



Inspection Report on

3 Woodside

Bargoed

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Description of the service

3 Woodside is registered with Care Inspectorate Wales (CIW) to provide personal care and accommodation for up to three people with a learning disability, aged between 18 and 65 years. The home was fully occupied on the day of inspection.

PRESS Ltd is the registered provider for the home and there is a nominated individual who acts on behalf of the company to oversee the service provided. The registered manager is Stephen Smothers.

The home is a detached bungalow situated on a small housing estate in the village of Tir-y-Berth, near the town of Ystrad Mynach in the county borough of Caerphilly.

Summary of our findings

1. Overall assessment

People who live at the home told us that they are happy with the care they receive. We found staff to be hard working, attentive and very knowledgeable in relation to people's needs. People's needs are monitored and referrals to health care professionals are made when required. People are engaged in a range of activities of their choice within the home and in the community. Overall the home benefits from stable leadership and management, with established policies and procedures. Improvements are, however, required to ensure that procedures in relation to care plan reviews, supervisions and annual reviews are consistently applied. Improvements are also required to ensure that the environment is safe at all times.

2. Improvements

Improvements have been made in relation to keeping service user's plans under review, staff supervisions, and the registration certificate was on display.

3. Requirements and recommendations

Please refer to section 5 of this report for further details of our requirements and recommendations. In summary we found that the home is not meeting its legal requirements in relation to recruitment records and the safety of the environment. We also made recommendations in relation to care plans, Service User Guide, staff supervision records, maintenance, notifications and the annual care review.

1. Well-being

Summary

People enjoy positive relationships with staff. People are enabled to be as independent as they can be and are given opportunities to make choices in relation to their everyday living. There is a range of activities available for people within and outside of the home. Overall people are content with the quality of care they receive.

Our findings

Staff treat people with dignity and respect. We saw good interactions between staff and people who live at the home and observed that people were treated with warmth and genuineness in their day to day care. We saw that people had been supported to look after their appearance. Staff displayed good communication skills such as positioning themselves in a way which enabled a person to see their face directly and to focus on what was being said to them. Throughout our visit we observed that staff were engaged with people, having everyday conversations, offering advice and prompts. We also observed that staff understood what people needed even when people had not expressed any need verbally. People therefore benefit from good and safe relationships with staff.

People are encouraged and enabled to express themselves. We saw that people were positively encouraged to make their own choices throughout the day. People were consulted on their choice of food and drinks, where they wanted to spend time and what activities they wished to take part in. We examined the minutes of service users' meetings which are held each week and saw that people have been consulted in relation to the plans they had for the following week and any issues they may have. On the day of our inspection we saw that one person had asked to go out in spite of being unwell. We observed staff checking with the person if that is what they wanted to do, the person confirmed their wish to go out and we saw them going out with staff. We noted that the person returned earlier than anticipated because of not being well but concluded that staff had respected the person's wishes whilst still being mindful of their duty of care when they advised the person to return home earlier. People's well-being is therefore uplifted because their independence and best-interests are promoted.

There are opportunities to partake in a range of meaningful activities to maintain and promote individual skills and wellbeing. We spoke to one person who explained to us that they attended a day centre during the day and that they attended regular social and recreational activities during the evenings and at weekends. They appeared to value and look forward to these activities. We observed people taking part in everyday activities in their home, we saw people being prompted to undertake some food preparation and drinks. We noted that some of the equipment in the kitchen was particularly suited to people's needs for example enabling one person to independently prepare their hot drinks safely. The records we examined confirmed what people had told us and our observations. These showed that activities both within the home and in the community are an integral part of the routines at the home. Discussion with staff showed that they fully understood the importance of daily living skills activities and of recreational activities for people. We also saw that people use several means of transport to access the community including using public transport. We conclude that on a day to day basis people are active, can do things that matter to them individually and that they have things to look forward to.

2. Care and Support

Summary

People benefit from a stable staff team that is knowledgeable about their needs. People are treated as individuals and their needs are anticipated. People have access to a healthy range of meals and drinks which cater for their different tastes and for their dietary needs. The home liaises appropriately with external health and social care professionals.

