being. However, the RI must make arrangements to address any requirements and recommendations made.

Practices in the service generally support people to be well, both physically and emotionally. However, a more vigorous approach to policies and procedures must be taken. The manager possessed oversight of people's health needs, both physical and emotional. People were offered a choice of healthy meals. As the home had not been visited by the Food Standards Agency (FSA) in recent years, we recommend the RI contact the FSA in order to ensure they are aware the service is operational. Staff provided person centred care and people had timely access to health care professionals, if there was a need. At the last inspection we identified the service provider had not met legal requirements in regards to staff training. Although we saw some improvement in this area, it was not sufficient to meet legal requirements. We find generally, people receive good care and support to remain healthy and active. However, as detailed above improvement is needed in areas where legal requirements are not met.

2. Care and Support

Our findings

People are well cared for. During our visit, we observed staff spoke with individuals with respect and kindness, to which people responded positively. We spoke with staff who displayed a good knowledge of people's needs and how to meet them. We examined a sample of personal plans and risk assessments. Whilst pertinent information had been included, personal information, including detailed social histories and aspirations, had not been captured. When discussed with the RI, assurance was given this would be rectified. Information viewed, evidenced reviews of personal plans had been undertaken every three months, again, information was basic, but indicated service user involvement within the process. Diaries had been completed by staff on a weekly basis, to record events over the previous seven days. We recommend these to be completed daily. Although people appear to have their needs identified and met, more documentary evidence should be in place in order to evidence care intervention and outcomes focused support.

Staff encourage people to be as healthy as they can be and people have timely access to external health and social care services. People were registered with the GP. We noted people had access to specialist medical and therapeutic support from community services, according to need. People had attended appointments with the dentist, chiropodist, optician and audiologist as needed. We saw evidence of regular contact with community nurses and social workers, when need had been indicated. People living at the home were independent with medication. We find the service provider promotes and maintains people's health and ensures access to specialist health care services to meet assessed needs.

Person centred support is delivered. People using the service told us they were satisfied with the care and support they received. Comments from people receiving a service indicated they were happy with their placement and were treated well. A person receiving the service told us, they liked living at the home and the food was "good". When we asked the relative of a person receiving a service whether they thought their loved one was well cared for they responded, "*It is excellent*". A professional, involved in a person's care told us, "*They do a very good job. X is looked after to a very good standard. They make sure X attends all medical appointments*". Choice was provided relating to how care was delivered, for example bedtime routines, meal planning and where people spent their time. People had access to personal space within their own rooms, accessed the community independently and were supported to maintain relationships with relatives. We conclude people are provided with care and support that is informed by their personal wishes.

3. Environment

Our findings

People live in a clean, comfortable, domestic sized house, which meets their individual needs. We found the home smelt fresh and good housekeeping ensured there were no unpleasant odours. The home was safe from unauthorised entry. People told us they kept their room clean and tidy, but it was their choice not to undertake any additional household duties. Individual rooms were personalised with people's belongings and reflected their likes and lifestyles. We find the home to be clean and comfortable and the layout enables people to spend time privately or communally.

Overall, the service has systems in place to identify and mitigate risks to health and safety. South Wales Fire and Rescue Service had visited in November 2018 where a fire safety audit was carried out. A letter of 'fire safety matters' under The Regulatory Reform (fire safety) Order 2005, including a schedule of work, had been issued. This included the service provider must implement the findings of the Fire Risk Assessment. The RI informed us, the recommended work had been carried out, which included a competent person carrying out an annual fire risk assessment. Ongoing maintenance had been carried out to ensure the home's décor was homely, modern and kept up to a good standard. We saw a gas safety certificate was in place. We refer the service provider to 'Health and Safety in Care Homes,' to ensure they have a clear understanding of their duties under health and safety legislation. We find that overall the service takes action to ensure people are cared for in a safe environment.

4. Leadership and Management

Our findings

Governance and auditing arrangements are not always in place. Internal systems and processes were not in place to oversee the training and development needs of staff, to ensure they maintained correct skills and knowledge. Arrangements had not always been made to ensure effective internal auditing and quality control practices had been followed. This included seeking feedback from people associated with the service and the completion of the six monthly quality of care review. We were made aware that an individual (not a member of staff), who had not undergone the necessary training and checks, had provided support to a person living at the home. The RI provided assurance this would not happen again. Whilst some training had been completed, we saw gaps, particularly in refresher training. We recommend staff undertake safeguarding refresher training, this will provide assurance that everyone involved with the service understands their responsibility in regards to the protection of vulnerable people. The RI told us she was in the process of arranging training that was overdue. Since the last inspection, a safeguarding policy had been put in place. We advised the RI, the policy should be updated to ensure current relevant information is included. A family member living at the home should upgrade their Disclosure and Barring Service (DBS) check from basic to enhanced. We conclude, systems are not always in place to facilitate daily operations, therefore did not meet legal requirements.

