



## Inspection Report on

**106 Splott Rd**

**106 SPLOTT ROAD  
CARDIFF  
CF24 2DD**

## **Date Inspection Completed**

**01 August 2019**

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## **Description of the service**

106 Splott Road is operated by Heatherleigh Care Limited. The company was registered with Care Inspectorate Wales (CIW) on 19 September 2018 to provide care and accommodation to a maximum of five adults. At the time of this inspection there were four people living at Splott Road. There is an appointed manager who is registered with the workforce regulator – Social Care Wales (SCW). The company has nominated a person who has responsibility for oversight of the service – the responsible individual (RI).

The service is located in Splott, Cardiff with shops and other community facilities close by. There is access to local public transport.

## **Summary of our findings**

### **1. Overall assessment**

106 Splott Road provides people with good quality accommodation in a location which ensures they have access to the local community and the facilities it offers. The staff are safely recruited and receive training appropriate to their roles. Whilst we saw some instances of good care, there are aspects of the service which require improvement. Most notably the extent to which the service upholds people's rights and choices.

The provider has some oversight of the service but these arrangements could be strengthened moving forward.

### **2. Improvements**

This was the first inspection under the Regulation and Inspection of Social Care (Wales) Act. Any improvements will be noted at a future inspection.

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

Refer to section 5 of this report for full details of our findings in relation to requirements and recommendations. However, in summary these were:

- Action is needed to eliminate practices that impact upon people's well-being;
- Review staffing arrangements by night;
- Update the safeguarding policy to ensure it reflects current legislation, guidance and good practice;
- Ensure personal plans are reviewed every three months.

## 1. Well-being

People receive the support they need to promote their social well-being. At the time of the inspection, everyone was getting ready to go out to lunch together and people told us they were looking forward to this. Everyone had recently returned from holiday and pictures of people enjoying various activities were on display in the home. The service provider therefore works with individuals to ensure they are able to contribute towards their social life and take part in things which make them happy.

It is important to a person's sense of well-being they feel their voice is heard, their rights are upheld and they have a sense of control. We found this was not always the case at Splott Road. Whilst we saw some examples of staff asking people about their choices and care files contained information about people's wishes and preferences, we also saw evidence that indicated people did not have any choice. This was in particular to when people went to bed at night and indications that punitive measures (such as with-holding people's phones) were instigated in response to certain events. This is unacceptable practice and the service provider is not promoting individuals well-being in relation to this.

Support is provided to assist people to remain healthy. We saw evidence that people received support to attend medical/health appointments and records of consultations with other professionals were maintained. Those who required support with medications were assisted. Overall, the service provider works with people to help them maintain their physical well-being.

Generally, there are mechanisms in place to promote a sense of safety for people. Staff were aware of their responsibilities to report any issues and knew who to report to. Training for staff on safeguarding people at risk was also up-to-date. The information held by CIW indicated that reportable incidents were addressed appropriately. The policy relating to safeguarding people at risk of abuse, neglect or ill-treatment was out-of-date. The service provider needs to take action to ensure they operate an effective policy. Overall, the service provider has processes in place aimed at protecting people from harm or abuse.

People live in suitable accommodation, helping to promote well-being. The property was well-maintained and suitable for people using wheelchairs. The facilities available were appropriate for individuals living at Splott Road and the home was comfortable, clean and tidy. People also had access to ample community services. The service provider seeks to promote well-being by offering safe and appropriate accommodation for people.

## 2. Care and Support

There are opportunities for people to be active and to take part in activities which they enjoy or which promote independence. On the day of our visit we noticed that people were arranging to have lunch together out in the community and one resident told us they were looking forward to it. Everyone had recently returned from a holiday together and we saw various photographs displayed around the home of people engaged in events and activities. We would recommend that people's goals and aspirations are better outlined within documentation, but overall found the evidence indicated Splott Road assists people to take part in things that are important to them.

Other aspects of care and support were contradictory and it was not possible to determine that people always receive high standard support. We observed life in the home and saw some warm interactions between staff and individuals living at Splott Road. However, we reviewed the minutes of resident meetings for the months of April, May and June. These indicated that people's wishes in respect of when they went to bed were not respected and we saw indications of institutionalised practices that were punitive in nature. It was clear from reading these minutes that residents were not happy with these practices and although we saw that people were provided with an explanation, we did not view this as acceptable. The service provider is not meeting legal requirements in relation to this and is not ensuring that care and support is provided in a way which protects and promotes the well-being of individuals.

Overall, care documentation is sufficient, but there is room for improvement. We reviewed the personal plans for two individuals. The goals each person wanted to achieve were identified and there was clear information about their wishes and preferences. However, we saw the plans were only reviewed twice annually rather than every three months as is required. Regular reviews are essential to ensuring staff have current information about how to support people. The service provider is not meeting legal requirements in respect of this. We also noted the reviews were simply a date and a signature. We saw no evidence the service considered how care and support had assisted people to achieve or work towards their goals. In addition, we saw no evidence the person was involved in the review process. The service provider therefore needs to take steps to ensure they are meeting legal requirements in relation to care planning.

