



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru  
Care and Social Services Inspectorate Wales

## Inspection Report on

**1A Stockwell Road  
Pembroke Dock  
SA72 6TQ**

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## **Description of the service**

1A Stockwell Road is registered with the care and Social Services Inspectorate Wales (CSSIW) to provide care and accommodation to five people with a learning disability. There were four people living in the home.

The property is located in a largely residential area and provides accommodation over three floors.

The service was registered in 2009 and forms part of the Pembrokeshire Resource Centre Ltd. The Responsible Individual is Stephen Jones and the registered managers post is currently vacant with the manager from another home providing managerial oversight and supported by a deputy manager who is working to complete her qualification to enable her to apply to become registered with the Care Council Wales.

## **Summary of our findings**

### **1. Overall assessment**

People living at 1A Stockwell Road receive good quality care and support from a motivated and dedicated led team of staff who value their work and the opportunity to make a difference to people. One relative summed up the positive comments made by relatives noting *“I sleep well knowing X is safe and happy”*.

There is an emphasis on quality and there are robust governance arrangements in place to monitor the quality of the service and also meets the requirements set out by the National Autistic Society.

People’s independence is encouraged and they are also assisted to participate in a range of activities that are important to them. People are also able to attend Bangeston hall to participate in other activities within the established day care service there..

Some parts of the home and garden would benefit from some maintenance and repair, but on the whole, the home is generally clean and well maintained. We were told of imminent plans to carry out work in the garden to ensure it is a safe and pleasant place for people to spend time in.

### **2. Improvements**

The previous inspection, on 27 April 2017, identified there were no areas of non compliance.

However, following that inspection, we notified the provider that they were not fully compliant in relation to the following:

- a) Regulation 18 as there was evidence that supervision was not always carried out in accord with the National Minimum Standards. During this inspection we found that staff received supervision every two months and found the supervision process helpful, where areas of their practice was discussed in an open and mature way.
- b) Regulation 19 as we were unable to find photographic evidence of staff in their personal files. During this inspection, we found the required information was available.

### **3. Requirements and recommendations**

Section five of this report sets out the actions service providers need to take to ensure the service meets the legal requirements and recommendations to improve the quality of the service provided to people in the care home.

Recommendations are made in relation to the following:

- 1) The provider carries out some remedial work to the damaged areas of flooring in one of the bathrooms to maintain good infection control.
- 2) The provider ensures that a full employment history is provided for all staff, setting out the months, as well as years, of previous jobs.
- 3) Information provided in care records is comprehensive and in accord with care plans.

# 1. Well-being

## Summary

People are able to choose how they spend their time, and staff make every effort to ensure that people's choices as well as safety and communication needs are met.

## Our findings

People's potential is maximised. This is because we saw that care plans contained information about activities which were important to people and noted that staff ensured such activities were incorporated into care plans. For example, one person told us they liked swimming and trampolining and we saw this was incorporated into their weekly activities planner. Another person told us they enjoyed going to music concerts and we saw they had been to several over a period of time. The person's relative was particularly appreciative of the efforts made by staff to enable them to attend the concert as they had responded in the satisfaction survey "*Organised activities for the service users is hugely appreciated. I can't praise enough the organisation of the Jason Donovan concert*". One person told us how they liked to go to local beaches and gave the names of several they had visited recently. During the inspection we observed staff encouraging and assisting people to spend time away from the home and enjoying the sunshine.

We noted, however, that whilst the weekly activities schedules were comprehensive and personalised, some of them were possibly out of date as had been last written in October 2016. The acting deputy manager told us they had met with the day services manager last week to review them but had not yet been completed and filed.

We saw that people had opportunities to participate in the day to day running of the home as two people told us they enjoyed helping with the hoovering and staff told us how helpful one person was with preparing vegetables and helping with the baking. We saw one person assisting with wiping the dishes after breakfast.

Staffing levels were set to accommodate people's daily activities plans and on the day of the inspection there were two staff on duty to assist two people with their plans. One person was mainly independent and worked five days a week. We saw that managers were willing to provide cover to enable staff to go out with people.

Relatives was very appreciative of the activities offered and support given, with one person writing "*The environment and the opportunities X is given are wide-ranging and imaginative. No stone is unturned*"

We saw that some people participate in music and art sessions, either at 1A Stockwell Road or at Bangeston Hall, and there were detailed and helpful summaries of people's

progress within the groups. We saw that people's work was displayed in the main meeting room at Bangeston Hall.

These things showed that people can generally do things that matter to them.

