



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

Inspection Report on

52 Narberth Road

Cardiff

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Description of the service

52 Narberth Road is a small privately owned residential home in Cardiff which provides accommodation and personal care for up to six adults (aged 18 years and over) who have either learning disability and/or mental health needs.

The home is situated in the Ely area of Cardiff and is close to shops and other amenities. It is a large terraced property that is indistinguishable from neighbouring properties. The Registered Manager is Christine Darcangelo, who no longer lives at the property.

Summary of our findings

1. Overall assessment

People living in the home call it their 'home'. People are supported by a consistent stable staff team who are competent and know about people's routines and preferences, which are respected. People have a good balance of accessing the local community for various activities and time at home relaxing, carrying out household tasks. Overall, the home is well run with a visible registered manager who is available to people.

2. Improvements

The recommendations made at our last visit have been actioned. The complaints procedure has been updated with the correct contact details for CSSIW; personal details are recorded in people's files; the gas safety certificate was available and people now have their photograph in their files. The service's safeguarding policy has also been reviewed and evidences that it is in line with 'Social Services and Well-being (Wales) Act 2014 – Working Together to Safeguard People', and contains the contact details for the local authority. In addition to meeting our recommendations, people living in the home have developed further interests; medications have been reduced; and the registered manager has made progress with establishing a quality monitoring procedure.

3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service.

1. Well-being

Summary

People have a sense of belonging and enjoy living in their home. People feel safe and comfortable, supported by sound relationships with their care workers. People's independence is encouraged; daily living skills are promoted and care workers do things with people rather than for people.

Our findings

People feel safe and are supported by care workers who respect people's choices. We read in training files that care workers had completed their Safeguarding of Vulnerable Adults course. We read in the communication book that daily checks on people's monies are carried out, which the registered manager also checks on, and some people have lasting power of attorneys or external trusts who oversee people's finances. The registered manager talked of examples when the staff team had supported people through difficult times ensuring that people were emotionally looked after. We saw evidence of how bereavement was handled in a gentle manner by means of memory photo albums. The registered manager took appropriate action after a safeguarding referral was made to the local authority regarding someone's medicines. We discussed the incident with the registered manager and no harm had been caused to people living in the home. People are safe and looked after.

People living in the home enjoy themselves. They have their own individual daily and weekly routines depending on their interests. We observed and read in records that there was a balance between being out and about, and relaxing and resting at home. There was a range of activities people enjoyed doing including accessing local community groups, working, playing games, and exercising. Daily diaries and observations told us how people relaxed at home on their own or with other people in the home by watching TV and films, colouring, doing crosswords, listening to music and having their nails painted. We read how times of getting up and going to bed varied, people had baths or showers all depending on their preferences. People seem to understand their care and can do things which matter to them.

People are supported to have friends and family relationships. We read in people's daily diaries about family visits, and people told us about their friends in the community. We observed how relationships with care workers were good, and people showed us photos of holidays and trips they've really enjoyed with the support from the care team. People were smiling, relaxed and seemed comfortable in their home, and two people told us "*this is my home*". We asked two people if they needed anything, and they said "*no*". We heard one person say "*I'm so happy*" to a care worker. People living in the home have a sense of belonging and are content.

People are enabled to do things for themselves and develop their individual skills. We observed how people were able to freely make drinks for themselves. We read in daily diaries how the care workers had demonstrated how to do certain household tasks, and were then doing them on a daily basis e.g. how to wash dishes. We observed people drying and putting away kitchen items, and being supported with cleaning their bedroom. We read how some people made their own breakfast; helped with preparing meals and did light household tasks. We observed that care workers gave people time to do these rather than doing it for them. People's independence is maximised.

2. Care and Support

Summary

People are getting help when they need it. People's health needs are met because the team access health professionals when concerns are noticed. Care and support plans need to be reviewed and developed to detail how people choose to be supported.

Our findings

People are supported to stay healthy by having regular appointments with health professionals. We read records of annual and follow up appointments with appropriate practitioners. There was good information about the outcome of appointments ensuring that the team could refer back again if necessary. Specialist teams were also involved for specific health conditions such as the community learning disability team. Changes in people's health needs, such as early onset of dementia, were documented but were not yet embedded in the care plans for staff to know how to best support the person. We read how concerns about someone's swallow had been referred to the Speech and Language therapy team who visited and assessed the person. Care plans were inconsistent with the person's needs so must be reviewed with the up to date and accurate information. It was clear from daily diaries and the communication book that health concerns are acted on promptly.

Personal care routines and support plans need to be developed because the records did not give enough detail of how people choose to be looked after. We read two people's care and support plans which were adequate. One person's local authority care plan needs to be updated because it referred to time before they moved into the home. We talked through individual examples with the registered manager who agreed that time was needed to improve the records. Communication profiles should be developed to capture how people display feelings, pain, and what the care workers need to do in response to them. We found that there was some contradictory information between the local authority's care plan and the home's care plan regarding whether the person or the care workers chose their clothing. However, there were good parts of the care planning; telling the reader more of what the person could do rather than what they couldn't do for themselves.

