



Inspection Report on

Rees House

Cardiff

Date Inspection Completed

14/11/2019

Welsh Government © Crown copyright 2019.

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

Gofal Cymru Care Limited (the service provider) is registered with Care Inspectorate Wales (CIW) to accommodate and support up to six adults with learning disabilities and/or mental health needs at Rees House: up to four in the residential area and up to two in the respite area. The service provider has nominated Laura Rees as Responsible Individual (RI) in charge of the oversight of the service and appointed a manager who is registered with Social Care Wales (the workforce regulator). The home located in a residential area of Cardiff.

Summary of our findings

1. Overall assessment

Rees House offers positive and person-centred support. People appear to be happy to be in Rees House, they have choices and can feel valued. The service provides competent and compassionate care and is committed to achieve positive outcomes. The physical, mental and social needs of the individuals are recognised and satisfied. Staff are kind and positive, and know the needs and preferences of each individual well.

Staff are diligently recruited, receive suitable training and feel supported by their manager, and staff turnover is low. The home has processes in place helping to protect everyone from harm. Governance arrangements are satisfactory, ensuring the home runs smoothly and delivers good quality care. The home offers a comfortable and appropriate environment and is adjusted to the needs of the individuals living there.

2. Improvements

This is the first inspection since the service re-registered under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA 2016), and therefore any improvements will be considered as part of the next inspection.

3. Requirements and recommendations

The service met all legal requirements and we made recommendations regarding access, care planning, references and training records. Section five of this report sets out our recommendations.

1. Well-being

Our findings

People at Rees House have choices, and their rights are upheld. We noted care workers asking individuals about their wishes and opinions on day-to-day matters such as meals and activities. Individuals were also involved in planning their support, for example by setting themselves goals, and planning steps towards them. We saw records of monthly meetings with individuals' keyworkers reviewing their progress and care. Care and support was adjusted to suit different needs and circumstances. People and their representatives had access to clear written information about the service itself, and the advocacy services available. We saw from various sources that the service was in regular contact with the families and supporting professionals. This means individuals can influence and control their day-to-day lives, and they are supported to understand their rights.

There are systems in place to protect from abuse and neglect. The home's main entrance was locked to enable care workers to monitor who was entering and leaving the premises. We found that staff and management understood their roles in protecting people and they had received education in recognising signs of abuse, and poor mental or physical health. Having been trained in applying the safeguarding principles and policy, staff knew when and how to report relevant concerns and we saw evidence where this had been done. Deprivation of Liberty Safeguards (DoLS) had been applied for in order to ensure any restrictions on a person's activity were lawful. There were risk assessments in place, which identified individual's particular vulnerabilities, and strategies for protecting them from harm. Accidents or occurrences were recorded and routinely reviewed by management. We also noted that staff and management reacted promptly and appropriately to any incidents or changes regarding the individuals living in Rees House. CIW had been notified of relevant events at the home as and when required by regulations. We can conclude that people's safety is actively promoted.

People's health and well-being is supported. When we visited we saw care workers supporting individual's emotional needs and strengthening them with kindness and knowledge, and we witnessed this reduced their anxiety or behaviour. We found staff acted in a kind and compassionate but respectful way. They were focussed on the person and had a good awareness of their needs, privacy and dignity. People were treated as individuals and supported to do meaningful things. We observed staff understood individual ways of verbal and/or non-verbal communication, and they used agreed cues to prompt and reassure. Individuals' support needs as well as their preferences were captured in their personal plans to inform their care, and a diary recorded day to day activities, dietary intake etc. There were strategies in place to support individuals with their health needs and a healthy lifestyle. We conclude that physical, mental and social needs are recognised and accommodated.

The home offers a relaxing, clean and safe environment and we saw individuals were comfortable in their surroundings. Consideration was given to particular physical and other needs thus maximising their well-being.

