Inspection Report on
Redcroft Care Home
Redcroft Residential Home
1-3
Alexandra Road
Colwyn Bay
LL29 7YB

Date Inspection Completed
17/06/2019
Description of the service

Redcroft is a detached house situated within a residential area of Colwyn Bay, within walking distance of the town centre. ARG Business Associates Limited is the registered provider and they are registered to provide care for 14 people, aged 50 years and over. At the time of this inspection there was no manager in place, the provider was overseeing the running of the service. Mercy George is the responsible individual, appointed on behalf of the provider. On the day of the inspection, 12 people were using the service.

Summary of our findings

1. Overall assessment

Action has been taken to address areas of the service provided which were previously identified as being non-compliant with the regulations. Improvements have been made to safeguarding processes, activities, people’s access to health professionals, people’s personal plans, the environment and care worker’s training. This has resulted in positive outcomes for people using the service. Some improvements were also seen in relation to medication management. However, this area of the service does not fully meet with the regulatory requirements, and this is an area, which requires further development. Other recommendations have been made, in relation to care workers’ related matters, in order to improve the service provided.

2. Improvements

Since the last inspection, the following improvements have been made at the service:

- Safeguarding referrals are being made, when required.
- People are able to manage their finances independently and those who require support receive it.
- Discussions have been held regarding activities and there has been an increase in the level of activities offered to people living at the home.
- Arrangements are made for people to see the doctor in a timely manner, when required.
- Personal plans contain more detail in regards to people’s individual care and support needs and how they will be met.
- Refurbishment work have occurred both inside and outside the building.
- Care workers have received mandatory training.
- Residents, relatives and care worker’s meetings have been introduced.
3. Requirements and recommendations

Section five of this report sets out the areas where the service is not meeting the regulatory requirements and our recommendations to improve the service provided. They include the following:

- Medication management
- Personal plans recording the support people require with managing their money.
- Care worker’s awareness of the information contained within people’s personal plans
- Information contained within care worker’s records
- Care workers working shadow shifts should not be included within staffing numbers.
- Care worker’s supervision.
1. Well-being

Summary

Improvements have been made to safeguarding procedures, the support available to support individual’s to manage their money and the activities provided. People would like to see further improvements in the activities provided.

Our findings

Action has been taken following our last inspection to improve safeguarding arrangements at the service. We spoke with people and they told us they felt safe at the service. We saw appropriate safeguarding referrals had been made to the local authority, where required, and action had been taken to protect people from harm. The care workers we spoke with confirmed they had completed face to face safeguarding training following our last inspection. Prior to this inspection, we received an anonymous concern that referred to a safeguarding matter. The provider told us they had not been made aware of this matter previously and we advised they should make a referral to the local authority. People are protected from abuse, harm and neglect.

People are encouraged to manage their own finances, where possible, and formal arrangements are provided to support people when required. The provider told us care workers assisted a person to visit the bank regularly, in order to enable the person to manage their own finances independently. Care workers confirmed this was the arrangement in place. We recommended the person’s personal plan should also record this. Other people were supported by their families, we saw such matters had been discussed at a recent family meeting. The provider told us they did not hold any personal money on people’s behalf, but they had arrangements in place to ensure people could buy what they wanted when they wanted it. We were told a bill, with the accompanying receipt, would be provided to the family in due course. People are supported to be independent.

The activities provided has improved, but people would like to see this area developed further. At the last inspection, people told us they would like more activities to be available and we recommended the provider gathered people’s views about this. Prior to this inspection, we received a concern regarding a reduction in the activities provided. During our inspection, we saw a group of people taking part in a quiz, facilitated by an external activity co-ordinator. On another occasion playing a game of bingo, facilitated by a care worker. People told us they were happy with the increase in activities provided, but they would still like “more things to do”. We saw activities had been discussed at resident’s meetings and people had made suggestions what activities they would like to take part in. The provider told us arrangements had been made for a musician to visit every other month, there were plans for a BBQ and this was an area of the service they were continuing to develop. People can do things that matter to them.
2. Care and Support

Summary

People’s personal plans have improved but not all care workers have read these documents. Access to health professionals has improved, as have some aspects of medication management. Some ongoing issues remain in relation to medication and this area requires further improvements.

Our findings

People are happy, and get on well with the care workers who support them. The people we spoke with told us they liked the care workers who supported them and said were “very, very happy” living at the service. One person described the care workers as being “very kind”, “nice girls” and “helpful”. We saw care workers speaking with people in a respectful manner, providing people with choices and listening to what people were saying. People benefit from positive relationships.

People are supported to access health and social care professionals’ advice in a timely manner. At the last inspection, we had concerns regarding this area of the service. During this inspection, care workers told us arrangements were made “straight away” for people to see the doctor when required. We saw arrangements had been made for the doctor to visit two people who were unwell on the day. We reviewed people’s care records and saw care workers had referred appropriately to various health professionals following any changes in people’s health conditions. We saw doctor’s appointments (including out of hours doctors) were arranged for people, in a timely fashion. We spoke with a visiting health professional and they confirmed care workers were referring people to them appropriately and followed their advice and guidance. People are supported to be healthy.