People enjoy their meal times, snacks and drinks. We observed the lunch being prepared and we found it to be a calm relaxed affair. We observed care workers asking people before lunch what they would like to eat. We read in care plans about people's likes and dislikes, and saw on a weekly menu that people's dietary requirements were being met. We read in care plans that people were weighed on a monthly basis. The registered manager explained that this was for a variety of reasons – external health professionals wanted to know about people's weight history; some people are encouraged to eat more of a healthy

diet to support them to remain as healthy as possible. People told us that they enjoyed their meals.

People's medication is stored and administered correctly. We discussed the medication procedures with a care worker, who was confident and competent in their knowledge. No one in the home looked after their own medicines. We looked at two people's Medication Administration Record (MAR) sheets which had all been completed appropriately. The medication cupboard was organised and tidy. There were no controlled drugs kept in the home. The care worker told us that training included face-to-face training with the chemist and they were also assessed as part of their QCF training. We were told that the pharmacy visits the home annually to carry out an audit. People are safeguarded by the home's medication procedures.

We talked to the registered manager about the Deprivation of Liberty Safeguards Act. We saw how people were free to come and go from the home as they wished but we were told that people didn't because they knew they needed and wanted staff support. Staff had had training in the Mental Capacity Act. We recommend that people's care plans are reviewed to include how people make decisions in accordance with their insight and ability to understand risk and benefits of their decisions. We also discussed with staff at what stage the team would consult with other professionals regarding certain decisions. Clarity is also needed regarding details of who manages people's monies.

3. Environment

Summary

People live in a home which meets their needs and supports them to use their independence skills. The home is spacious, welcoming and warm. There is sufficient space internally and externally for guests to spend time together or on their own. The home is well maintained and appropriate safety checks are carried out.

Our findings

People are cared for in a comfortable, clean, welcoming home. The home was homely and warm. We looked around the home and saw three people's bedrooms. Bedrooms, accessible by stairs, were personalised and reflected their personalities. People told us that they were comfortable and warm at night and liked the views from their windows.

People's relationships are enhanced by an environment that encourages people to spend time either communally or privately. This is because there were two lounges, a dining area, and a conservatory. We were told that in the warmer months, the garden, laid both with paving and lawn was also used. It was evident how people had preferences of where they liked to spend time because their belongings and activities were left out in a homely fashion. People are able to do things for themselves, sometimes with support from care workers, because the layout of the home is accessible and familiar. We observed how people freely spent time in their rooms, in the communal areas, accessed the local shop, and were able to make hot and cold drinks for themselves. People live in a home which meets their needs.

The location of the home means that people are easily able to access the community and local amenities. Care workers and people told us how they walk or get the bus to places they want to visit and places they visit in the vicinity. The home appeared to be well looked after. There are no plans for any building works but the registered manager told us that there was an on-going redecoration plan, with plans for replacement carpets on the stairs and in a couple of the bedrooms.

Overall, people live in a safe home. The fire safety, and the health and safety file, which contained the records for the safety checks, evidenced that regular checks are carried out. Necessary checks by external professionals are also done accordingly, such as gas safety, electrical installation and portable electrical items. There were dates of when a discussion about fire evacuation procedures had been had in staff and house meetings but the dates did not correlate to the minutes of meetings and no information was available about what was discussed. We talked to the registered manager about this who said that a detailed, separate record of fire drills will now be kept. The registered manager had already identified that internal doors needed to be replaced with fire resistant doors. Action had been taken to

source this work in a staged process, and was planned to start soon. This evidences that appropriate, timely, safety checks are carried out.

4. Leadership and Management

Summary

Overall, the home is well run. People are supported by a stable staff team who are trained and knowledgeable about people's needs. Quality monitoring processes need to be improved.

Our findings

The purpose of the home is clear. Staff were knowledgeable about people's needs and routines and we observed that staff were relaxed, yet purposeful in their work. We read one person's pre-assessment and talked to staff about the compatibility of people living in the home. It was clear that this was taken seriously and consideration of people's age, needs and interests had been given careful thought when people came to live at 52 Narberth Road. It was clear from people's health records and talking with staff that the team work well in partnership with external health professionals and the community. People can be assured that the home will meet their needs.

People are aware of the lines of accountability and leadership. This is because the registered manager is visible and visits the home frequently, and there was a senior support worker to assist her with the running of the home. The registered manager was aware of the imminent changes in the social care laws, and changes with how we inspect services. The registered manager is vigilant and is dedicated to providing a good service.

People are supported by a stable and consistent staff team. We were told that there was a low turnover of care workers, with the 'newest' staff member starting a year ago, and no use of agency staff. We saw the rota which evidenced this. Each person had a 'link worker' who oversaw the individual's care notes and made sure that they had things they needed e.g. toiletries, celebration cards to send to family members etc. Link workers completed a monthly 'review' of documents. We read the last three months 'reviews' for two people living in the home. We talked to the registered manager about how these could be more person centred and meaningful rather than a tick box checklist with some added notes. People living in the home have a team who knows them and they have good relationships with them.

