



# Inspection Report on

**Crosfield House**

**Crosfield House  
Dark Lane  
Rhayader  
LD6 5DB**

## **Date Inspection Completed**

24/09/2019

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## **Description of the service**

Crosfield House Ltd is registered with Care Inspectorate Wales, (CIW), to provide a care home service, including nursing care, for up to 64 people. The company have appointed a person to represent them as the responsible individual, Sanjivv Joshi. Crosfield House is located in Rhayader, Powys. A manager is in post who is working towards registering with Social Care Wales.

## **Summary of our findings**

### **1. Overall assessment**

People receive appropriate care from a stable staff team who are provided with training and support from the manager. People are treated with respect and are satisfied with the service provided. Records are detailed and provide staff with guidance about how to support people but would benefit from a more person centred approach and should evidence how staff determine what matters to people and how they want care and support to be provided. Opportunities are provided for stimulation and community involvement. The environment meets people's needs.

### **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. These include:

- Personal plans.
- Infection control.
- Premises, including the laundry.
- The manager must register with Social Care Wales.

## 1. Well-being

### Summary

People's physical, mental and emotional well-being is promoted. Relatives told us they were kept informed, made welcome and could visit at any time. Care records detailed people's needs and we saw staff were professional and courteous in line with people's, and relatives' expectations. People were supported to get up at times to suit themselves and breakfast was served at varying times. This meant people were not always hungry for a main meal at lunchtime. A lighter meal is now served at lunchtime and the main meal at teatime. This had been evaluated by the manager and staff and had led to increased weight gain and improved sleep patterns. People's care and support needs are met in a way that meets their needs and expectations.

People live in a supportive environment with links to the local community. Two staff were employed to support people with activities. We saw people supported to play bingo and two people told us they had enjoyed playing. A person told us they had been to the local pub but would, *"like to go more"*. Another person told us they had enjoyed a recent visit by local children but, *"wish they come more often"*. A relative commented, *"there doesn't seem to be any regular organised trips out"*. The hairdresser visited regularly. The service had participated in a 14 week sensory project for people living with dementia that looked at how to create positive atmospheres, for example, by using candles and hand massage. The dementia virtual tour bus had visited so staff could experience the reality of living with dementia. Sensory walls, including weddings, and trains, were seen in different areas of the home to provide items of interest for people. A garden fete had been held in the summer. The home has a minibus and people were supported to access the local community, including the pub. People are provided with opportunities to be active in line with their preferences, interests and abilities.

People's individual needs are met. The statement of purpose makes it clear individuals' language and cultural needs will be identified and met as far as possible. However, the pre admission assessment form did not include prompts for staff to ask about, or record people's wishes about Welsh language and culture and if they would like information, and a service in Welsh if possible. The personal plan completed on admission, does ask people about their wishes but this is too late if they wished to be confident about the level of service in Welsh before they moved in. The manager was aware of the requirement to meet people's Welsh language and cultural needs. Five staff spoke fluent Welsh and two staff were being supported to learn Welsh. The staff application form asked applicants the level of their Welsh language skills. Pictorial bi-lingual signage telling people where communal toilets and bathrooms were, promoted people's independence. People were supported to maintain their religious faith if they wished to. People's cultural needs are generally met.

## 2. Care and Support

### Our findings

People's needs were assessed before they moved in to make sure they could be met at Crosfield. One person told us they were satisfied with the care provided, "*staff look after me*". Two relatives spoken to were satisfied with the service provided. They were aware of how to raise concerns and told us they thought the service, "*had improved*". Personal plans were detailed and included how care and support should be delivered, although we could not evidence this was based on a person centred, 'what matters to me' approach. It was sometimes difficult to find specific information because of the repetitive nature of the electronic system. The manager told us staff asked people how they wanted care and support to be delivered if possible and included them in reviews but this was not recorded. There was no evidence people were offered a copy of their personal plan. A relative commented they were, "*unaware of regular meetings unless they were requested*" and another relative commented they would like, "*more regular care plan meetings with management*". Two professionals commented, "*care plans improved, more detailed*" but also that documentation was, "*detailed but repetitive*". The planning system is electronic so records of Deprivation of Liberty Safeguards, (DoLS), were kept separately. These showed applications were discussed with the person where possible, people's family, and were completed appropriately. Care and support is provided by staff familiar with people's needs in a respectful, kind and appropriate way.

People have access to appropriate healthcare. A GP clinic was held regularly and staff were clear about seeking advice and assistance outside the clinic time if people were unwell. Records showed people were supported to access healthcare promptly whenever necessary, including chiropodists and opticians. We looked at how medicines were managed and found that generally, people received medicines as prescribed and they were stored securely and appropriately. People receive care that meets their needs.

### 3. Environment

#### Our findings

People live in an environment that meets their needs. The home was clean, tidy and generally free from odours. People were supported to bring belongings from home and personalise their rooms within space constraints. Pictures of items that would mean something to individuals had been added to bedrooms doors to promote independence. New garden furniture had been provided. However, we saw many areas of the home were 'tired' and worn through wear and tear. A professional had commented the, "*environment was tired in places*". A relative commented, "*the gardens are unkempt*" and two comments were made about hanging baskets not watered and left to die during the summer. We saw unwrapped continence products in communal bathrooms and not all waste bins were foot operated, contrary to good practice. Tiles were missing in the laundry leaving porous plaster exposed to splashback from the sluice area and soiled laundry, contrary to good practice. The sluice area was dirty and required cleaning. We also saw an electrical extension lead in use. The use of electrical extension leads throughout the home, including, in the laundry had been identified by Fire and Rescue in their recent report. Following the inspection the manager told us this had been addressed. The manager told us plans to make significant changes and update the environment, including providing en suite facilities, were currently on hold. The environment is well maintained but would benefit from updating and ongoing improvement.

