



Inspection Report on

106 Splott Rd

**106 SPLOTT ROAD
CARDIFF
CF24 2DD**

Date Inspection Completed

Friday July 3rd 2020

Welsh Government © Crown copyright 2020.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context.

Description of the service

Heatherleigh Care Limited operates 106 Splott Road. The company was re-registered 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. 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

People have control in their daily lives because they are supported to do things that are important to them. The staff are safely recruited, well supported and in the main receive training appropriate to their roles. Whilst we saw good care, there are aspects of the service that require improvement. This was around ensuring staff are sufficiently experienced and have completed the appropriate training to undertake the responsibilities delegated to them. Oversight of the service could be strengthened by improving quality of care analysis and reporting.

2. Improvements

The service made some improvements since our last inspection visit such as updating the safeguarding policy to ensure it contains necessary information on reporting incidents of abuse

3. Requirements and recommendations

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

- Ensure staff are competent and trained in the required areas to ensure peoples safety is maintained.
- Improvements to the quality of care report.
- Ensure residents have opportunity to express their view on the day to day running of home through regular resident meetings.

1. Well-being

Our findings

People receive the support they need to promote their social well-being. At the time of the inspection, restrictions are in place because of the current pandemic. Despite this people are supported to go out in the local area safely and take part in activities within the home. People told us about the activities they did before the restrictions. Pictures of people enjoying various activities are displayed on the walls. People are supported do the things they enjoy.

People have support to remain healthy. People receive support to attend medical/health appointments and consultations with other professionals which are appropriately recorded. Records indicate that people are supported to take their medication safely. People have up to date behaviour management plans to assist them with emotional health.

The service has procedures and measures in place to keep people safe. Staff know their responsibilities in recognising and reporting safeguarding concerns. Training for staff around protecting people is up-to-date. People tell us they feel safe at the home and trusted the people who look after them.

The environment promotes people's well-being. Facilities for people are good with ample space provided for wheelchair to use. The environment is clean and homely.

People have a sense of control over their day-to-day lives but there is little evidence that people have regular meetings. This is an area for improvement and has been discussed with the manager. There is evidence of good relationships between staff and individuals. We found people have autonomy from the positive comments during feedback. Records demonstrate people are involved in planning their care and setting their own goals to ensure positive outcomes are achieved. One person told us about plans to learn to drive and work opportunities they were exploring. Families told us that people's independence and confidence has improved; one comment included *"xxxx is like a different person, the confidence they now have is such an improvement. Before living at the home, they did very little for themselves"*.

2. Care and Support

Our findings

People have support to control their day to day life, choose the way they want their care provided, and do things they enjoy doing. People are able to tell staff how they want to be supported. People set their own goals and outline their aspirations. They have help with things like shopping, leisure activities and finding work. They also tell us that they have choice when they want to go bed and what they want to eat. People's strengths are recognised and celebrated. Care staff support people to develop life skills and independence. People have support to do their own laundry and meal preparation. Staff engage with people in a warm and friendly manner enabling them to express their opinions. People have developed good relationships with care staff.

The care documents in place are sufficient to give people confidence that Splott Road has an understanding of people's needs and support requirements. Personal plans are comprehensive. Regular review of plans are carried out and updates made when necessary. Each person has records which outline the activities they have done, how well they have eaten, and drunk as well as an indication of a person's mood. People have 'achievement books' which are visual and show how people have met their goals.

People receive the support they need to promote their social well-being. At the time of the inspection, there are restrictions in place because of the current pandemic. However, people are still supported to go out safely. Staff have introduced ideas to try to maintain normal routines and support people during this time. The service has used a spare room to create a 'pop' up coffee shop and newsagent. People told us about the activities they did before the restrictions and are making plans to re-start some of these in the next few weeks. People have a scrapbook with pictures of them doing various activities, with further pictures on display around the home. People regularly go on holiday. Some people have jobs.

Overall, the service provider works with people to help them maintain their physical and emotional well-being. People have support to attend GP/ optician and other health appointments. Records are kept. Medication is given safely. People have goals to lose weight or exercise and are supported with this. Changes in health needs are updated on individual plans. Staff are encouraged to provide healthy meal options for people. People have plans designed to help staff support them with managing emotions, or situations they find difficult.