2. Care and Support

Our findings

Rees House ensures person centred care and support through planning and reflection. Individuals living in the home had varied physical, emotional and social needs, and differing levels of communication and mobility. On the day of our inspection the range of care and support needs being catered for was consistent with those outlined within the service's Statement of Purpose. We saw individuals had received an assessment before coming to live in the home, to make sure it was a suitable place for them; however in one instance we noted it was not obtained timely for a person coming to respite. This was discussed with the manager and we were given an explanation but recommended to avoid future admissions without a plan. We examined two care files and saw they provided robust care planning, were detailed and up-to-date. The plans (and associated risk assessments) offered clear guidance to staff on how to meet specific needs and ensure safety. The care files had 'this is me' sections which included interests, past experiences, likes/dislikes and other relevant individual care information. The care plans also set out specific communication, mobility needs, and nutritional requirements for example. Daily events, moods and behavioural patterns were recorded to ensure current information for each individual, and to evaluate care and support. Care plans and risk assessments were reviewed section by section and involved each person, their representatives and the care team. However we recommended however to show clearer that the full plan had been reviewed at least three monthly in accordance with regulations. We conclude that care and support is well informed.

People can engage in meaningful activities and have active and fulfilling lives. One person said "I really *like it here*", and a non-verbal person answered to the question if they liked it in Rees House with a *smile and thumbs up*. Each person had their own activity planner and was well supported in following their interests, with staff always sourcing new opportunities. Care workers supported individuals with their activities depending on their needs and we found staffing flexible to meet requirements. Staff also offered a range of activities in the home, such as seasonal crafts or planting and tending raised vegetable beds in the garden. Other activities included games, shopping, music, sensory experiences, and animal therapy. We conclude that there is good support to be active and engaged at the home.

Individuals are supported with their health needs. We saw appropriate professionals were aboard such as the mental health team or general practitioner (GP). We also noted important health information was captured if required such as weights. A healthy lifestyle was encouraged, mainly in food choices and activities. Individuals had behavioural management plans guiding staff to identify and reduce challenging behaviours. Staff's training was also adapted to the needs of the current individuals. We saw staff recognising when a person became agitated, and they supported then appropriately.

The service minimised the risks associated with the management of medication. We found appropriate policies and processes in place for medication handling. Staff received training and guidance about the administration of medicines and supplements. We noted from the Medication Administration Record (MAR) charts individuals received their medication correctly. Where 'as required' (PRN) medication had been given, the rationale for its use, and outcome, was well documented. We saw medication administration was checked and regularly audited. Medication stock taking and procedures were reviewed by management. This shows there are robust internal processes to support health and physical well-being.

3. Environment

Our findings

The home offers an environment that supports well-being. The home consisted of a semi-detached house in a quiet residential neighbourhood which was modified to allow internal access to the other half. One part was used for residential accommodation and the other one for respite. All areas were accessible for wheelchairs.

Both parts of the building had a communal lounge, dining area and kitchen that were homely and well-equipped. Individual's rooms were comfortable, decorated to their liking, and adapted to their needs and preferences, for example features had been added to individual's rooms to provide for their specific sensory needs. We also noted that rooms had been adapted to maintain levels of independence whilst at the same time helping reduce anxieties, for instance by choosing an appropriate colour scheme for an individual with autism. We saw many items for leisure, such as gaming and music equipment, sensory objects and computer games. The outside area in the back of the two houses was secure and furnished with seating, a pool, individual raised planters with fruit and vegetables and objects of sensory interest, as well as evidence of seasonal craft activities. We conclude that the design, layout and equipment of the home allows people to experience a sense of well-being.

The service takes action to reduce risks to health and safety in the home. We saw internal areas were well maintained and there was an ongoing maintenance schedule in place which kept the premises in good repair. Works to improve the safety of the environment were done as needed, such as the servicing of fire safety equipment, however the emergency lighting system needed servicing. We saw consideration to health, safety and maintenance formed part of the service's quality monitoring, and that staff and management contributed. Pertinent policies and processes to ensure health and safety were in place and we saw evidence that these were mostly adhered to, however when we arrived the (new) member of staff didn't ask us to prove our identity or sign in the visitors' book.

Satisfactory servicing contracts and records were in place including for fire alarms, fire equipment, gas, appliances, and water temperature. We however found that the emergency lighting was a few days over the service date.

Fire drills were done and recorded regularly and included the individuals living in the home, and we found everybody we asked familiar with the fire evacuation procedures. Each individual had also a personal emergency evacuation plan (PEEP) which was kept updated. The home had received a Food Hygiene Rating of 4 (meaning 'good'), and we saw staff employing safe practices when preparing food, for example washing their hands before handling food and supporting individuals to do so as well. The home's insurance certificate was displayed and in date.

There were secure facilities for document storage, such as personal files of individuals or staff, in the office of the home, and also space for training or confidential conversations.

