



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

Inspection Report on

350 Cyncoed Road

Cardiff

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Description of the service

350 Cyncoed Road is registered with Care and Social Services Inspectorate Wales (CSSIW) to provide personal care for up to four younger adults with learning and/or a physical disability in the Cyncoed area of Cardiff. The Registered Manager is Joanne Williams and the provider (Heatherleigh Care Ltd.) has a nominated individual to represent them.

Summary of our findings

1. Overall assessment

We found that the people living at Cyncoed Road are content and well cared for. They are looked after in a clean, well maintained and comfortable environment. People are treated with warmth and kindness and their dignity is promoted.

People benefit from a service that encourages and supports them in gaining independence and making positive changes to their lives. People are well supported by a wide range of professionals who have contact with the home.

Staff are well guided in providing care to people with complex needs by clear, detailed and personalised risk assessments and care plans.

Staff at the service are motivated; well trained, supported, and staffing levels meet the needs of the people who live there. Management is open and accessible to both staff and residents.

The service has an effective system of quality assurance and acts on the findings to provide an improving service.

2. Improvements

The registered manager carries out regular audits of systems in the home.

3. Requirements and recommendations

Section five of this report sets out recommendations to improve the service. We identified the following areas needed further attention:

- The home has not notified CSSIW of all incidents of which we should be made aware;
- The Statement of Purpose and service User Guide require some amendments;

- An easy read version of the above documents would be of benefit to some residents;
- Staff are to be reminded to countersign medication administered to residents;
- Reasons for updating a risk assessment to be noted.

1. Well-being

Summary

Overall, we found that people living at Cyncoed Road have opportunities to live fulfilled lives. They are supported to access the community, enjoy regular outings and social opportunities. They are supported to increase their independence, have a sense of belonging and have positive relationships with staff and with each other. They are content with their lives.

The service has its own adapted vehicles to support residents to access the community.

Our findings

People living at Cyncoed Road have full and active lives. At the time of arrival at the inspection plans were being made to take residents out for lunch as the noise from building work locally was causing some stress to residents. Two of the three residents at home chose to go out. The home has its own vehicles which are adapted for wheelchair users. On return we were told they had visited McDonalds and everyone had enjoyed themselves. People are engaged in a variety of activities depending on their abilities. One resident attends college and is involved with a variety of voluntary opportunities. Other residents attend Slimming World; go out shopping with staff, both for groceries and for their own items.

People told us they are encouraged to be involved in things that they enjoy and staff support them to do things they are interested in. They are able to choose when they go out and confirmed that if staff support is required, they are always available to go with them. On the day of the visit there were three staff on duty plus the registered manager. We observed staff sitting playing a game with a resident after lunch and were told this is a regular activity and has greatly increased this person's verbal skills. It was clear there was a light-hearted atmosphere with banter between staff and residents. Residents have enjoyed two static caravan holidays this year and for those who wish it, there is a planned holiday to Florida next year. Staff accompany residents and staff time is supplied and funded by the company. People can be involved, participate in things they enjoy and have things to look forward to.

People feel valued and have their opinions listened to. Residents we spoke to told us that staff are always available to talk to and they feel comfortable talking to them. They felt comfortable in approaching the manager at any time if they were unhappy about anything. All residents have professionals or advocates involved in their care so are given good opportunities for their needs and views to be considered. People told us their views on how they want their care to be delivered is sought and valued. This was evidenced in the quality monitoring visit reports we saw. We concluded that people living at the home are able to express their views and know they will be listened to.

People's verbal and non verbal subtle communication is listened to and people feel safe and a sense of belonging at the home. They told us *'It's just like home', 'they are my family', 'they all love me here'. 'I've really changed', 'I'm a lot more independent now', 'I can talk to them about anything'*. We sought feedback from professionals who visit the home and were told comments made to them had included *'x has a lot of confidence and trust in the staff and seems to feel able to talk about any worries with them'*, another comment was that staff *'want the best for her'*. We observed positive interaction between staff and residents and a natural warmth and friendliness. People who had limited communication were observed to react positively and have their mood lifted. People feel safe and have positive relationships with the people who care for them and an enhanced sense of wellbeing because their needs are understood.

People are supported and encouraged to make choices and decisions as much as they are able. We saw that each resident's room was very different in style; they had each chosen a theme and bought items for their rooms. We were told that for residents who were unable to verbalise their choices cues had been taken from eye direction and what was known about people's personal preferences. People who are able are encouraged to plan their own menus and we saw evidence in daily diaries that some people were able to plan and cook their meals with support. We were involved in a conversation about a big decision a resident wished to make and it was clear she had received considerable input both emotionally and practically about making the best choice, but that staff would be fully supportive that the decision would be hers to make based on the available information. Peoples' potential and independence is maximised and they feel safe and supported

2. Care and Support

Summary

Staff are provided with clear documentation to guide them in their work. They are motivated and committed to their work and feel well supported by their manager who provides regular supervision and is approachable and available.

