



Inspection Report on

106 Splott Rd

CARDIFF

Date Inspection Completed

14/11/2019

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Description of the service

106 Splott Road is operated by Heatherleigh Care Limited. The company was re-registered with Care Inspectorate Wales (CIW), under the Regulation and Inspection of Social Care (Wales) Act 2016 on 19 September 2018 to provide care and accommodation to a maximum of five adults. At the time of this inspection there were four people living there. A manager is appointed who is registered with the workforce regulator – Social Care Wales (SCW). The company has nominated a person who has responsibility for the strategic and operational oversight of the service – the responsible individual (RI).

The service is located in Splott, Cardiff with shops and other community facilities close by. There is access to local public transport.

Summary of our findings

1. Overall assessment

The service provider is motivated to offer a good service. Where issues are identified, as they were at our previous inspection, the provider takes prompt action to address them. Thus this inspection found people are better able to exercise choice and have a sense of control in their day-to-day lives. The service works closely with people to establish their individual goals and provides support to help people achieve these where possible. The staff are warm and friendly and provide people with a sense of safety.

2. Improvements

We identified the provider had made the following improvements:

- Changes to the staff rota to ensure greater staff presence at key times during the day ensured people had more choice about, for example, when they went to bed.
- Care documentation was reviewed at regular intervals, so any changes in need were promptly identified.

3. Requirements and recommendations

Section five of this report outlines where legal requirements are not being met and our service improvement recommendations. In summary these are:

- The need for an effective safeguarding policy.
- Improvements to care documentation to better capture people's desired outcomes.
- The inclusion of service development plans within the quality of care review reports.

1. Well-being

The provider has made improvements to the service to better ensure people have a sense of control over their day-to-day lives. People are now better able to make decisions about their everyday lives, such as when they go to bed. There was evidence of good relationships between staff and individuals with friendly banter between them. Feedback was positive and demonstrated people have autonomy. Records demonstrated people were involved in planning their care and setting their own goals to ensure positive outcomes. The service provider ensures that people are listened to and where issues are raised these are addressed.

There are opportunities for people to engage with their local community, activities and recreation. People were actively engaged throughout the day in things that made them happy and helped to keep them healthy. This was also evident in the scrap books started for each person using the service. We saw photographs of people working, going to the gym as well as on trips out. A person we spoke with talked with considerable enthusiasm about the various activities he was able to do. Another person came to tell us he was going out shopping and for lunch and was animated about this. The provider ensures people have access to things that matter to them.

Overall people are safe. One person told us *"it's the safest house I've ever been"*. The environment is suitable for people and we saw individuals moving confidently and independently around their home. The safeguarding policy did not provide the information and guidance staff needed to recognise and report abuse should it occur. Nevertheless, people have a sense of security living there. The provider therefore does seek to protect people from harm, abuse and neglect.

2. Care and Support

There are opportunities for people to influence their own care. A review of the care documentation showed people were able to set their own goals and outline their aspirations. However, these were not included within the personal plans and recommended to the manager consideration was given to how personal plans and other documents might be amalgamated to provide a more complete picture of the person. People's strengths were promoted and we saw evidence within the records of people undertaking their own care where they were able to help people maintain their independence and life skills. There were also indicators of people signing agreement with their plans. Our previous inspection did though, identify people were not always being able to exercise choice – especially in relation to their night-time routines. At that time, we identified the service provider was not meeting legal requirements. We noted improvements had been achieved at this inspection. We spoke with the manager who said changes had been made to the staff rota to ensure staffing levels were sufficient to ensure people's choices were promoted. We spoke with one person who told us they were now able to go to bed at a time of their choosing. Observations of daily routines showed staff engaged with people in a warm and friendly manner seeking people's opinions wherever possible. We find the service provider had taken sufficient action to achieve compliance with the legal requirements and works with people to ensure they are provided with care and support which is designed in consultation with them.

The care documents in place are sufficient to give people confidence Splott Road has an understanding of their needs and support requirements. We reviewed the personal plan for one person and saw this had been reviewed recently. Where changes to the plan were required these were identified but we saw information could be clearer to show individual outcomes. Each person also had daily records which outlined the significant activities they had undertaken, how well they had eaten and drunk as well as an indication of their mood throughout the day. We spoke with one person who said "*the food's lush*" and who identified one member of staff as "*the best cook*". We also saw the service had introduced 'achievement books' which showed a pictorial history of people's progress towards their goals. The provider has taken steps to ensure there are up-to-date plans detailing how people's care is to be provided in order to meet their needs.