Staff were able to communicate effectively with people. We saw that some people were able to communicate verbally, whilst others had either little or no verbal communication. Staff told us that one person had a mood picture book which was used to encourage the person to express themselves and let staff know how they were feeling. People, when asked if staff were patient and kind, told us they were and we observed staff interact with people in a friendly; calm and supportive way.

From our observations, it was apparent that staff had developed a good understanding of people and the ways they could most effectively communicate with them.

People can be confident they are cared for by staff who have a good understanding of their responsibilities in respect of the protection of vulnerable adults. We asked staff what action they would take if they suspected that a person was at risk, or was being abused and they felt confident to raise any concerns they had about a person's safety or welfare.

The front door to the property was kept locked to prevent both unauthorised access as well as egress. We were told that there had been no instances where people had left the home without the knowledge or permission of staff.

We noted that care plans contain the staffing requirements to maintain people's safety when they are within the home, as well as in the local community.

We are satisfied that people's rights are maintained and the measures put in place to maximise people's safety is proportionate.

## **2. Care and Support**

### **Summary**

People are cared for by a team of staff who are motivated and dedicated, also who are committed to providing a good level of care and support to people. Staff show they have a good understanding of people and their needs.

### **Our findings**

People can be confident they receive proactive and preventative care, and that their range of care needs are anticipated. This is because we saw that one person had regular appointments with a range of health care professionals to ensure their physical health care needs were met. We also noted that monthly and quarterly reviews took place and goals were reviewed to reflect people's progress or changing needs. The reports prepared for the reviews were detailed and informative, but one we reviewed had a section for the person's weight but this had not been filled in.

People are supported to remain as healthy as they can be. This is because we saw that people attended for regular dental and optical appointments. However the records for one person indicated they should have had an opticians appointment in March 2017 but there was no evidence they had attended for any appointment.

We were told that restraint was not used within the home, and the covering manager told us that this was a particular strength of the whole service as challenging behaviour was managed, in the main, without recourse to additional medication or restraint. Instead, staff sought ways to try and distract people as a means of managing and diffusing situations. There was no evidence, from the records we looked at, that restraint had been used in the preceding weeks.

This demonstrates that people can be confident they receive appropriate care and support to meet their needs.

People feel they matter because staff show due regard for their privacy and dignity. Staff told us that people were mostly able to meet their own hygiene needs but some required some assistance or encouragement at times. Staff told us the measures they took to maintain people's privacy and dignity when assisting with person care. We also observed staff interacting with people in a friendly and supportive way, encouraging them to participate in activities such as helping with the dishes and going out for a walk or drive. Bedrooms had locks fitted and people were able to lock their room if they chose to do so. During the inspection we noted that no one had locked their room and we were not told of any issues with people entering the wrong rooms in error.

People can, therefore, be confident their privacy and dignity needs are met by caring staff.

People enjoy healthy and nutritious meals. We saw the kitchen was well equipped; clean and accessible to people. We saw there was a four week menu which was made up of a range of meals which, we were told, were freshly prepared by staff and people. We were told that staff had a good knowledge of people's likes and dislikes and could be flexible with meal choices. Both of the people we spoke with agreed that the food was nice. We saw that fresh fruit was available for people and we were told that food was always available should anyone request a snack outside of meal times. The dining room was attached to the kitchen and provided adequate space for all of the people living in the home to sit and eat together. We are satisfied therefore, from the information we were provided with, together with what people told us, that people's dietary needs are met by staff who understand the importance of good nutrition.

Each person has an Individual Support Plan as well as a folder where daily activities and observations are recorded. We noted that care plans were very detailed and informative and staff told us they had time to read them and found them helpful. Risk assessments were written to ensure that staff knew the action they were required to take to support people and to ensure that activities were carried out safely. We saw that care records were reviewed monthly.

Daily care records were detailed and contained the relevant information about the person's mood and the activities they participated in.

We saw that hand over sheets were completed and noted these were brief and contained some information about people's activities, as well as areas of the running of the home and the management of people's money.

From our observations, together with the information provided by staff; people and care records we consider that people can be confident their care and support needs are recorded and understood by staff.

### **3. Environment**

#### **Summary**

People live in a home that is clean; comfortable and safe, although some areas would benefit from some maintenance and repair.

#### **Our findings**

People have access to potentially safe, pleasant and interesting outdoor space. This is because we saw that although the garden area offered lovely views over the sea, the grass was overgrown. We were told the staff had recently requested a lawn mower to attend to the gardens themselves and to develop an area that would be pleasant for people to use. Inside the home, people were encouraged, and assisted, to carry out some domestic jobs with the assistance and support from staff.