Our findings

The right care is provided at the right time and in a way that people want it. Observations on the day of our inspection and discussion with staff showed that they were fully knowledgeable about people's needs and were providing the required care. We examined people's care documentation and found that it was comprehensive and mostly clear about people's identified needs and how these were to be met. Plans contained people's life histories, their likes and dislikes along with comprehensive risk assessments. We saw that improvements had been made since our last inspection and that all of people's needs and conditions including their emotional and psychological needs are now acknowledged in their plans. We noted that there was no clear guidance in relation to two support needs people had, however we were satisfied that staff on duty were fully aware of the support they had to provide in these areas. Therefore there may be a risk that the consistency of the care and support is compromised if people are supported by less familiar staff. We conclude that people's care needs are met because individual needs and preferences are understood and anticipated. Improvements are recommended to ensure that all care plans always contain the latest guidance the staff team has received.

Appropriate meals and drinks are provided. We received good feedback from one person in relation to the meals offered. We observed a range of options being offered at breakfast and lunch time. We noted that a person had prepared a packed lunch for the day and they told us that they had selected food they liked to go in it. We saw good examples of interactions between staff and residents. We saw that staff stood back enabling people to have their meal at a pace with which they appeared comfortable however we noted that staff were watching how people were getting on and that they offered help and encouragement whenever this was needed. The records we examined showed that people's food and drink intake was monitored and that people were offered the type of food recommended by external professionals. We saw that the home had been given a three star (adequate) food hygiene rating by the Food Standards Agency. People's individual nutritional needs are therefore catered for.

People's needs are understood and they are referred to appropriate health and social care professionals when required. Records showed that people had attended routine medical appointments and that referrals had been made when people's needs changed. We noted that extensive liaison with external medical professionals was taking place to establish possible causes for an individual becoming unwell and this has included the person being supported to undertake several health screening tests. We saw that the support provided to the individual has been adapted in line with findings and recommendations from professionals. People using the service are therefore supported to be as well as they can be.

3. Environment

Summary

Generally people's well-being and safety are protected. There are health and safety checks and procedures in place. We did however identify some instances where essential maintenance and repairs need to be completed to ensure people consistently have access to a safe living environment.

Our findings

People are supported in an environment which is secure but is not always as safe as it could be. Upon arrival at the home we found the front entrance to the home was locked, our identity was checked before entering the property and we were asked to sign a visitor's book. We viewed the home's health and safety records including their gas safety, electrical safety, portable equipment testing records, fire safety and employer's liability certificates. We found that all certificates were available and up to date. We also noted that the home's registration was on display. We saw that the home had safe arrangements for the storage of medication and for the storage of confidential information. During our visual inspection of the home, we found that the screws of the radiator covers in the kitchen and in the corridor had come loose and that these were now no longer fixed against the wall. We also found that a fire extinguisher had come off the wall and was free-standing on the floor. In the main bathroom, we saw that there were unfilled holes, loose fixings and black mould around the window. Outside, the back fence had not yet been replaced as we were told it would be at our last inspection. We noted that the required repairs and outstanding improvements had been identified by the registered persons at their last two quarterly monitoring visits but also that in spite of these being identified no action had been taken to ensure the repairs had been carried out. We discussed this with the registered person who assured us that the repairs would be completed as a matter of urgency. Based on the above we concluded that people are cared for in a generally safe and secured environment. Action is however required to ensure people are not exposed to unnecessary risks and that their safety can be maintained at all times.

People live in an environment which is welcoming and personalised. We considered the communal areas, which consisted of a kitchen/dining area and a separate lounge, to be appropriately decorated. We noted that action had been taken since our last inspection and that the dining area's furniture had been repaired. There is a bathroom with a WC and a separate WC which we saw that meets the needs of individuals. We saw that people's bedrooms were personalised with wall art, photographs and keepsakes which reflected the individual's personalities and interests. We concluded that people live in an environment which is personalised and appropriate to their needs.

