



# Inspection Report on

**Cartref Dyfi Care Home**

**Bank Lane  
Machynlleth  
SY20 8EL**

**Date Inspection Completed**

10/10/2019

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## **Description of the service**

Cartref Dyfi is a care home providing personal care and accommodation for up to 28 people over the age of 18. This includes people living with dementia. The provider, Shaw Healthcare (Group) Limited is registered with the Care Inspectorate Wales (CIW). They have nominated Mr Jeremy Nixey to represent them as the responsible individual, (RI). There is a manager appointed who has responsibility for the daily operation of the home and is registered with Social Care Wales, (SCW).

## **Summary of our findings**

### **1. Overall assessment**

People receive good quality care from a stable staff team who are provided with support and guidance from an experienced manager. People have opportunities to do things that make them happy and are treated with respect. Care records do not always evidence the care and support provided and staffing levels at night time should be reviewed to make sure people's needs can be met in a timely way. People do not have information about what they can expect from the service. Improvements have been made to the environment but the time it takes to address repairs and maintenance needs improvement.

### **2. Improvements**

This was the first inspection of this service since the new provider was registered under The Regulation 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 the following:

- Information,
- Policy and Procedures,
- Quality assurance,
- Staffing,
- Environment

# 1. Well-being

## Our findings

People have choice over their day to day lives. We saw people spending time where they wanted to either in their own bedrooms, or in one of the three lounges. One person told us *"I can do whatever I want to do here"*, and another said, *"I absolutely love it here, nice to do nothing but sit in my room and spend time with my cat"*. All accommodation and communal areas were on one level. We saw people who could, moving freely around the home and saw visitors were welcomed any time of the day. The manager and staff were aware of people's cultural and linguistic needs. People conversed in Welsh or English depending on their preference and pictorial signage around the home was in both languages. The statement of purpose, (SOP), was in the entrance hall but had 'not for circulation' on it. There was no guide to the service for people to have practical information about the service. We could not evidence from documentation we reviewed that people were involved in planning and reviewing their care and support needs. People told us they knew how to raise a concern if they needed to and told us staff always took time to listen to them. One person commented, *"staff are always here if I need anything"*. Regular resident and staff meetings were held enabling people to contribute their views and ideas about life in the care home. Policies and procedures were available to support the running of the home. People's individual identities are recognised and respected.

People do things they enjoy and are interested in. Their physical, mental and emotional well-being is promoted. We saw people enjoyed good relationships with staff and other people living in the care home. Staff were kind, patient and respectful with people and there was a relaxed friendly atmosphere. Positive comments from people using and involved with the service included, *"staff are excellent, go over and above to support people"*, *"people and staff are happy"*, *"it's a good home"* and *"very welcoming"*. We saw two people chatting in the lounge who had formed a friendship, another person was sitting with their relative in a quiet area enjoying their visit. Some people were enjoying a pampering session which included having their nails painted. The activity coordinator told us they took people to the local market and people had recently been on a train trip to Pwlllelli. One person told us they had enjoyed a bingo session the day before our visit. We saw people spending time in their own rooms, one showed us a jigsaw they had done, another was doing word search and another person was watching TV. A visitor told us, *"there is always something going on"*. People are provided with opportunities to be active in line with their preferences, interests and abilities.

## 2. Care and Support

### Our findings

Staff are clear about how to care for the people they support but documentation is confusing. Staff spoken with were familiar with people's needs and told us they had access to people's personal plans. People told us staff asked them what was important to them and supported them how they wanted to be supported. We saw staff liaising with family members speaking confidently about their relatives care needs and how they were meeting them. Due to a change in the care provider, personal plans were being rewritten and varied in quality. The manager and staff spoken with were working hard to ensure the personal plans contained accurate information but felt they had not had sufficient training on the new system to feel confident or competent to complete the documentation. Following our visit, the provider arranged further training for staff. We saw people's care needs were assessed before coming into the care home to make sure they could be met. The assessment documentation used by staff lacked the detail needed for them to make an informed decision about if they could meet the person's care needs. Staff had raised this with the provider. We were told the assessment document was being revised and received a copy of the new document following our visit. There was no admission and commencement of service policy which supported the admission process as legally required. Whilst staff told us they involved people in assessing and planning their care, this was not evidenced in documentation seen. Records showed people were supported to have access to healthcare professionals whenever necessary. A health professional told us, "*staff are good and knowledgeable*", "*always follow instruction well*" and "*would recommend this home to anyone*". We reviewed how medicines were managed and found good systems in place to ensure people had their medicines as prescribed. People receive care and support which meets their needs. The provider must ensure staff are appropriately supported to complete the care documentation.