Medications and hazardous items such as cleaning products were kept locked to make certain no unauthorised person could get access. We conclude the service generally ensures it is a safe and comfortable place to live, work and visit but we recommend to ensure consistency in checking who comes into the home.

4. Leadership and Management

Our findings

Overall, the service is being provided in line with its Statement of Purpose. This document set out the home's aims, values, and how it intended to deliver the service. We saw that a service user guide, containing practical information about the services provided, was available for individuals and/or their representatives. The service also had a number of governance arrangements in place so the home runs smoothly and delivers good quality care. We found this was helped by a clear management structure and each staff member having a distinct role and responsibility. We can conclude the service is transparent with its values and purpose, and makes its objectives and provisions clear.

The service generally ensures staff are suitable to support vulnerable individuals, and have the relevant skills and competences. The staff files we saw showed robust recruitment and vetting. They were well organised and contained the required checks and information. In one instance however we recommended it as good practice to obtain another reference as one of the two required references came from a family member. We found all staff had completed, or were working towards completing, a recognised care qualification. A staff induction programme was in place and all staff had undertaken mandatory and additional training including medication administration, moving and handling, epilepsy, infection control, food safety and first aid; further training was scheduled. However, we suggested to show clearer on the in-house training certificates if it was an awareness session or in-depth training. Staff said they felt competent and comfortable in their roles and found their training helpful. Each staff member also had regular supervision with the manager, this was used to reflect on their performance, receive support, and discuss future goals and training needs. Meetings with management kept staff informed about changes and provided opportunities for reflection, suggestions and discussion. Staff commented positively to us about the management of the service. They said *"it's a really good working environment here"* and *"management is very supportive and hands-on, and very approachable"*. We conclude care workers have overall been appropriately recruited, trained and supported to carry out their roles.

Effective quality assurance and auditing systems ensure the best possible care is offered. We noted the RI had visited the home every three months to formally assess its standards of care and recorded the findings. The regulatory quality of care review of the service to the provider was done as per regulation. These documents gave evidence of outcomes, informed conclusions and plans, and helped the service to self-evaluate and improve. Policies and processes were up to date and included whistleblowing, privacy and safeguarding. The service's complaints policy and process was clear and we heard that the home had not received any recent complaints. We also noted management acted timely and appropriately with issues arising, for instance to provide extra support to staff when

needed. We conclude people benefit from a service which has an ongoing commitment to improving their care.

5. Improvements required and recommended following this inspection

5.1 Areas of non-compliance from previous inspections

Not applicable as this was the first inspection since the service was registered under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA).

5.2 Areas of non-compliance identified at this inspection

There were no areas of non-compliance identified at this inspection, the service met all legal requirements.

5.3 Recommendations for improvement

The following is recommended as good practice:

- Ensure staff consistently check the identity of any unfamiliar visitor to the home before permitting entry to the building, and to have visitors signing in/out so staff know in case of an emergency who is in the house.
- Ensure the home's emergency lighting system is serviced on time.
- Ensure every individual has a care plan when coming into the home.
- If a staff employment reference comes from a close person eg family member it is good practice to obtain another, independent reference.
- Ensure training certificates issued in-house show if it was an awareness session or full training.
- Show clearer that the full care plan has been reviewed at least three monthly as per regulation.

6. How we undertook this inspection

Two inspectors visited the home unannounced for a full inspection on 14 November 2019 from 1025hrs to 1605hrs. We used the following sources of information for our report:

- conversations with service users, manager, team leader and care staff
- communications with the Responsible Individual (RI) including feedback
- observations of daily routines, care practices, events and activities during our visit
- visual inspection of the house and the garden
- examination of two individual's care files and medication records
- examination of three staff files to consider recruitment, vetting, qualifications, supervision and individual training
- examination of records and policies held at the service such as accident/incident reporting, staff training and supervision matrix; privacy, safeguarding, whistleblowing, complaints and other policies
- review of information about the service held by CIW
- review of the service's statement of purpose and service user guide
- review of the service's quality assurance system, RI visits and reports, meeting minutes and other relevant documents
- feedback from seven CIW questionnaires received

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	Gofal Cymru Care Ltd
Responsible Individual	Laura Rees
Registered maximum number of places	6 (four residential and two respite)
Date of previous Care Inspectorate Wales inspection	This is the first inspection under RISCA.
Dates of this Inspection visit(s)	14/11/2019
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. This is because the service is situated in a primarily English speaking area. 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 30/12/2019