People feel safe. We spoke with a person who told us "*this is the safest home I've ever been to*" and "*I've always been safe with staff*". We saw a safeguarding policy was in place but it did not provide sufficient instruction to ensure allegations or disclosures of abuse or neglect were referred to the local safeguarding team in the first instance. There was no guidance for staff about safeguarding procedures and information implied other agencies would only be notified once the provider had investigated a safeguarding concern, which is not the correct process. We therefore notified the provider legal requirements were not being met. The home is secure and visitors are asked to sign the visitors book as part of the home's security measures. There was CCTV (Closed Circuit Television) in place covering the outside of the building to give people an even greater sense of security. The provider has mechanisms in place to ensure people were protected as far as possible but needs to enhance the safeguarding policy to meet legal requirements. However, the evidence from the inspection is that people are protected.

There are opportunities for people to be active and engage in things they enjoy. The 'achievement books' showed people on trips and doing various activities. One person told us about the support they were receiving to find work and spoke about this enthusiastically. This person also commented "*I love it here, they give you lots of opportunities*" and "*you're allowed to go out and do anything you want to*". We noted one person went out for a walk, another was already out at an activity and another person was preparing to go out for lunch. There was an outline of each person's chosen activities on the board in the office. The records demonstrated people received support to access essential appointments with healthcare and other professionals as necessary. The service provider works with people to ensure they remain as healthy and active as possible.

3. Environment

We did not consider this theme during this inspection as it was focused upon issues identified during our previous inspection. We did however note the home was clean and well-presented. It was comfortably furnished and people were at ease in their surroundings.

4. Leadership and Management

At our previous inspection we identified there were insufficient numbers of staff to ensure people were able to choose when they went to bed. This inspection demonstrated improvements had been made so that people can now have confidence their choices will be respected. We saw the staff rota had been amended to put additional numbers of staff on duty until later in the evening. This was confirmed by one person we spoke with. We observed staff practice and saw staff engaged with people well. Conversations were comfortable and easy between people and staff. Staff provided people with gentle encouragement and positive reinforcement when necessary. The service provider has taken appropriate steps to ensure there are sufficient numbers of suitably trained and experienced staff on duty to meet the needs of people using the service.

There are arrangements in place to monitor and review the quality of care provided at the service. The responsible individual visited the home on a regular basis but there was no information to evidence they had visited the service as we saw they had not signed the visitors book for instance. We saw a quality of care review report at our last inspection and another report would not be for six months after that. We are therefore unable to comment on any findings in relation to that but note our previous recommendation to include clear improvement action plans within the report. We noted the actions taken in response to our last inspection which indicate the service provider is responsive to issues and will take prompt action to address matters. Overall, there are mechanisms in place to ensure the service provider has oversight of the service although reports could be improved by inclusion of service development plans.

5. Improvements required and recommended following this inspection

5.1 Areas of non-compliance from previous inspections

At the previous inspection, we issued a non-compliance notice to 106 Splott Road because they did not meet the legal requirements in relation to:

- Care and Support (Regulation 21 (1)): At this inspection, we were satisfied the regulations were complied with. We found sufficient action had been taken; sufficient staff were on duty to ensure people had choice and control regarding aspects of their daily lives.

We also identified further areas of non-compliance but where we did not issue notice because we found no evidence of impact for people using the service. These were:

- Regulation 27 (3). This relates to the requirement to have an effective safeguarding policy. At this inspection we found the policy still requires additional revision to ensure it is effective and thus, the service provider remains non-compliant with this regulation. Again we have not issued notice but do expect action is taken to address this matter. Please refer to the body of this report for more detailed information in respect of this.
- Regulation 16 (1). This relates to the requirement to ensure people's personal plans are reviewed at least every three months. We were satisfied sufficient action had been taken to address this matter and therefore the service provider has achieved compliance.
- Regulation 34 (1) (b). This relates to the need to ensure there are sufficient numbers of suitably trained, experienced, knowledgeable and qualified staff to meet the needs of people using the service. We found action had been taken to address this and the service provider had achieved compliance.

5.2 Areas of non-compliance identified at this inspection

No new areas of non-compliance were identified at this inspection

5.3 Recommendations for improvement

We recommend:

- The service provider should consider combining people's identified goals into their personal plans. In this way, reviews can be better focused on the individual outcomes achieved.
- The service provider should include service improvement planning as part of the quality assurance measures and include the information in the quality of care review report.

6. How we undertook this inspection

We carried out an unannounced inspection visit on the morning of 14 November 2019. This was a focused inspection to consider areas where it was identified at the previous inspection the service provider was not meeting legal requirements.

The following regulations were considered as part of this inspection:

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

The following activities were carried out:

- Review of the information held by CIW about the service.
- Discussion with the service manager.
- Conversation with one person using the service.
- Conversation with one member of staff.
- Review of care documentation for two people.
- Consideration of the staff rota.
- Review of the safeguarding policy.
- Review of quality assurance documents.

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	Heatherleigh Care Ltd
Responsible Individual	James Fletcher
Registered maximum number of places	5
Date of previous Care Inspectorate Wales inspection	01 August 2019
Dates of this Inspection visit(s)	14 November 2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	This is a service that provides an 'Active Offer' of the Welsh language. It provides a service that anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.
Additional Information:	

Date Published 07/01/2020