Systems are in place to keep people as safe as they can be. Staff spoken with told us they had received safeguarding training. This was confirmed in records reviewed. There was a safeguarding policy which staff told us they were aware of and they knew what to do if they had any concerns about people's safety. The manager told us staff had not had Deprivation of Liberty Safeguards, (DoLS), training for some time and we saw that an authorisation for one person had expired. A request for review had not been submitted to the Local Authority. This was done during our visit and a system put in place to ensure reviews were requested before authorisations expired. Following our visit, we were told DoLS training had been arranged for staff. People are as safe as they can be.

### 3. Environment

#### Our findings

People live in a home that meets their needs. The home was clean, tidy, and free from odours. We saw people were able to personalise their bedrooms in line with their tastes and preferences. People told us they liked their rooms and had everything in them to be comfortable. Communal lounge areas were provided and people told us that staff respected their preferences to spend time in the social areas or the privacy of their own bedrooms. Improvements had been made to the environment which included new carpets and flooring throughout the home, new furniture in people's bedrooms with lockable cupboards and some refurbishments of toilets and bathrooms. Corridors and bedrooms doors had been painted. One of the toilets seen posed an infection control risk because the flooring was coming away from the walls and the sink base was falling off. A leak in the lounge roof had recently been repaired but not redecorated. Records of the acting RI visit to the home stated that the home needed, '*updating*' and some bedrooms were, '*small*'. We found there was limited space to store equipment with some being stored in the corridors. Outside space was accessible to people but garden furniture in the rear garden was worn and needed replacing. People are able to spend time where they want to but improvements are needed to the environment.

Systems are in place to manage health and safety. Records showed regular checks of the environment and equipment in the home were carried out including fire safety equipment and electrical items. Records showed staff had fire safety training which was confirmed by staff spoken with who were aware of their responsibilities. A fire risk assessment had not been undertaken by the current provider. The manager told us there had been no structural changes to the environment so they were still using the risk assessment from the previous provider. Systems were in place to address any environmental issues. However, the manager and staff told us responses to larger issues which could not be addressed by the local maintenance officer took too long to address. For example, the kitchen was without a dishwasher for two weeks whilst waiting for it to be repaired. One of the cookers in the kitchen had been condemned by the gas board since 9 September 2019, it was still not working during our visit although surveys were ongoing. The manager told us they had raised two fire safety issues with the provider some time ago but these had not been addressed. Systems identify and as far as possible, eliminate risk to people's health and safety but the time it takes for repairs to be actioned needs improvement.

## 4. Leadership and Management

### Our findings

Accurate information is not provided about the service. A Statement of Purpose, (SOP), was available in the entrance hallway but marked 'not for circulation'. There was no guide to the service. The manager told us both documents were being reviewed by the provider. The 'Customer Feedback' policy (22 July 2019) contained information about how people can make a complaint. The manager told us no complaints had been received. People spoken with, and staff, were aware of how to raise any issues and were confident they would be listened to. Most policies and procedures were available to support the running of the home. People are provided with information about how to raise a concern but information about what they can expect from the service needs improvement to help people make an informed choice about living in the care home.

Systems are in place to monitor, review and improve the quality of the service people receive but further improvements are needed. We saw that RI visits were not carried out in line with the legal requirements of at least once every three months. There were currently four people overseeing this role on a temporary basis. We saw a written record of a visit by an acting RI which took place on 1 October 2019 in which they spoke to staff, people living in the home and visitors. The manager told us staff had recently been invited to take part in a survey asking their views on the service. We saw evidence of regular visits from the quality, facilities and property officers. Accident records seen contained information about action taken and were checked by the manager. They told us audits of other areas including infection control, accidents and the environment had not been completed recently because they needed further guidance on how to use the new provider's computer system. Following our visit, we received completed audits including the kitchen, general environment and medication but these documents were not signed or dated by the person completing them. Management and staff spoken with told us they needed more guidance and support to do this effectively. People benefit from a service that has quality assurance systems in place to continually assess the service but more support is needed for management and staff to implement the changes effectively.

