



## Inspection Report on

**Maesteg House**

**Maesteg House Care Home  
Aberdare Road  
Mountain Ash  
CF45 3PT**

**Date Inspection Completed**

23/02/2021

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## About Maesteg House

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Maesteg House Care Home Ltd
Registered places	11
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	No

### Summary

Maesteg House Care Home Ltd is registered with Care Inspectorate Wales (CIW) to accommodate 11 people who require support with personal care. 10 people currently use the service. Maesteg House is a detached building set in its own mature gardens. The home is situated on the southern side of Aberdare Road, Mountain Ash within walking distance of local shops and leisure facilities.

Dr Neelanjan Bhaduri is the Responsible Individual (RI) and he oversees the service. The provider has appointed a manager who is registered with Social Care Wales (SCW) to manage the service.

This was an unannounced inspection to examine progress made to address regulatory non-compliances identified in previous inspections. There has been significant progress in upgrading the facilities and addressing fire safety issues at the home that has improved the quality of life of residents. The service provider needs to improve oversight of the service and the home needs a planned programme of physical improvements and a schedule of delegated authority.

## Well-being

People enjoy a good standard of care and support. Personal plans are regularly reviewed. The home has relevant policies in place, staff have been trained in the recent All Wales safeguarding Procedures, and people can feel confident all care workers know how to follow those processes correctly.

The home is clean and free of malodours. The upgrading of bathing, toileting and outdoor facilities has greatly improved people's choices and wellbeing. However, there is still work to be completed to ensure that people live in a safe and comfortable home.

Cleaning products are being stored securely when not in use. Staff are generally visible on both floors of the home. We saw that staff were available to support people within communal areas and did so in a relaxed, confident manner.

We saw care workers responding promptly to call bells and spending time chatting with people or supporting them with an activity. People appear to enjoy staff's company. Turnover of care workers is low, which helps promote good continuity of care for residents. A good standard of hygiene and infection control is being maintained to reduce risks of cross infection. Staff can access personal protective equipment (PPE) easily and we saw this being worn appropriately.

Governance and quality monitoring needs have improved but further work is required. This includes obtaining the views of people connected with the service more regularly.

## Care and Support

Care and support was not the focus of this inspection. We noted that the manager now had a budget for activities so she can purchase materials. We observed residents playing bingo and having positive interactions with staff. We saw that Personal Emergency Evacuation Plans (PEEPs) and PEEPS grab bags had sheets for recording when the information had been revised.

We saw that the recording of fluid had been amended to include time and total intake of fluid. Food intake records had been amended to reflect personal requirements.

We noted that there was a dedicated refrigerator for medication.

Overall, we found that the manager had addressed care and support issues identified at the last inspection.

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## Environment

People living in Maesteg House are not completely safe and protected from risk in all areas of their life. At the last inspection, we observed that the issues raised in the fire officer's report had been addressed, as had recent faults with the chairlift and emergency lighting. At this inspection, we found that two emergency lighting fixtures were not working, the security light outside of the shower room needed repairing and the closing mechanisms of three doors were faulty.

We noted the door divider for the double doors to conservatory had proved to be a trip hazard for one resident. The ground floor toilet ceiling has water damage and is potentially hazardous. Tiles under the kitchen sink are chipped and a potential contamination hazard. Plates are chipped and a potential contamination hazard. The second floor food storage cupboard floor is collapsing. Radiator covers in the lounge and by the fire exit are loose. A towel holder is off the wall in one of the bedrooms. A resident who stated during previous inspections that she wanted new flooring in her room because she could not keep the carpet clean, as not had a response from the RI. One resident needs a new mattress as the springs are broken and it had to be turned over. We were told by the manager that the RI had authorised expenditure and maintenance and repair work was being organised as a matter of urgency.

There is a secure front access system, we were asked to sign the visitor's book and our temperature was taken. The management has procedures in place in relation to COVID-19 to manage staff, and others, when leaving and entering the home.

Significant progress has been made to improve facilities at the home. The second floor bathroom has a walk in shower and is heated. We were informed by the manager that this is well used. The ground floor bathroom has been extended. A bath/shower has been installed along with an additional wet-room facility. Blinds have been fitted in the hallway and dining room providing privacy for residents. Kitchen equipment has been replaced and the double refrigerator is now being used by the home. A smoking shelter has been erected in the garden. The cupboard used for storing cleaning equipment is now fitted with a secure door. Fire extinguishers have been replaced.

The RI should ensure that outstanding work is carried out as soon as possible. The RI should develop a costed and time targeted refurbishment plan to address the issues raised at inspections and to ensure sustainability.

## Leadership and Management

We noted that notifications to CIW as required by regulations were now being submitted via the on-line notification system.

The service generally has a clear audit system, and quality assurance reports are being undertaken. We noted that the six monthly quality assurance report does not cover all areas required by regulations. We saw evidence that the RI is undertaking supervisions with the manager.

The provider provides information about the running of the home in a 'Statement of Purpose'. However, this needs to be revised to reflect the current situation at the home with regards staffing and operational processes.

The provider has made improvements concerning oversight of the provision of care in the home. Arrangements are in place to ensure that there is effective operational management when the manager is absent, and that there are sufficient staff to cover on-call.

The RI has not developed a planned programme of physical improvements and a schedule of delegated authority that enables the service manager to make day-to-day operational and financial decisions in the absence of the responsible individual. The RI was away when we inspected and we were told by the manager that he had provided her with cash and a trade card to make purchases during his absence.

Staff told us they had been made aware of the new All Wales Safeguarding Procedures and some staff had downloaded the App onto their telephones.

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**Areas for improvement and action at, or since, the previous inspection. Achieved**

No budget allocated for activities.	Regulation 21(1)
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**Areas for improvement and action at, or since, the previous inspection. Not Achieved**

None	
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**Areas where immediate action is required**

None	
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**Areas where improvement is required**

Improvements required to environment and facilities	Regulation
SOP not updated	Regulation
regulation 80 not fully meeting requirements	Regulation

We have not issued a priority action (non-compliance) notice on this occasion. This is because there is no immediate or significant risk to or poor outcomes for people using the service. We expect the registered provider to take action to rectify this and we will follow this up at the next inspection

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