The service has procedures and measures in place to keep people safe. Staff are aware of their responsibilities to report safeguarding concerns. Training for staff on safeguarding people at risk is up-to-date. The information held by CIW indicated that reportable incidents are addressed appropriately. The policy relating to safeguarding people at risk of abuse, neglect or ill-treatment has been updated since the last inspection to include all the necessary information. This includes actions staff should take to report suspected abuse. The home is secure and visitors are asked to sign the visitor's book as part of the home's security measures. There is CCTV (Closed Circuit Television) in place covering the outside of the building. We saw evidence that fire drills are undertaken regularly. People told us they felt safe and trusted staff to support them.

3. Environment

Our findings

We did not consider this theme during this inspection as it was focussed on people's well-being. We did however note the environment promotes people's well-being. The home is well maintained and suitable for people using wheelchairs. The home is comfortable, clean and tidy. There is a sensory room and games room for people. People's bedrooms are individual, decorated as people chose. Plans are underway to make better use of the courtyard area so people can have access to nicer outside space. There is good access to community services and local parks. Well-being for people is promoted by the service by providing people with safe accommodation which is appropriate for their needs

4. Leadership and Management

Our findings

We did not consider this theme in full during this inspection as it was focussed on people's wellbeing.

There is some oversight of the service from the service provider but these arrangements must be strengthened. Evidence indicates that the responsible individual visits the service every quarter as required. We also note the responsible individual has completed a quality of care review. We have been provided with a copy of the most recent report. To ensure the quality review is meaningful, the responsible individual needs to demonstrate consultation with people using the service. This will give people the opportunity to influence service development and to help identify improvements. There needs to be an action plan within the report detailing how improvements will be made. This is a recommendation for further development of the service.

Mostly people receive care from a staff team that are skilled and competent. All staff have an appropriate qualification in care or are enrolled on to a course to achieve this. Staff deliver care appropriately. Most staff have up-to-date training but there are occasions when staff have not undertaken the necessary training to safely support an individual. Daily records indicate staff are not always following a person's plan. We identify that this person could potentially be put at risk by staff practices and a lack of training. The manager advises us that they have addressed this with staff, but we could find no record to support this. The manager assures us that they will take immediate action to remedy this. We have subsequently been sent the dates of planned training for staff. We expect action to be taken in this area and we will follow this up at next inspection.

5. Improvements required and recommended following this inspection

5.1 Areas of non-compliance from previous inspections

There were no areas of non-compliance identified at the last inspection.

5.2 Recommendations for improvement

- The manager of the service should record residents' wishes on the day-to-day running of the service. Regular resident meetings would ensure this.
- The quality of care report should include the views of people using the service in more depth. It should be developed to include an action plan of how the provider intends to drive service improvement in identified areas.

6. How we undertook this inspection

The following regulations were considered as a part of the inspection:

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

Information for this report was gathered from:

- Conversations with individuals living in the care home, the manager and all care staff. In addition, we spoke to the family members of two residents
- We observed care practices and interactions between staff and individuals living at the home.
- Review of the statement of purpose and user guide information and compared it with the service provided.
- Examination of three personal plan files which included care and support plans, risk assessments, health care and daily care records.
- Review of the management of medicines in the home
- Looked at staff team meeting minutes and notes of a residents meeting.
- Examined the staffing levels, and training matrix.
- We considered the policy development at the home.
- Sampled the quality assurance arrangements in place which included audits and reports.
- A tour of the home and considered the facilities available.
- We fed-back back to the Responsible Individual following the inspection, and confirmed their understanding.
- We spoke to local commissioners and care managers.
- An analysis of data held by CIW including notifications.

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
Manager	Emma Evans
Registered maximum number of places	5
Date of previous Care Inspectorate Wales inspection	[REDACTED]
Dates of this Inspection visit(s)	03/07/2020
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	We did not consider the Welsh offer at this inspection
Additional Information:	

Date Published 19/08/2020