People are supported by trained, appropriately recruited and well led staff. We saw checks were in place to make sure staff were suitable before they started work. We checked the recruitment file of the one person who had been recruited since the change of provider. Appropriate documentation was in place but there was no evidence to show gaps in the employment history of the person had been explored in line with the legal requirements. We spoke to the manager who confirmed this had been discussed but not recorded. Records showed staff had regular supervision. The manager told us the first few months since the change of provider had been difficult because they were supporting people, family and staff through the change and there wasn't always time for formal supervisions. Staff spoken with felt very well supported by the manager and we saw them having informal discussions throughout the day. They were positive about working in the home with one telling us, "*I love my job, can't think of doing anything else*". They said they

had a good work life balance. The manager raised concerns about the numbers of staff on duty at night. We saw two staff members were on duty to support 28 people. At the time of our visit, at least three people needed the support of two staff members regularly through the night. This meant no staff were available if other people needed support. The manager planned to raise this with their line manager and we discussed it with the acting RI who should make sure staffing arrangements at night time were reviewed. Because of the change of provider, it was difficult to see what training staff had completed with the new provider. However, we saw a training programme was in place and staff had completed some courses including fire safety and manual handling, others such as dementia care were planned. Staff spoken with told us they had training with the previous provider and confirmed further training was planned. Observation of their practice and discussion with staff demonstrated their knowledge and competency to support people they cared for. People are supported by a dedicated staff team who feel well supported in their roles.

## **5. Improvements required and recommended following this inspection**



## **5.1 Areas of non compliance from previous inspections**

This was the first inspection of the service since the new provider was re-registered under The Regulation and Inspection of Social Care (Wales) Act 2016.

## **5.2 Areas of non compliance identified at this inspection**

None

## **5.3 Recommendations for improvement**

The following are recommended areas of improvement to promote positive outcomes for people:

- The provider must make sure people have a guide to the service so they know what to expect and have access to the Statement of Purpose which accurately reflects the service provided.
- Staff should receive further support to manage the change over from the old to the new personal plans and associated documentation. Care records should be up to date and evidence people's involvement in planning and reviewing their care and support. They must be offered a copy of their personal plan.
- Improvements are needed to the quality assurance process. Audits should be carried out and a record of issues identified, how they are to be addressed, and within what timescale.
- A policy should be developed which reflects the admission and commencement of service process for staff to follow.
- Documentation used in the service must refer to the current provider.
- The RI must make visits to the home at least once every three months in line with the legal requirements.
- Staffing levels at night time should be reviewed to ensure the needs of people living in the home are met in a timely way.
- A plan must be in place to ensure the facilities are adequately maintained with works identified, carried out in a timely way.
- The fire risk assessment must be relevant to the current provider.

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

This was a full inspection undertaken as part of our inspection programme. We made an

unannounced visit to the care home on 10 October 2019 between 8:45 a.m. and 7:00 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:

- We spoke with six people living in the care home, the manager, six members of staff and one health professional.
- We looked at a wide range of records. These included staff recruitment and training records and four care records.
- We reviewed the Statement of Purpose, (SOP), and compared it with the service we observed. The SOP 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.

Further information about what we do can be found on our website:  
[www.careinspectorate.wales](http://www.careinspectorate.wales)

## About the service

<b>Type of care provided</b>	<b>Care Home Service</b>
<b>Registered Service Provider</b>	<b>Shaw healthcare (Group) Limited</b>
<b>Responsible Individual</b>	<b>Mr Jeremy Nixey</b>
<b>Registered Service</b>	<b>Cartref Dyfi</b>
<b>Registered maximum number of places</b>	<b>28</b>
<b>Date of previous Care Inspectorate Wales inspection</b>	This was the first inspection of the service since the new provider was registered under The Regulation and Inspection of Social Care (Wales) Act 2016.
<b>Dates of this Inspection visit</b>	<b>10/10/2019</b>
<b>Operating Language of the service</b>	<b>English and Welsh</b>
<b>Does this service provide the Welsh Language active offer?</b>	The provider is working towards actively implementing the “active offer” of the Welsh language as required under the Welsh Government’s Strategy “More than just words 2016-2019”.
<b>Additional Information:</b>	

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