Health and safety is taken seriously. Records showed regular checks of the environment and equipment in the home were carried out including fire safety equipment and electrical items. The use of bedrails was regularly reviewed and policies and procedures were in place to ensure they were used in line with good practice. People where possible, and relatives, were provided with information about the benefits and risk of bed rails. Systems identify and as far as possible, eliminate risk to people's health and safety.

## 4. Leadership and Management

### Our findings

Information is provided about the service. A statement of purpose, (sop), and service user guide, (sug), were produced. People and their relatives are offered copies of both documents when considering using the home and provided with a link to the latest CIW inspection report. The sop was available in Welsh and accessible formats such as large print and audio. The complaints policy included timescales and the contact details of the local government ombudsman and social services. The service had not received any complaints. People can be confident they have information about the service so they can make informed decisions.

People are supported by trained and suitable staff. Staff spoken with were positive about working at the home. Comments included, *“love working here”*, *“good team work now”*, *“everyone works well together”* and *“morale is much better”*. Checks took place to make sure staff were suitable before they started work. We reviewed three staff files and found recruitment processes had been followed to safeguard people living at the home. Staff told us they were provided with, *“lots of training”* and *“managers and seniors (were) supportive and approachable”*. Staff confirmed they were provided with regular supervision and checks of their competency. The record of supervision showed the majority of staff met with a senior member of staff quarterly for formal supervision of their practice. A senior member of staff had begun to arrange observational supervision of staff practice. The manager told us all new staff completed necessary training online and face to face training as soon as it was available. Moving and handling theory was completed online with practical training provided by a member of staff qualified to do so. All staff were registered on Quality Care Framework, (QCF), training. Training records provided showed 32% of staff had not completed training in dementia and infection control and 33% had not completed training in moving and handling. The manager told us additional staff had completed moving and handling training and the training record would be updated. The manager assured us further training would be completed as soon as courses were available. People are supported by suitable staff who are provided with training and support.

Systems are in place to monitor, review, and improve the quality of the service. The manager told us questionnaires had been sent to relatives, staff and professionals, to find out their views of the service. These would be collated and any action necessary would be taken. Comments received from professionals included, *“staff helpful and accommodating”* and *“manager works really hard”*. Comments from relatives included, the service, *“provides a happy caring environment”*, *“friendly, bright and welcoming”*, *“I am happy with the way my mother is taken care of”* and *“it recruits lovely, caring and professional staff”*. People were asked their views in residents meetings and were able to choose a variety of things to talk about. Records showed this was recorded and action taken if necessary. Relatives meetings were held four times a year. The responsible individual had visited the home twice since the re registration under RISCA. A report was made of their findings that had been shared with the manager. A safeguarding policy included an out of date local authority referral form and referred to out of date legislation. The whistleblowing policy did not include the contact detail of Powys County or Public Concern at Work. People benefit from a service that looks to work to a good standard and continually improve.

## **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 reregistered under the new Registration and Inspection of Social Care Wales Act 2016 (RISCA).

### **5.2 Recommendations for improvement**

- People's Welsh language and cultural needs should be assessed as part of the pre admission assessment to ensure they can be met.
- People should be offered a copy of their personal plan and records should evidence they are asked how they want care and support to be delivered and are involved in reviews.
- Improvements are needed to the laundry.
- Serious consideration should be given to the use of electrical extension leads and the fitting of additional sockets if necessary.
- Minor improvements are needed in infection control practice including, foot operated bins and consideration of the storage of porous items in communal bathrooms and toilets.
- The safeguarding policy should be reviewed to include current information.
- The whistle blowing policy should include the contact details of the local authority and Public Concern at Work.
- The manager must register with Social Care Wales.



## **6. How we undertook this inspection**

This was a full inspection undertaken as part of our inspection programme. We visited on the 23 September 2019 between 9.30 a.m. and 4.10.p.m. and 24 September 2019 between 9 a.m. and 1.30.p.m. The following regulations were considered as a part of this inspection:

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

The following methods were used:

- The majority of people living at the home were unable to tell us their views. We spoke with five people and two relatives.
- We spoke with the manager and eight staff.
- We reviewed the statement of purpose and service user guide and compared it with the service we observed. The statement of purpose sets out the vision for the service and demonstrates how the service will promote the best possible outcomes for the people they care for.
- We used the Short Observational Framework for Inspection, (SOFI2). The SOFI tool enables inspectors to observe and record care to help us understand the experience of people who cannot communicate with us.
- We considered information held by CIW about the service.
- We are committed to promoting and upholding the rights of people which use the 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

Type of care provided	Care Home Service
Service Provider	Crosfield House Ltd
Responsible Individual	Sanjiv Joshi
Registered maximum number of places	64
Date of previous Care Inspectorate Wales inspection	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).
Dates of this Inspection visit(s)	23/09/2019 & 24/09/19
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	The service is working towards meeting the requirements of the Welsh Active offer.
Additional Information:	

Date Published 06/12/2019