People's health needs are met by the involvement of a wide range of professionals who have regular and ongoing contact with the home.

Our findings

People living at Cyncoed Road receive assistance to maintain their physical and emotional wellbeing. We saw that files were well organised, clear and easy to follow. The home keeps two files, one with basic information staff need on a daily basis and which is easy to read and a fuller file with all required documentation. We saw that the first item in the daily file is the 'This is Me' document that gives information on a resident's likes and dislikes, special health needs and details staff will need to be aware of for daily care. We noted that each resident has a care plans which was regularly reviewed, either monthly or when changes occurred.

People are able to maintain, recover and develop their wellbeing. People have their health needs met by regular involvement with appropriate professionals. Some people living at Cyncoed Road have complex health needs and we observed that there was evidence in care files of contact and visits from a wide variety of health professionals according to the needs of the person concerned. People are therefore supported to be as healthy as they can be.

We saw that risk assessments were detailed and related to areas of daily living, with clear guidance for staff on actions to be taken and regularly reviewed and updated. We noted one risk assessment had been recently updated but the reason was not clear. We discussed this with the registered manager who agreed to record reasons for change in future. Staff sign to evidence they have read any updated risk assessment and the registered manager told us she checks this regularly. Staff were provided with guidance documents where residents had special health needs such as epilepsy and records were maintained of incidents and actions taken in response to these. We saw that the file, for one resident who had limited verbal communication, had a form for any hospital admission which gave a traffic light system for how she should be cared for, explaining likes and dislikes and actions to be taken by those who would care for her. We examined the medication records for two residents and noted that medication is checked on a daily basis, recorded as required on medication record sheets (MAR), double signed by staff, but there were some gaps in the boxes for the second signature. The registered manager stated she would discuss this with the member of staff on duty at the time. Files contain a daily diary record with a pictorial indicator of mood and include all daily activities for an easy reference to how a person's day may have gone. Consequently people receive the right type of care at the right time to meet their needs.

People receive care from familiar staff who have received training to undertake their role. The staff group in the home is now very stable, all staff are permanent and no agency staff are required. All staff in the home have received mandatory training required for their work. In addition, staff have been provided with training to meet the specific needs of residents. This training has included; caring for people with Downs Syndrome, dementia, epilepsy and brain injury. Staff told us they feel well trained to do their work and no-one spoken to felt there was any training they needed. Staff receive regular supervision. Previously this was three monthly but has now been amended to comply with National Minimum Standards of every two months. Supervision in this context refers to members of staff meeting regularly with their line manager on a confidential one to one basis, to discuss their performance, training needs or any concerns they may have. This in turn ensures that residents receive the best possible care from a knowledgeable, motivated staff group. People using the service receive support from staff who possess the knowledge and skills to support them.

Staff feel equipped and confident to carry out their work. Staff told us that they enjoy their work, find it rewarding and felt well supported. We were told '*I love it here*'; '*it's a lovely environment*'. They told us staff got on well and if anyone had any issues they do speak out and the registered manager was always available and approachable. In turn the registered manager told us she was well supported by the Director of the company who calls weekly and who was responsive to requests from the home. People benefit from a service where the well being of staff is given priority and staff are well lead and supported.

3. Environment

Summary

The home provides a spacious, clean, safe and comfortable environment that allows people choices in their daily life and supports them in maintaining and improving their dignity and independence.

Our findings

People feel uplifted and valued because they live in a homely, clean, personalised and comfortable environment, where people can do things for themselves if they wish.

The home was seen to provide high physical standards, was well maintained and provided people with opportunities to spend time alone or together. The ground floor benefits from a large bright, open plan kitchen area which is accessible to people in wheelchairs and leads to the sitting/dining area where everyone can eat together if they choose. There is level access to the rear garden which had table and chairs and provided a sheltered area. The ground floor provides wheelchair access to a large wet room and a separate toilet for the two ground floor bedrooms. The office is located on the ground floor and is used as a staff sleeping in room at night, a bed is provided for staff who sleep in.

There are two large and comfortable bedrooms on the ground floor. Both were highly individualised in style with good quality furniture and soft furnishings. Consideration has been given to people's changing needs as we saw a ceiling hoist had been fitted in one of these bedrooms. We were told this is not currently needed but the service plans ahead to provide suitable care. Although we were informed continence support is required in the home, we noted that there were no unpleasant odours anywhere in the home and no evidence of continence aids, ensuring that people's dignity is prioritised and is well maintained.

There are two large bedrooms on the first floor, also highly individualised with items chosen by residents. Doors are fitted with locks but we were told that no-one has a key at present but this would be available if required. The utility room is on the first floor and residents can use it if they wish. One resident told us that she uses it '*sometimes, when she feels like it*'. People live in accommodation which meets their needs and supports them to maximise their independence and achieve a sense of wellbeing.

