



Inspection Report on

3 Lanelay Crescent

**3 LANELAY CRESCENT
PONTYPRIDD
CF37 1JB**

Date Inspection Completed

21st May 2019

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Description of the service

3 Lanelay Crescent is a small care home registered with Care Inspectorate Wales (CIW) to provide accommodation and personal care to a maximum of five adults aged over 18 years, who have a learning disability or mental health needs. The home is owned and operated by the Crescent Care Group and there is responsible individual in place to oversee strategic management.

The home is located in a quiet residential area of Pontypridd close to local amenities and with access to public transport.

Summary of our findings

1. Overall assessment

People benefit from a service that promotes their well-being and independence. People take part in activities that they enjoy and have individual routines and interests that are encouraged and respected. We found evidence that people's views are sought and procedures are in place for ensuring the premise is safe and well maintained. We found the frequency of staff training is not always recorded. On the whole, the management of the home is organised with a clear sense of purpose and there are systems in place to ensure continued improvement.

2. Improvements

This is the home's first inspection following registration under the Regulation and Inspection of Social Care (Wales) Act 2016.

3. Requirements and recommendations

Section five of this report sets out the action 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.

1. Well-being

Summary

Individuals at 3 Lanelay Crescent are happy with the support provided by staff. People receive a service which promotes their well-being and independence and are supported to make decisions in their daily lives. People have the opportunity to take part in a range of activities which add to their sense of wellbeing.

Our findings

People are treated with dignity and respect; and routines and interests are recognised and valued. People using the service experience a sense of wellbeing as they are supported to pursue interests of their choosing. One person we spoke with told us they enjoyed gardening and that a poly tunnel had recently been purchased to enable them to grow vegetables throughout the year. We saw that one person's paintings were displayed in a number of communal rooms in the home and another's interest in musicals was also supported. We were informed that the home manager regularly collected the daily newspaper on behalf of one individual, as this was an important part of their daily routine. People told us they were able to spend time in their room of choice and that their privacy was respected. Therefore, we judge that people using the service can be assured the care they receive supports their wellbeing and improves their quality of life.

People are listened to and individuals have opportunity to express their views and opinions. Records show that people were consulted about changes within the home. We saw evidence that regular resident meetings were held and people were consulted about the day to day running of the home; including providing feedback on the quality of meals, any changes they would like to make to the home environment, and domestic or social tasks they wished to participate in. Individual feedback forms were also completed by people living within the home; these asked how they rated the provision of care, whether they were offered choice, if their privacy was respected and if staff promoted independence. Evidence showed that people rated all of these areas as either "*good all the time*" or "*great*". From the evidence gathered we can conclude that people are consulted and listened to and have a voice in decisions made within the home.

People can take part in person-centered activities which maximizes their independence. These include planned events outside the home such as college courses, voluntary work opportunities and attending social groups. One person spoke about a pop concert they were planning to attend and how they were "*very excited*". Within the home people were able to develop life skills as everyone contributed to the day to day routines and domestic tasks. Evidence from care files and discussions with the home manager confirmed that the home engaged well with local authority services and advocated on the behalf of individuals to maximise independence. One person stated that the manager had arranged for them to receive travel training from a local authority team which had enabled them to increase their

confidence in the community. Therefore our findings show that people are supported to develop and maximise independence.

2. Care and Development

Summary

The home provides a warm and welcoming atmosphere. Staff provide an individualised service and person centred care. Individual nutritional needs are catered for and medication is, on the whole, managed effectively and audited on a regular basis. The service maintain care plans that are robust and comprehensive.

Our findings

People experience positive interactions with knowledgeable staff who have a good approach to care. Throughout the inspection we saw lots of lovely natural interactions between individuals. We witnessed one staff member showing genuine concern for an individual who was experiencing a period of ill-health, asking how they felt and if they wanted a hot drink. We also observed staff chatting with people throughout the day about family life, local history, general interests and events planned for the forthcoming week and there was a clear sense that spending time chatting with residents was important part of their role. Staff members we spoke with appeared knowledgeable about individual care needs, preferences and life history and spoke about how important it was for people to feel comfortable in *“their home”*. Feedback about the care people received was positive, comments included *“It’s really good here”* *“I love it here”*, *“everyone is so helpful and caring”* and *“I can’t speak highly enough of staff”*. Overall, we judge that people receive support which help them to develop positive relationships.