4. Leadership and Management

Summary

People are aware of the lines of accountability and leadership within the home. The home is lead by a management team which comprises of a manager who carries out the day to day management of the home and of the registered manager. There are systems in place to ensure the registered persons meet their regulatory obligations, however the systems in relation to recruitment, supervision, the home's service user guide and notifications need to be strengthened.

Our findings

The management team has a clear line of sight on the service and staff are supported in their roles. Discussion with the registered manager and with the manager who carries out the day to day management of the home showed that they have a good knowledge of service users and of the staff team. An examination of the rota showed that the manager cared for and supported service users on a weekly basis alongside staff. We examined a supervision and appraisal matrix and supervision records which showed that staff had met on a one to one basis with the manager and that staff had had the opportunity to discuss service delivery issues and personal development needs. We noted that only the month and year are included on the matrix and that staff had not signed the records of their sessions with the manager. We discussed this with the registered manager and recommended that staff sign the records and that full dates are recorded on all documents. Staff told us that they have supervision and appraisal sessions. They also told us that they attend team meetings and that the managers are always contactable.

Discussion with staff showed that they knew the line of accountability and leadership within the home, however we noted that in the Service User Guide it isn't clear who the registered manager is and that they are not included in the staff diagram. We recommend the Service User Guide is updated in order to clearly show who has legal responsibility for the service. Overall we concluded that people benefit from a service which is lead by managers who know them well and where attention is given to the well-being of its staff.

The home has arrangements in place for staff recruitment, induction and training. We sampled two staff recruitment records these showed that checks in relation to criminal disclosure, employment history and references had been carried out. However we saw that for one person whilst letters had been sent out to request references these were not available on the file and no reasons for these not being available were noted. In addition, we noted that whilst employment histories were available there was no evidence that the reasons for leaving previous posts which involved working with children or vulnerable adults were checked. We discussed this with the registered manager who told us that they would chase up the references. Records in staff files also showed that they had received training in relation, for example, to medication, safeguarding, manual handling, food hygiene and mental capacity and achieved the recommended vocational qualification for the sector. Staff we spoke to confirmed that they had attended training and that they also attended refresher training when required. We noted that when staff practice failed to meet the expected standards in relation to the administration of medication, managers addressed the issue with staff and additional training was given. Based on the information available we concluded that there is a system in place to ensure staff are 'vetted' before starting their

employment and that their development is promoted. However action is required to ensure that, in relation to recruitment, all checks are followed up.

The home intends to drive improvements with systems for assessing the quality of the service. We examined the reports completed by a representative of the registered provider following their quarterly visits to the home. We saw that these occurred at the required frequency and that a good review of the service provided had been undertaken highlighting both areas of achievements and areas of needs. We noted that the representative of the registered provider has also got day to day involvement with the running of the service. We discussed this with the registered manager and recommended that another representative was considered to carry out these visits. We also noted that maintenance issues had been carried over from one report to another. We reviewed the latest quality assurance report compiled in 2017 and covering the service provided in 2016. We saw that feedback was sought from relatives and commissioners. We also noted that the quality of staff and outcomes for service users were reviewed. The report stated that work was being carried out in order to include the views of service users who have high support needs. People therefore benefit from a service which is proactive and sets high standards for itself however action is required to ensure that all areas of needs identified are acted upon in a timely manner, that feedback from all service users is sought and that a quality assurance report for 2107 is compiled.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

Service users' plans - Care Homes (Wales) Regulations 2002, Regulation 15 (2) (c) (d): The home had not kept service users plans under review and revised these. During this inspection we saw that care plans had been reviewed and improved. Therefore we concluded that the registered persons had taken sufficient action to meet legal requirements.

Quarterly visits - Care Homes (Wales) Regulations 2002, Regulation 27: This was because visits to the home by the registered provider or persons acting on behalf of the provider, were not taking place at the required intervals. We saw that visits had taken place on a quarterly basis and that the completed reports were available. Therefore the registered persons are meeting legal requirements.

Staffing - Care Homes (Wales) Regulations 2002, Regulation 18 (2): This was because supervision of staff was not meeting required frequency. At this inspection we saw that staff had met on a one to one basis with the manager and that staff had had the opportunity to discuss service delivery issues and personal development needs. Therefore we concluded that the registered persons had taken sufficient action to meet legal requirements.