People are cared for by a team who are trained in both the mandatory training subjects as well as in some specialist subjects such as epilepsy and dementia. We read how training needs had been identified in supervision meetings and certificates evidenced that it had been completed. We were told that the majority of the staff team had completed their health and social care qualification, with two care workers doing the level 5 award. We examined two care workers' recruitment documents. The majority of required records were in place, but a couple of dates didn't correlate which were brought to the attention of the registered

manager, who said that the sender would be contacted to clarify the details. It is recommended that the registered manager reviews the files and ensures that evidence is kept and completed for probation and induction periods, contracted hours, interview notes and health declarations. We read the last three supervision notes for two care workers and an appraisal for one. These told us that the registered manager praised and encouraged the staff to fulfil their role. The notes were positive and broached subjects regarding the people living in the home, the staff team and their personal development. We saw proposed agenda items for the next staff meeting, and read the previous meeting's minutes. The last meeting was in May 2017, and the previous one was in December 2016. There were five meetings in 2016. We talked to the registered manager about the scarcity of meetings this year and we were told that these would resume as frequently as last year. A diligent effort was made to organise these meetings so that everyone attended to make them meaningful and effective. The registered manager has an open and inclusive approach towards all members of the staff team.

Procedures to assess and monitor the quality of the service need to be improved. We recommended in our last visit that a quality assurance plan be in place. We found it was more of a to-do list with no evidence of how the service provides quality care. The questionnaires we read had been completed about three years ago, notably, very positive about the service. We discussed the importance of a robust quality assurance system, and how the examples of improvements and stability in people's lives were a testimony to the service. Views from people using the service must be gathered and taken on board with regards to the running of the home. The registered manager must evidence that the service is committed to quality assurance and constant improvement. People living in the home will benefit from an increased insight into the service.

People told us that they would talk to a care worker if they were worried or upset about anything. We were told there were no on-going complaints, and we read a number of (undated) complimentary thank-you cards from relatives. The complaints procedure had been updated with CSSIW's contact details after a recommendation from our last visit. We read the last three house meeting minutes and they gave a summary of what people had been doing rather than a discussion about the running of the home. We did note that things brought up in the house meetings had been actioned, e.g. someone wanted to buy new clothes, and their daily diaries showed that this had been done. A reviewed structure of house meetings will also give people an opportunity to talk about any concerns regarding the running of the house. The registered manager agreed with this and told us that the agenda would be revised. Improved communication care plans will help care workers to identify when someone is sad or upset about something and want to raise a concern.

There was no one living in the home who spoke Welsh as their first language. The registered manager was aware of the need to develop an active offer of Welsh.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

There were no areas of non-compliance made at the last inspection.

5.2 Areas of non compliance identified at this inspection

We have advised the registered persons that improvements are needed in relation to a number of regulations in order to fully meet the legal requirements. Notices have not been issued on this occasion as there was no immediate or significant impact for people using the service and the registered manager told us that action would be taken to rectify the issues. They will be followed up at the next inspection.

- Service delivery plans (regulation 15):
- People would benefit from having a support plan regarding their communication and capacity to make decisions (regulation 12(1)).
- Care and support plans need to be reviewed to contain up to date and accurate information (regulation 15(2)(c)).
- Fire safety (regulation 24(4)(e)): Fire drills need to be practised regularly and records should evidence that people are aware of the procedure to be followed in case of a fire.
- Recruitment practices (regulation 19): Recruitment documents need to be reviewed so that documents are compliant with the regulations.
- Quality Assurance (regulation 25): The quality monitoring procedure and process needs to be fully reviewed.

5.3 Recommendations for improvement

We recommend the following:

- Staff meetings should be held every three months.

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 home on 13 November 2017 between 8.50am and 5.00pm.

The following methods were used:

- We spent time with people living in the home both talking with and observing.
- We spoke with two care workers.
- We spoke with the registered manager.
- We looked around the home and the garden.
- We read two people's care documentation, including care and support plans, and health records.
- We read three additional daily diaries.
- We read two support worker's recruitment, supervision and training files.
- We looked at the fire safety and health and safety folder checklists and certificates.
- We spoke with two relatives on the phone after our visit (01 November 2017).
- We read the last minutes from the staff team and house meetings.
- We looked at the medication and discussed the procedure with a senior care worker.
- We read the staff team's communication book for the previous month.

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

7. About the service

Type of care provided	Adult Care Home - Younger
Registered Person	Christine Darcangelo
Registered Manager	Christine Darcangelo
Registered maximum number of places	6
Date of previous CSSIW inspection	9 November 2015
Dates of this Inspection visit	13/11/2017
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	No
Additional Information:	