People benefit from management who are visible and approachable, but more robust systems and processes should be in place. The manager lived at the home and possessed a clear understanding of the service and people's needs. The service had not received any complaints since re-registration under RISCA. We sampled policies in place, which included safeguarding and complaints and found them to lack the necessary level of information. We were told policies relating to medication and training were not in place. We examined the statement of purpose and found it did not fully reflect the service available and did not contain all the required information. None of the people living at the home were Welsh speakers; nevertheless, more information should be included about the measures the service will take to promote the Welsh language needs of individuals. Additionally a written guide to the service should be in place. We judge there is generally a lack of information in order to underpin the delivery of the service. The above did not have a direct impact on people living at the home. We informed the RI what must be in place in order to meet legal requirements; assurance has been provided that requirements would be actioned.

5. Improvements required and recommended following this inspection

5.1 Areas of non-compliance from previous inspections

- Care plans are reviewed at least every three months, are person centred and fully comprehensive to include risk assessments – Regulation 16(1). Adequate improvement had been made in order to meet legal requirements. However, more detail is needed in order to evidence outcomes focused involvement.
- The persons working at the home have received training appropriate to the work they are to perform - Regulation 34(1). Some training had been completed. We informed the RI, more training needed to be undertaken, particularly mandatory training in order to meet legal requirements. Additionally any person providing care and support should complete the necessary training. This will ensure people who live at the home are cared for by suitably qualified, trained, skilled and experienced staff.
- The service provider ensures that any risks to the health and safety of individuals are identified and reduced as far as reasonably practical – Regulation 57. Sufficient improvement had been made in order to meet legal requirements.
- The home's statement of purpose accurately reflects the service provided – Regulation 7. The statement of purpose had not been updated since the last inspection. Therefore, legal requirements had not been met.
- The registered person ensures policies and procedures are in place for the prevention of abuse, neglect or improper treatment – Regulation 27(1). Adequate improvement had been made in order to meet legal requirements. However, information viewed was basic and needed to be updated.

5.2 Areas of non-compliance following this inspection

We have advised the service provider improvements are required to meet legal requirements in relation to:

- The service provider must ensure the necessary policies and procedures are in place, which are proportionate to the service being delivered - Regulation 12(1).
- The service provider must prepare a written guide to the service – Regulation 19.
- The service provider must ensure all necessary checks are in place prior to people working with vulnerable adults - Regulation 35(2) (d).
- The service provider must ensure arrangements are in place to review the quality of care and support as often as required, but at least six monthly - Regulation 80(2).

We have not issued a notice of non-compliance notice on this occasion, as there was no immediate or significant impact for people using the service.

5.3 Recommendations for improvement

- The RI must contact the FSA, to ensure the agency is aware the service is operational.
- People's personal plans should be outcomes focused.
- Diaries evidencing care and support should be completed by staff on a daily basis.

6. How we undertook this inspection

This was a full inspection, undertaken as part of our inspection programme. An unannounced visit took place on 10 September 2019. As the provider was unavailable, we carried out announced visits on 16 and 23 September 2019.

The following regulations were considered as part of this inspection:

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

- We reviewed information about the service held by CIW.
- We spoke with a person living at the home and a relative.
- We spoke with the RI/manager and two visiting professionals.
- Consideration was made to the environment.
- Consideration of one person's care plan and weekly written notes describing care intervention.
- Consideration of the statement of purpose, the visitor's book, the accident book and policies available to us.
- The fire risk assessment, dated November 2018.

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

Type of care provided	Care Home Service
Service Provider	Margaret Twine
Manager	A manager is in post who is registered with SCW
Registered maximum number of places	2
Date of previous Care Inspectorate Wales inspection	24 October and 19 November 2018
Dates of this Inspection visit	10, 16 and 24 September 2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	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 ' <i>More Than Just Words follow on strategic guidance for Welsh language in social care</i> '.
Additional Information:	

Date Published 13/11/2019