People are provided with healthy and nutritious meals. On the day of the inspection there was an ample supply and variety of food in the home; people told us that they enjoyed the meals and could always ask for something different if they wished. We heard staff talking about meal options for one individual including what that person liked to eat, texture of the food and how this needed to look visually *“appetising”*. We were informed by staff that there was no set menu and people were able to choose what they wished to eat. Staff also informed us that vegetables grown in the garden, such as potatoes and green beans, were used during mealtimes. During lunch time, we saw staff and residents sitting together enjoying a meal and chatting. Comments from people living at the home included *“You don’t get a bad meal here, there is plenty of food”* and *“the food is good”*. As a result we can conclude that people enjoy a varied, wholesome diet and that the mealtime experience is a positive one.

Medication is stored and managed safely and medication administration benefits from ongoing auditing. On the day of inspection and we found that medication was correctly stored and recorded and that an up to date medication policy was in place. We saw that Medication Administration Records (MAR) were, on the whole, accurately completed with only isolated gaps in signatures. Records showed that weekly medication audits were being undertaken to ensure that support remained effective and that people were protected by the

safe management and ongoing auditing of medication. This was discussed with the manager who confirmed medication management had improved since the weekly audits had taken place. Staff we spoke with confirmed they had received medication training, however looking at the training records for three staff members on the day of the inspection we were unable to find evidence that medication training had been received. This is discussed further in the leadership and management section of the report. As a result we can conclude that at present people are protected by safe medication management, storage and ongoing auditing systems.

People's care plans are maintained and reviewed on a regular basis. We saw files contained local authority care plans and pre-placement assessments. Personal plans included information on core areas of care such as medication, personal care, access to community and health needs as well as life history and important relationships. People's preferences were documented including their likes and dislikes as well as individual daily routines. All files we looked at had a missing person plan on file, which outlined a set procedure if an individual went missing. We saw Deprivation of Liberty Safeguard applications had been made for people therefore ensuring that any restrictions made were both legal and proportionate. Records showed that care plans and risk assessments were reviewed regularly and risk management plans were signed by staff to show that documents had been read and understood. This ensured staff continued to provide appropriate and safe care. We found food intake charts were fully completed and individual weight charts contained BMI information to ensure people remained at a healthy weight. Daily recordings were kept up to date and provided details on emotional and physical wellbeing, daily activities and any health issues. A staff handover book was also used to log any proposed activities or health appointments. In conclusion people can be confident that care files are updated on a regular basis and that plans are sufficiently detailed to ensure that individual needs are met in a safe manner.

3. Environment

Summary

People's wellbeing is enhanced by having access to a clean, safe and pleasant environment to live in. Safety checks are completed and fire safety measures are undertaken in line with regulations.

Our findings

People live in an environment which is homely, clean, and well maintained with no malodors. The accommodation and the facilities were very homely and non-institutional in character. People had access to a communal lounge and dining/kitchen area; we were told that the kitchen area was the central hub of the home where day time interactions took place and that the lounge was usually used during the evening to watch television and socialise. Bedrooms were highly personalised and individuals reported that they were actively encouraged to become involved with the redecoration of their bedrooms. Records showed that cleaning schedules were regularly completed and the registered manager informed us that any repairs and maintenance required was responded to promptly. Overall we found that people's wellbeing is enhanced by having access to a clean and pleasant space to live.

People can be confident that arrangements are made for promoting and maintaining a safe environment. On arriving at the home we found the front door was locked and ID was viewed before access was allowed. We saw evidence that personal emergency evacuation plans (PEEP's) were in place and that fire drills were undertaken routinely which demonstrated systems were in place to support people to exit the home safely in the event of a fire. Health and safety checks and measures in relation to fire certificates, gas installation and safety records, were satisfactory and up to date. Overall, people can be confident that the premises and equipment are safe and that measures are in place to minimise the risk of harm.

4. Leadership and Management

Summary

People benefit from a well-run home with a settled staff team who have clear roles and responsibilities. The service has good auditing systems in place to support ongoing improvements. Supervision is received regularly however people cannot be confident that training is received in core areas.

Our findings

On the whole staff are safely recruited and disciplinary action is managed effectively. We examined three staff personnel files and found that the required checks and clearances had largely been conducted and were held on file. We found that one staff file we looked at contained an out of date Disclosure and Barring Service certificate, however discussions with the manager and evidence found in the staff meetings demonstrated that action was already being taken to address this. We also found one file lacked any photo identification, while employment dates on another file did not correlate with those provided by the previous employer. We saw evidence that staff disciplinaries were dealt with appropriately and targeted support was offered to staff to maintain best practice. Therefore we can conclude that, on the whole, appropriate checks are completed to ensure that staff are recruited safely and that disciplinary action is managed effectively.