Although some improvements have been made to medication management, people do not always receive their medication as prescribed. Since the last inspection, care workers had received face-to-face medication training and the provider was carrying out regular audits. Independent audits had been carried out by the health board and another recent audit had been completed by an independent pharmacy. However, we found several examples of preventable medication mismanagement. Examples can be viewed within section five of this report. We discussed these incidents with the provider and they were able to demonstrate they had taken appropriate action in relation to each issue. However, due to the fact these incidents had actually occurred we concluded the provider remained non-compliant in relation to medication at this inspection. People’s health is not always promoted by good medication practices.
The information provided within people’s personal plans have improved, but not all care workers have read these key documents. We saw up to date risk assessments were in place to show how identified risks to people’s health and safety were managed. People’s personal plans included detailed information regarding their care and support needs, likes and dislikes and how they wished to be supported. However, some of the care workers we spoke with told us they did not know what was included within people’s personal plans. They told us information had been passed on to them verbally by other care workers. We recommend all care workers should be familiar with people’s personal plans in order to ensure they understand the individual needs of the people they are supporting. People cannot be confident all care workers will always understand their individual needs.
3. Environment

Summary

Refurbishment work recently completed have improved the comfort of the environment provided.

Our findings

Improvements have been made to the building and garden, which provides people with a clean, comfortable and homely environment. We saw people and their relatives had attended meetings with the provider to share their views regarding ideas they had for improving the environment. We undertook a tour of the premises and saw the provider had acted upon the feedback received. New carpets were seen at the main entrance, on both stairways, within the communal lounge and some people’s own rooms. The flooring had been replaced in the laundry room and some bathrooms and new chairs had been provided within the communal lounge. This helped to create fresh surroundings, contributed to people’s sense of value and of being listened to. We saw all areas within the building had been freshly painted and the garden had been cleared to become a more inviting area. The large waste bins had been moved to another side of the building, away from the garden. This helped to create a more comfortable outside area for people to enjoy. We saw people’s dignity was protected because we saw a lock had been fitted to the downstairs toilet as recommended in our last inspection. People’s sense of well-being is enhanced by living in a comfortable environment.
4. Leadership and Management

Summary

Arrangements are in place to oversee the running of the service in the absence of a manager. Improvements have occurred in care workers training and to the complaint handling process. However, new care workers were not supernumerary whilst working shadow shifts, which affected staffing levels.

Our findings

Care workers are recruited safely and receive appropriate training relevant to their work. We reviewed three care worker’s files and saw appropriate checks were made regarding their suitability to work with vulnerable people. However, we saw one person’s employment history contained two gaps. The provider was able to provide us with explanations for the gaps and we recommended the reasons should be recorded within their file. We also recommended care worker’s files should contain a photo in order to fully meet with the regulatory requirements. Care workers told us they had completed an induction when they first started working at the service and had the opportunity to work shadow shifts. However, we were told by existing care workers the newly appointed care workers were not always supernumerary whilst working shadow shifts, which meant staffing levels were therefore compromised. We discussed this with the provider and they confirmed care workers working shadow shifts would no longer be counted within staffing numbers. People are protected by a robust recruitment process.

People are supported by care workers who are appropriately trained. We saw care workers had received face-to-face training in moving and handling, first aid and medication since the last inspection and online training. The care workers we spoke with during the inspection told us the recent training they had received assisted them to do their work and they felt well supported in their roles. One person told us they had enrolled upon the Level 5 Qualifications and Credit Framework (QCF) qualification and a new member of staff had already attained their Level 3 QCF qualification. During this inspection, we received two concerns, which were related to a reduction in care workers’ working hours. We discussed this with the provider who told us they were recruiting new care workers because they were concerned about members of the team working excessive hours, when covering colleagues’ annual leave or absences. We saw care workers had not received formal supervision as is required, however we saw they had attended one to one meetings with the provider. Additionally care worker’s meetings had been introduced and were occurring regularly. We recommended formal supervision was an area of the service which required attention, in order to meet with the regulatory requirements. We discussed with care workers and the provider the arrangements in place to manage the service in the absence of a manager. Some care workers told us they felt “unsettled” due to the absence of a manager at the service. The provider told us they were actively recruiting for a manager. They informed us interim arrangements were in place to manage the running of the service;
a member of the care team had been appointed to run the day-to-day aspect of the service, a deputy manager had been recently appointed, and a director of the company was in daily attendance at the service. The care workers we spoke with confirmed this arrangement was in place. People benefit from a service were care workers are well trained.