There are processes in place to help people remain physically well. The care files we reviewed contained clear evidence people were supported to attend necessary health appointments. A record of these appointments was maintained including consultations with mental health professionals, podiatry and the person's general practitioner. We saw medication was stored safely and staff maintained records relating to administration. There was a wall planner, in the office, clearly identifying when each person's medicines would need to be collected. We conclude the service provider works with people to help them maintain their physical well-being.

Generally, although people can have some confidence they will be safeguarded from abuse or neglect, actions are required to strengthen these arrangements. Based upon the information held by CIW about this service, we are satisfied the service provider takes prompt action to address any issues. A consideration of staff training records showed staff received relevant training on safeguarding matters and the information indicated staff

understood their duty to report any issues. There was a safeguarding policy in place however, this was out-of-date and the service provider must take action in relation to this. Nevertheless, the service provider does seek to have mechanisms in place which promote well-being by ensuring people are appropriately protected from ill-treatment and/or abuse.

### **3. Environment**

People live in accommodation which is secure and which is appropriate to their needs. The home was comfortably furnished and there was ample space for people to move around, either on foot or in a wheelchair. Individual rooms were large, bright and airy. We saw each contained items of importance to the person. Visitors to the home are asked to sign a visitor's book and the outside of the home is covered by CCTV after incidents of vandalism in the area. A visual inspection of the home demonstrated it was clean and tidy with no evidence of malodours. Consideration of minutes of meetings with residents showed they are encouraged to take part in every-day tasks. We were concerned to see that the home had in place punitive consequences should people fail to do so. This is not acceptable practice and we have discussed this finding with a director of Heatherleigh Care Limited, who has advised this will receive immediate attention. The home lacks outdoor space but we were advised this was overcome by regular trips to community facilities such as the local park. Overall, the service provider seeks to provide people with an appropriate environment to promote well-being and independence as much as is possible.

Splott Road offers safe accommodation for people. We reviewed records relating to health and safety checks. We were satisfied the necessary checks on things such as water temperatures are conducted regularly. Discussion with the manager demonstrated that when repairs or maintenance were required these were completed promptly. Overall, we felt the service provider seeks to identify and mitigate environmental risks to health and safety.

## 4. Leadership and Management

People cannot be confident the service provided is as outlined in the statement of purpose (this document should provide details of the principles underpinning care delivery as well as the services and facilities available). Whilst the document outlines that people's wishes, choices and preferences will be respected, we found practices were not consistent with this. We did though find the content of the document contained all the required information. The service provider must take steps to ensure the service is provided in accordance with the statement of purpose.

Staff are safely recruited but it was not clear there are sufficient staff with the required knowledge, skills and competence to safely meet the needs of people living at Splott Road. We reviewed the content of two staff files. On the whole we were satisfied the necessary pre-employment checks were carried out including a check with the Disclosure and Barring Service (DBS). DBS checks are essential to ensuring people are fit to work with people who require services. The staff files also showed that people received training appropriate to their role. In addition, we saw evidence staff received regular supervision (a one-to-one meeting with a manager or supervisor where practice issues, development needs and support requirements can be discussed). Quality supervision is essential to the delivery of high standards of care and support. We would recommend the service provider review supervision arrangements to ensure it is meaningful and helps to drive forward quality. The supervision records we reviewed did not evidence supervision would always achieve this.

The content of one set of resident meeting minutes suggested that inappropriate practices had been introduced to ensure safety for people because there was only one member of staff available during the night. We discussed this with the manager who again reiterated this explanation as the reason for the practices we saw described in those minutes. We therefore concluded legal requirements were not being met. The service provider must take action to address this issue to ensure there are sufficient numbers of staff at all times.

There is some oversight of the service from the service provider but these arrangements should be strengthened. The evidence indicated the responsible individual visited the service every quarter as required. We also noted the responsible individual had completed a quality of care review. These reviews must be conducted every six months and outline the findings from audits and discussions with people using the service, staff and other interested parties to develop an action plan aimed at ensuring continual service improvements. We were provided with a copy of the most recent report. This demonstrated the service provider's quality assurance processes need to be strengthened. To ensure the quality review is meaningful the responsible individual needs to demonstrate consultation with people using the service so they have the opportunity to influence its development and to help identify improvements.

## 5. Improvements required and recommended following this inspection

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

This is the first inspection under the Regulation and Inspection of Social Care (Wales) Act.

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

**Regulation 21 (1)** – the service provider must ensure that care and support is provided in a way which protects, promotes and maintains the safety and well-being of individuals. We saw evidence which indicated practices within the home were not consistent with the principles laid down in the statement of purpose or with good practice. This is serious matter and we have issued a non-compliance notice in relation to this.