Supervision is maintained in line with the statement of purpose, however training requires improvement. Staff we spoke with told us that they had completed training in core areas and felt suitably skilled to fulfil their role. On the day of the inspection we examined staff training records for three staff members from 2014 to 2019 and were unable to find evidence that staff had undertaken medication training during this time. We discussed this with the manager during the inspection who was unable to provide further evidence medication training had been completed. We discussed with the manager the importance of core training being offered to ensure staff held the appropriate skills to undertake their role and that the service maintained a clear oversight of when training was required. Since carrying out the inspection the RI has assured us medication training had been completed and a new excel spreadsheet to record training is in place, however no additional documentation has been provided. The staff we spoke with stated that they received regular supervision and that this was purposeful in identifying professional development opportunities, reflect on practice and discuss any concerns. Records we looked at also showed that supervision took place on a regular basis. In conclusion, people can be confident that they receive support from staff who are supervised regularly but the service would benefit from improving their oversight of training in core areas.

The service has quality assurance systems in place in order to develop and improve the service. We were shown a number of systems designed to assess the quality of support people received. We saw that weekly medication audits were used to monitor the

medication following previous concerns raised in these areas. Policies we looked at were up to date and comprehensive; covering infection control, moving and handling, medication, safeguarding and whistleblowing. Records confirmed that quality monitoring visits were carried out by the responsible individual. The reports generated following these visits showed that different aspects of the service were being checked, and feedback was being obtained from people who used the service as well as from staff. Records were also kept of any concerns or safeguarding issues raised in relation to the service, this ensured that management held clear evidence around decision making and outcomes. Staff also completed personal audits which asked how they scored their delivery of care, whether they offered choice and control, supported social inclusion, communication, nutrition, and independence. We can therefore conclude that there are good quality audit systems in place to monitor the quality of support people receive.

The home benefits from a management team which has clear roles and responsibility, and staff feel valued and supported. The home has a settled team of staff who work well together. We were informed that there had been no changes in staffing for several years and that there was a long standing experienced manager in place. We were advised that the home did not use agency staff as existing staff members covered any staff shortfalls, therefore ensuring that people received support from a consistent knowledgeable team of staff. We received positive feedback from staff in relation to the manager and Responsible Individual (RI), staff described the manager as *"hands on"* and *"here for us"* and the RI as approachable and a *"really nice chap, who cares about people"*. One individual living at the home described the management team as the *"best bosses in the world"*. Therefore people can be assured of receiving care from a service that is on the whole well run and effective.

5. Improvements required and recommended following this inspection

5.1 Areas of non-compliance from previous inspections

This is the first inspection post RISCA registration

5.2 Areas of non-compliance identified at this inspection

Regulation 36 (2) (d) The service provider must ensure that any person working at the service receives core training appropriate to the work performed by them.

This is because the three staff files we looked on the day of the inspection showed no evidence of medication training being received between the dates of 2014-2019. At the time of the inspection the manager was unable to provide evidence that medication training had been completed. Although staff we spoke to stated they had received adequate training in core areas including medication we were unable to find evidence to support this. Since carrying out the inspection the RI has assured us medication training had been completed and that a new excel spreadsheet to record training was in place, however no additional documentation has been provided. At the time of this inspection we did not find evidence to suggest this had a negative effect on people receiving care and therefore have not issued a notice at this time.

5.3 Recommendations for improvement

- Ensure feedback forms used to inform the quality review, such as resident feedback forms, are dated.
- Ensure an effective and updated training matrix is used to support the oversight of staff training needs.

6. How we undertook this inspection

We reviewed information about the service held by CIW. This included the previous inspection report and records of notifiable events since the last inspection;

Discussion with RI, registered manager, care staff and people using the service.

We reviewed three residents' files.

We reviewed three staff personnel files.

We reviewed staff training documents.

We reviewed supervision documents.

We reviewed the home's health and safety/maintenance records.

We undertook a visual inspection of the home.

We observed care practices and interactions between staff and residents.

We examined three Medication Administration Records (MAR) charts.

We provided staff questionnaires, with two staff questionnaires completed.

We considered arrangements to review the quality of care provided.

We looked at staff rotas.

We looked at a sample of policies, and auditing documents.

We looked at a sample of minutes from staff meetings and residents' meetings.

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	The Crescent Care Group Ltd
Manager	Sarah Grosvenor-Barnes
Registered maximum number of places	5
Date of previous Care Inspectorate Wales inspection	Last inspection pre RISCA
Dates of this Inspection visit(s)	21/05/2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	No
Additional Information:	

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