Improvements have been made in relation to how complaints are responded to. People we spoke with confirmed they felt able to speak with the care workers, or the provider, if there was anything at all they were not happy with. One person told us they had recently brought a matter to the provider’s attention. They confirmed the provider responded promptly to address the matter they had raised and they were very satisfied with the response received. People are able to express their concerns.
5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

<table>
<thead>
<tr>
<th>Area of Non Compliance</th>
<th>Section</th>
<th>Compliance Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>The registered provider has not provided the service in a way which ensures that individuals are safe and are protected from abuse, neglect and improper treatment.</td>
<td>26</td>
<td>Compliance has been met at this inspection.</td>
</tr>
<tr>
<td>The provider does not have arrangements in place to ensure that medicines are stored and administered safely.</td>
<td>58(1)</td>
<td>Compliance has not been met at this inspection.</td>
</tr>
<tr>
<td>The service providers does not have procedures in place to support individuals to manage their money.</td>
<td>28(1)</td>
<td>Compliance has been met at this inspection.</td>
</tr>
<tr>
<td>The service provider does not have arrangements in place for individuals to access treatment, advice and other services from any health care professional as necessary.</td>
<td>33(2)</td>
<td>Compliance has been met at this inspection.</td>
</tr>
<tr>
<td>The provider has failed to keep all records securely.</td>
<td>59(3)(b)</td>
<td>Compliance has been met at this inspection.</td>
</tr>
<tr>
<td>The service provider does not have efficient arrangements for maintaining a sufficient supply of medicines, the effective ordering, re-ordering, recording, handling and disposal of medicines, regular auditing of the storage and administration of medicines.</td>
<td>58(2)(a) 58(2)(b) 58(2)(c)</td>
<td>Compliance has not been met at this inspection.</td>
</tr>
</tbody>
</table>

During this inspection we found examples of poor medication management which included:

- A person’s medication had not been available for two weeks;
- care workers had signed for medication they had not administered;
- care workers had not signed for medication they had administered;
- no audit trail available for the request of one prescription for a person;
- a person had two patches on when it should only be one;
- one person had received less than prescribed medication on one occasion;
- hand transcribed entries were made upon medication administration records (MAR charts) which had not been signed by two care workers as being correct;
- One care worker had signed to record they had administered a controlled drug when it should have been two signatures.

We conclude the provider remains non-compliant with regulation 58 (1) and 58 (2) (a) (b) (c) at this inspection. CIW will be following our securing improvement process in response to the findings of this inspection in relation to medication.

5.2 Recommendations for improvement

In order to improve the service provided we recommend the following:

- People’s personal plans should record the support they require in managing their personal money.

- All care workers should be familiar with people’s personal plans in order to ensure they understand the individual needs of the people they are supporting.

- Gaps within care workers’ employment history should be recorded within their file. We also recommended care worker’s files should contain a photograph in order to fully meet with the regulatory requirements.

- Newly appointed care workers working shadow shifts should not be counted within staffing numbers.

- Care workers should meet with their line manager for supervision no less than quarterly, in order to meet with the regulatory requirements.
6. How we undertook this inspection

This was an unannounced, focused inspection, which concentrated upon testing the areas of the service identified at the previous inspection as being non-compliant with the regulations. The inspection was conducted on:

- 12 June 2019 between 1:50 pm and 5:30 pm
- 14 June 2019 between 12:05 pm and 5:30 pm
- 17 June 2019 between 1:55 pm and 5:20 pm.

The following methods were used:

We reviewed information held by CIW in relation to the service.

We spoke with:

- four people who used the service
- two directors at provider level
- eight care workers
- a visiting health professional
- a local authority monitoring officer
- a visiting activities person.

We reviewed:

- personal plans and risk assessments for three people
- three care worker’s files
- medication charts for three people
- medication auditing records
- care worker’s training records
- minutes of residents, relatives and care worker’s meetings.

We used the Short Observational Framework for Inspection (SOFI 2). The SOFI tool enables inspectors to observe and record care to help us understand the experience of people who cannot communicate with us.

We undertook a tour of the building viewing all communal rooms, the lounge, bathrooms, a sample of people’s own rooms and the garden.
CIW is committed to promoting and upholding the rights of people who use care and support services. In undertaking this inspection, we actively sought to uphold people’s legal human rights. Further information can be found on our website:


Further information about what we do can be found on our website: www.careinspectorate.wales
### 7. About the service

<table>
<thead>
<tr>
<th>Type of care provided</th>
<th>Care Home Service</th>
</tr>
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<tbody>
<tr>
<td>Service Provider</td>
<td>ARG BUSINESS ASSOCIATES LIMITED</td>
</tr>
<tr>
<td>Manager</td>
<td>There was no manager in post during this inspection</td>
</tr>
<tr>
<td>Registered maximum number of places</td>
<td>14</td>
</tr>
<tr>
<td>Date of previous Care Inspectorate Wales inspection</td>
<td>5, 7, 8, 11 and 14 March 2019</td>
</tr>
<tr>
<td>Dates of this Inspection visits</td>
<td>12, 14 and 17 June 2019</td>
</tr>
<tr>
<td>Operating Language of the service</td>
<td>Both</td>
</tr>
<tr>
<td>Does this service provide the Welsh Language active offer?</td>
<td>This service does not provide the Welsh language active offer. This means the service does not provide people with a service in Welsh.</td>
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**Additional Information:**

**Date Published** 05/08/2019