There is attention paid to safety for residents. We saw that there has recently (2 April 2017) a fire inspection by a private company at the home. Only one recommendation was made regarding extra emergency lighting and the registered manager stated she will address this immediately. A record of fire drills involving staff and residents was seen. The last drill was carried out in July 2017 and was a full evacuation but using staff to react as any resident with any extra needs, including use of mobility aids, would on a full evacuation. Fire drills are carried out six monthly. We saw that personal evacuation plans (PEEPS) were available and regularly reviewed. The service does not have an external pharmacy audit but the registered manager audits the system regularly and it was noted that each resident's

medication stocks are calculated on a running total basis. We saw the latest gas certificate and the systems were assessed as safe. Portable appliance testing (PAT) was carried out in June and all items were safe. People have all unnecessary risks removed from their environment

4. Leadership and Management

Summary

There is a regular and detailed quality assurance exercise carried out and actions planned from this. The service is clear about the outcomes it aims to provide. There is an effective recruitment system and staff are led by effective and open management who provide a positive working culture.

Some amendments are required on the statement of Purpose and the Service user Guide and consideration given to providing some people with an 'easy read' version of these documents.

Our findings

We viewed the home's statement of purpose and service user guide. These are important documents which provide people with information about the service, including the facilities available at the home. We saw that these documents need some amendments and this was discussed with the registered manager following the inspection. We also discussed that the current formats may not be easily accessible for some people and consideration to an 'easy read' document could be considered. The registered manager agreed to address these matters immediately. We concluded that people may not, at present, be able to be fully informed about the care they will receive, their rights and services available to them.

There is a clear quality assurance process in place at Cyncoed Road. The registered manager is also the person representing the company for this home and two others. She has carried out the visits as required by Regulation 27 of The Care Home (Wales) Regulations 2002. This requires that quality monitoring visits are undertaken on a quarterly basis where people living in the home and staff views are sought. We saw questionnaires using pictorial aids to establish peoples views and if they had any complaints or concerns. We read the last two of these reports and found that they were detailed and clear, with actions required following the visit. Service users and staff had been consulted as part of this process. People benefit from a service that sets high standards for itself and which is committed to quality assurance and constant improvement.

Safe recruitment systems are in place. We examined two staff personnel files and noted that all required records were in place. Based on the information available to us, we concluded that that staff have been sufficiently 'vetted' in a way that safeguards people.

Systems are in place to ensure that people's best interests are promoted. We saw that where people lacked the mental capacity to make important decisions relating to their life, safeguards in accordance with the Mental Capacity Act 2005 had been actioned, as Deprivation of Liberty Safeguard (DoLS) authorisations had been put in place. People were also offered access to an advocacy service. We concluded that people's rights are protected.

We examined the accident and incident records and noted that there had been incidents that required notification to CSSIW. We discussed these with the registered manager and information was provided on matters that should be notified to CSSIW. The registered manager assured us these would be provided in future.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

There were no areas of non compliance from previous inspections

5.2 Areas of non compliance identified at this inspection

There were no areas of non compliance where we issued a non compliance notice:

The home is non compliant with Regulation 38 of the Care Home regulations 2002 as we are not being notified of all incidents as required

We have not issued a non compliance notice as there was no negative impact noted as a result of this

5.3 Recommendations for improvement

The following are recommended as areas of good practice:

- The home is not compliant with regulations as CSSIW is not being notified of all incidents of which we should be made aware;
- The Statement of Purpose and Service User Guide require some amendments;
- An easy read version of the above documents would be of benefit to some residents;
- Staff who are the second signatory for medication administration are to be reminded to counter sign the medication administration record;
- Reasons for updating a risk assessment to be noted

6. How we undertook this inspection

This was a routine full inspection undertaken as part of the annual inspection plan. The sources of information used to support our findings in this report were as follows:

- Discussions with the registered manager;
- Discussion with one resident;
- Discussion with two members of staff;
- Consideration of information held by CSSIW on the service;
- Observation of daily life and care practices at the home;
- Observation of social activities taking place;
- Examination of two resident care files ;
- Examination of two staff personnel files ;
- Examination of the home's Statement of Purpose and Service User Guide
- Consideration of the home's quality assurance processes and documentation;
- A tour of areas of the home to which residents have access.
- Follow up emails to visiting professionals. At the time of writing this report one response has been received.

Further information about what we do can be found on our website www.cssiw.org.uk

About the service

Type of care provided	Adult Care Home - Younger
Registered Person	Heatherleigh Care Ltd
Registered Manager(s)	Joanne Williams
Registered maximum number of places	4
Date of previous CSSIW inspection	25 February 2016
Dates of this Inspection visit(s)	30/08/2017
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	No
Additional Information:	