Quality of care review - Care Homes (Wales) Regulations 2002, Regulation 25: The review of quality of care for 2015 had not included consultation with service user's representatives. At this inspection we saw that relatives and commissioner's feedback was sought in order to complete the quality review for 2016 which was issued in 2017. We noted that the report for 2017 is due and that the agency is considering how to seek feedback from service users who have high support needs. We concluded that further work is required in order for the registered persons to achieve full compliance.

Registration certificate - Care Standards Act 2000, Section 28: At the time of our visit, the home's registration certificate was not on display and staff could not locate it. At this inspection we saw that the registration certificate was clearly displayed therefore the registered persons are meeting legal requirements.

Notifications - Care Homes (Wales) Regulations 2002, Regulation 38 (e): This was because the registered provider had not informed CIW of two events which had affected the wellbeing and safety of service users. We saw that action had been taken to ensure CIW are informed of such events but noted that on one occasion, a medication error had not been reported. Therefore further work is required to achieve full compliance.

5.2 Recommendations for improvement

We advised the registered persons that improvements are needed in relation to matters listed below, in order to fully meet legal requirements:

Health and welfare – Care Homes (Wales) Regulations 2002, Regulation 13 (4) (a). This was because we saw that the radiator covers in the kitchen and in the corridor had

come loose and that they were no longer fixed against the wall. We also found that a fire extinguisher had come off the wall and was free-standing on the floor. A non-compliance notice has not been issued on this occasion as the registered provider assured us that they would take action to address this matter and that there was no immediate impact for people using the service.

Fitness of workers - Care Homes (Wales) Regulations 2002, Regulation 19 (2) (i) – Schedule 2. This was because two written references, including a reference from the last employer was not available for one employee and that there was no evidence that the reasons for leaving previous posts which involved working with children or vulnerable adults were checked. A non-compliance notice has not been issued on this occasion as the registered provider assured us that they would take action to address this matter and that there was no immediate impact for people using the service.

We also made good practice recommendations in relation to:

- Care plans - Improvements are recommended to ensure that all care plans always contain the latest guidance which the staff team has received and is aware of.
- Service User Guide - We recommend that the Service User Guide is updated in order to clearly show who has legal responsibility for the service.
- Staff supervision records – We recommended that staff sign their supervision records and that full dates of when sessions have taken place are recorded on all documents.
- Maintenance – We recommend that the provider complete the external repair work which it has identified and that it carries out repair and maintenance work in the bathroom.

6. How we undertook this inspection

We carried out an unannounced visit to the home on 16 March 2018 between the hours of 8:05 am and 14:30 pm.

The following sources of information were used to inform this report:

- Information held by us about the service.
- Observation of daily routines and care practices at the home.
- Observation at breakfast and lunch time.
- Regulation 27 reports since September 2017.
- Annual quality report for 2016 compiled in 2017.
- Statement of purpose.
- Service user guide.
- The home's internal audit records.
- Staff supervision records.
- Staff training matrix.
- Discussions with managers.
- Discussions with members of staff.
- Discussions with residents.
- Examination of two staff files.
- Examination of three residents' files.
- Visual inspection of the building's interior and exterior.
- A sample of the home's policies and procedures.

Further information about what we do can be found on our website:

www.careinspectorate.wales

About the service

Type of care provided	Adult Care Home - Younger
Registered Person	PRESS - Planned Residential Support Services Limited
Registered Manager(s)	Stephen Smothers
Registered maximum number of places	3
Date of previous Care Inspectorate Wales inspection	13, 14 and 15 June 2017
Dates of this Inspection visit(s)	16/03/2018
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	No This service does not provide an 'Active Offer' of the Welsh language. This service is situated in a primarily English speaking area and therefore has not had to anticipate, identify or meet the Welsh language needs of people who use, or intend to use their service. We recommend that the service provider considers Welsh Government's ' <i>More than just words: Follow-on strategic framework</i> ' for Welsh language in social care.
Additional Information:	