



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

Inspection Report on

20 Heath Crescent (Care Home)

Pontypridd

Date of Publication

Wednesday, 25 April 2018

Welsh Government © Crown copyright 2018.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context.

Description of the service

20 Heath Crescent (Care Home) is registered with Care Inspectorate Wales (CIW) to provide accommodation and personal care for up to three people with functional mental health needs, aged 18 and above.

The registered provider is Timothy Dallinger. The manager is Teresa Collier who is registered with CIW and Social Care Wales.

The home is located in a quiet residential area of Pontypridd close to local amenities and public transport links. At the time of the inspection, residents lived semi-independently and they did not receive 24 hour care and support.

Summary of our findings

1. Overall assessment

People are content living at the home and have good relationships with the staff that care for them. People's best interests are promoted and their independence is maximised as far as possible. Support is available from health and social care professionals to remain as healthy as possible.

People told us they like their home, feel comfortable and safe. We found the home was clean and comfortable, however specific areas showed signs of wear and tear and are in need of redecoration and refurbishment.

People cannot be assured that there is always effective oversight of the running of the home as we found shortfalls in meeting the legislative requirements. Improvements are required regarding record keeping, staff recruitment, quality assurance, staff supervision and the information available to people living in the home.

2. Improvements

Following our last inspection, the home has responded to some of the areas identified as in need of improvement. This includes:

- Procedures for recording and looking after people's monies have improved to ensure people are safeguarded from abuse.
- Staff training is ongoing for peoples' specific mental health conditions.
- Staff supervision sessions had taken place, however we saw that sessions had been infrequent leading up to the last session.

3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service and areas where the care home is not meeting legal requirements. These relate to quality assurance, the information available to people living in the home, staff recruitment, record keeping and the environment.

1. Well-being

Summary

People are settled and content living at the home. They have good relationships with the staff that care for them. People's best interests are promoted and their independence is maximised as far as possible.

Our findings

People living at 20 Heath Crescent have good relationships with staff. We saw that communication between staff and residents was relaxed, friendly and conducted in a manner that demonstrated respect for residents. We saw that people living in the home appeared at ease with staff and the people they lived with and appeared content and settled. People we spoke with told us that living at the home was a positive experience and they were happy living there. Comments included: "*the staff are great, every one of them. They support you if you need help*" and "*they are all really good*". We found the evidence indicated that residents have safe positive relationships with staff which promotes their well-being.

People's best interests are understood and promoted and their independence is maximised. We saw that residents followed their personal preferences regarding daily routines. This included getting up, going to bed, staying in or going out. Support was given by staff for instance in cooking meals, attending medical appointments, shopping and encouragement (when required) to take a walk or other requests from residents. Once weekly discussions were undertaken with people regarding choice and preferences as to what meals would be prepared the following week. There was however a restriction on accessing food in the house. Food cupboards were locked and access to kitchen equipment was locked away when staff were not present. Flasks of tea and coffee were available over night. People told us they were not unhappy with this situation and they understood the reasons why. External professionals were aware of this restriction. These measures were in place to safeguard people from harm and becoming unwell due to people's complex relationships with food. We conclude that people's rights are promoted as far as possible to enable them to remain as independent as possible.

People are provided with chances to influence their care and day to day life in the home. Our review of care records identified that the likes and dislikes of people were used to inform care delivery and where possible, people had been involved in writing their plans as they had signed to confirm their agreement with the content. The staff used regular meetings (minutes were available) to obtain feedback from people about the quality of the service provided. The information was then used to improve standards and ensure people's wishes were being met as far as possible. This promotes a sense of community and belonging enhancing people's confidence to express their wants and needs. People we spoke with told us they felt the staff were approachable and would feel able to complain if they had any concerns, although they were unsure of the formal process and options. We

conclude that people are encouraged to be involved, participate and feel valued. However, improvements are required in the information available to people to ensure they are aware of their rights and opportunities available to them.

People have opportunities to enjoy themselves, develop and be fulfilled emotionally and socially. People told us they were content with their lives and enjoyed spending time at home playing music or watching the television. Outside activities consisted of going to the local shops, the local church, cafes and the local park. People told us they were not interested in pursuing other things although two people told us they really missed going on holiday. A recommendation was made that information regarding opportunities for holidays should be sought. We conclude that residents are able to do things that matter to them on a day to day basis.

2. Care and Support

Summary

We consider that people's care needs are understood by staff and they receive support from health and social care professionals to remain as healthy as possible.