We also identified non-compliance where we have not issued notice. These are as follows:

**Regulation 27 (3)** – the service provider must operate an effective policy for the safeguarding of people at risk of abuse, ill-treatment or neglect. The policy reviewed was very out-of-date impacting upon its effectiveness

**Regulation 16 (1)** – the service provider must ensure that personal plans are reviewed every 3 months

**Regulation 34 (1) (b)** – the service provider must ensure there are sufficient numbers of suitably qualified, skilled and competent staff at all times to meet the care and support needs of people using the service

We expect action be taken to address these matters which will be considered at the next inspection

### 5.3 Recommendations for improvement

We also make the following service improvement recommendations:

- Ensure people's goals are outlined in personal plans and considered at review
- Strengthen the quality assurance processes with the inclusion of a service improvement action plan in the quality of care review

## 6. How we undertook this inspection

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

## About the service

<b>Type of care provided</b>	<b>Care Home Service</b>
<b>Service Provider</b>	<b>Heatherleigh Care Ltd</b>
<b>Responsible Individual</b>	<b>James Fletcher</b>
<b>Registered maximum number of places</b>	<b>5</b>
<b>Date of previous Care Inspectorate Wales inspection</b>	30 May 2017 under the previous legislation – The Care Standards Act
<b>Dates of this Inspection visit(s)</b>	<b>01/08/2019</b>
<b>Operating Language of the service</b>	<b>English</b>
<b>Does this service provide the Welsh Language active offer?</b>	<b>A service is available in Welsh for those who wish this and therefore the service provider promotes the active offer.</b>
<b>Additional Information:</b>	

**Date Published 05/09/2019**



## **Care Inspectorate Wales**

### **Regulation and Inspection of Social Care (Wales) Act 2016**

## **Non Compliance Notice**

### **Care Home Service**

This notice sets out where your service is not compliant with the regulations. You, as the registered person, are required to take action to ensure compliance is achieved in the timescales specified.

**The issuing of this notice is a serious matter. Failure to achieve compliance will result in Care Inspectorate Wales taking action in line with its enforcement policy.**

Further advice and information is available on CSSIW's website  
[www.careinspectorate.wales](http://www.careinspectorate.wales)

**106 Splott Rd**

CARDIFF

Date of publication: **4<sup>th</sup> September 2019**

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<b>Well-being</b>	<b>Our Ref: NONCO-00008135-JGHL</b>
<b>Non-compliance identified at this inspection</b>	
<b>Timescale for completion</b>	<b>02/09/19</b>
<b>Evidence</b>	
<b>Description of non-compliance/Action to be taken</b>	<b>Regulation number</b>
The service provider must ensure that care and support is provided in a manner which protects, promotes and maintains the safety and well-being of people.	21(1)
<p>- The registered person is not compliant with regulation 21 (1)</p> <p>- This is because the evidence indicated that the service operates in a manner which restricts the choices and rights of people living there</p> <p>- The evidence: We reviewed the minutes of three meetings held with people living at 106 Splott Road. These meetings were held on 28 April 2019, 21 May 2019 and 30 June 2019.</p> <p>The minutes of the April meeting contained the following:</p> <ul style="list-style-type: none"> <li>* 8:30pm is last drink and then kitchen closed for the night</li> <li>* 9:00pm everyone to their rooms to chill out</li> <li>* 10:00pm everything to be turned off for the night.</li> </ul> <p>The minutes went on to say "In 2 weeks time if everyone can show they are behaving this can be reviewed..."</p> <p>The minutes of the May meeting contained reference to an individual commenting "it is not fair people going to their rooms at 9pm". A response from the manager is documented as follows: "... the reason why people need to go to their rooms is for their safety due to there being one staff member on shift from 9pm".</p> <p>The minutes of the June meeting contained the following statements:</p> <ul style="list-style-type: none"> <li>* Going to bed is working well</li> <li>* No phones at the dinner table</li> <li>* No laptop and Gameboy for ** till 12pm</li> <li>* Everyone needs to take part in cleaning</li> </ul> <p>The minutes went on to say "If chores are not done, then they don't get there (sic) laptops/phones".</p> <p>The above was at variance with the Statement of Purpose which states:          "Heatherleigh Care is committed to ensuring your rights are respected at all times and will endeavour to offer the very highest standard of care.          Our staff are dedicated to assisting you in every way to ensure your rights to: Choice You will choose what you want to do each day, for example when you want to get up in the morning or when you go to bed in the evening, what activities you wish to take part in and what you prefer to eat. Our staff will discuss with you your plan of care, as far as possible you will decide how</p>	

you wish to live".

We reviewed the care files for two people using the service. We saw no reference to there being a need for them to go to bed at 9pm and neither person had indicated this was a preference. One of the files reviewed related to the person who had expressed their dissatisfaction with this arrangement at the May meeting.

- This impacts upon people because there is a failure to promote their rights. There is the potential for a detrimental impact upon people's well-being because their choices and preferences are not recognised or respected.