This demonstrates that people are able to do things for themselves because of the layout; facilities and support available to help promote independence.

People are cared for in clean and well kept surroundings. People and the staff were responsible for keeping the home clean and we noted that both communal and personal areas appeared clean. There was evidence that people had personalised their rooms, either with bedding and other furnishings, or toys; televisions etc.

There was a small area of flooring in one of the bathrooms that was coming away from the wall. This could potentially, be an infection control risk. We discussed this with the acting manager who agreed to look at the area and consider any required remedial action.

Communal, and some personal areas were generally very sparsely decorated, due to the risk of over stimulation for people living in the home. We saw that some parts of the home had photographs of people on display. People, their relatives and staff, were all satisfied with the cleanliness of the home.

From the comments made by people and their relatives, together with our observations, we consider the environment provides people with a safe and comfortable place to live.

## 4. Leadership and Management

### Summary

Quality is monitored through robust governance arrangements, both internal and external, which ensure that services and equipment is safe and effective.

People's views, together with the views of relatives and staff are sought to ensure ongoing service improvements.

### Our findings

There are robust governance arrangements in place to monitor the quality of the service. We saw that people's views about the service were sought and one respondent stated "*We have made complaints in the past which have been properly dealt with and we are confident our concerns are taken seriously*".

The service is accredited by the National Autistic Society who monitor the quality of the service. We were told an advisor visits the service every six weeks and this provides an additional level of assurance regarding the quality of care provided.

A quality assurance meeting takes place and this is attended by a range of staff. A quality assurance report is written each year and people's views about the service were noted to be wholly positive. Those positive *comments* were reflected in the comments made in the questionnaires sent to people, as one relative wrote "*X has become a lot calmer and happier since living here. The staff are amazing. Stacey (the former registered manager) and the team are incredible*". Another relative stated "*I am more than happy with everything*".

These demonstrate the service have shared values with the aim of enhancing the quality of care that people receive.

Staffing levels ensure that people's needs are met. We were told that there was one vacancy which was covered by staff working additional hours if they so chose. We were told that staffing levels are based around people's care plans and activities. Night time cover is provided by one waking night staff, but occasionally, a sleep in staff member provides cover at short notice. We were told the sleep in staff member generally has uninterrupted rest. Two of the staff said the hours they worked were manageable and we observed that staff appeared unhurried and relaxed. This means that people can be assured that they benefit from a service where best use is made of resources.

Staff feel supported by their managers. One staff member, when asked if they felt supported replied "*absolutely*" and went on to tell us "*I fell in love with the job*". Another staff member told us "*I love it.. it is such a lovely and rewarding job*". We observed senior and more junior staff interact in a friendly and relaxed way and staff told us they felt able to raise any ideas or concerns with their managers.

We saw that staff were supported to pursue training and professional development and one staff member we spoke with had successfully completed their level three and was working

to complete their level five QCF. Staff told us how the company offers opportunities for professional development and one had progressed from a carer to a senior carer and was currently in an acting managerial role.

Staff told us they receive regular supervision and found this to be a helpful process.

Records confirmed that staff received supervision in accord with the National Minimum Standards. These demonstrate that staff are well led; managed and trained.

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

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

None

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

None

### **5.3 Recommendations for improvement**

- a) The provider carries out remedial work to the damaged areas of flooring to reduce the risk of falls, and also to maintain good infection control.
- b) The provider ensures that a full employment history is provided for all staff, setting out the months, as well as years, of previous jobs.
- c) Information provided in care records, namely the weekly activity planner, is comprehensive and in accord with care plans.

## 6. How we undertook this inspection

We undertook a full inspection of the service looking at the four themes. The methodology used at this inspection included:

During the inspection we spoke with the following:

- Two people;
- Three staff;
- The temporary registered manager and one of the Directors;

We looked at:

- Two care records of people living in the home;
- Three staff files;
- The annual quality report;
- Completed questionnaires from people, their relatives and staff.

In addition, we

- Toured the property;
- Observed care practices and interactions between staff and people.

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

## About the service

<b>Type of care provided</b>	<b>Adult Care Home - Younger</b>
<b>Registered Person</b>	<b>Pembrokeshire Resource Centre Ltd</b>
<b>Registered Managers</b>	
<b>Registered maximum number of places</b>	<b>5</b>
<b>Date of previous CSSIW inspection</b>	<b>24/4/16</b>
<b>Dates of this Inspection visit(s)</b>	<b>19/06/2017</b>
<b>Operating Language of the service</b>	<b>English</b>
<b>Does this service provide the Welsh Language active offer?</b>	<b>No</b>
<b>Additional Information:</b>	