Our findings

People are as well as they can be, because their individual needs and preferences are understood and their care needs are anticipated. We found that residents appeared well and relaxed. We examined three residents' care records and found updated and reviewed information on each file. We saw that care files contained essential information in relation to people's preferences and personal care needs. A recommendation was made that information available to staff regarding the management of people with diabetes should be developed to ensure consistency of care. The manager stated the information would be put in place immediately. Referrals were made in a timely way to relevant health and social care professions. We saw from individual care records that people were referred to healthcare professionals for treatment when required such as optician, dietician, diabetic clinic and general practitioner (GP) services. We judge that people receive person centred care focused on their individual needs, preferences and wishes which is responsive to their changing need.

People benefit from a varied diet and have choice. The menu choices were discussed and agreed with people living in the home on a weekly basis. Staff demonstrated knowledge of people's individual dietary needs and records and observations demonstrated that where people had specific nutritional requirements, this had been identified and appropriate referrals made to health professionals. We saw that health improvements had been made with one individual because healthy options and restrictions on snacks had been encouraged. Meals were served in the communal dining area. The home's ethos was that people sat down together at meals and we saw a relaxed social atmosphere where this took place. Mealtimes were appropriately spaced and flexible to meet people's needs. Based on the above we conclude that mealtimes for people are a positive experience and their nutritional needs are met.

3. Environment

Summary

People told us they like their home and feel comfortable and safe. We found the home was clean and comfortable, however specific areas showed signs of wear and tear and in need of redecoration and refurbishment.

Our findings

We saw that the home was clean and there were no malodors. Furnishings and lighting were noted to be domestic in nature and comfortable looking. Paintwork, walls and flooring in specific areas needed attention, this included part of a bedroom wall and ceiling stained by damp and a window which had 'blown'. The manager told us that the external of the building has been checked and the damp issue was caused by condensation. In an effort to eradicate the condensation a dehumidifier had been provided. One staff member told us *"most of the house needs decorating as it looks shabby. I know there are plans to improve things. I have recently supported one resident to buy new curtains and a quilt for their room"*. We noted that the annual quality review document detailed there was an ongoing maintenance plan of the building. Two people we spoke with told us they were very happy with the home and their bedrooms.

People are protected and their safety is maintained. We saw that all the required checks had been carried out throughout the home, including fire safety. All confidential files, including care records was stored securely in lockable cupboards. Visitors needed to ring the doorbell before entry to the home and visitors had to sign in when they entered the building. Residents had keys to the front door, although not to their bedrooms. We noted that staff did not enter people's room without permission. We judge that people's right to privacy is respected within a secure environment.

We judge that 20 Heath Crescent provides a comfortable and safe environment but improvements are required in specific areas to make it look inviting and homely.

4. Leadership and Management

Summary

People cannot be assured that there is always effective oversight of the running of the home as we found shortfalls in meeting the legislative requirements. Improvements are required regarding record keeping, staff recruitment, quality assurance, staff supervision and the information available to people living in the home.

Our findings

We reviewed the home's statement of purpose and service user guide. These documents should provide people with details of the service and facilities available within the home as well as the underpinning ethos for care delivery. Our review indicated they were not easily accessible to residents and required amendment. An accurate statement of purpose and service user guide will ensure that people are provided with clear information prior to using and living in the service in relation to what it sets out to provide. We conclude that people are not provided with information which details the care, support and opportunities available to them.

The service has a quality of care review process that takes some account of the views of residents. We reviewed the monitoring reports completed by the provider. We saw that monitoring visits took place regularly and there was evidence that views of people who used the service were sought during this process. An annual quality assurance report was available which detailed the outcomes from this process. We noted there was no further process of quality assurance in place such as surveys or questionnaires which would give residents, their representatives, staff and stakeholders further opportunity to give their thoughts and perspective as to the quality of care in the home. We judge that the service's system for measuring the quality of the service it provides require improvement.

People are mostly cared for by staff that have been appropriately and safely recruited. We reviewed the personnel files for two members of staff. We saw that each file contained evidence of checks conducted with the Disclosure and Barring Service (DBS), which ensured people, were suitable to work within a care environment along with the necessary references and verification of identity. However not all information required by regulation was in place. We conclude that improvements are required to fully assure people they are safeguarded by a robust recruitment process.

Generally people using the service can be assured that they are cared for by well trained staff, however record keeping was confusing and not all records required were available. We found that staff training records were not streamlined, pertinent information had not been updated and records were kept in different buildings. Therefore it was difficult during our visit to ascertain that mandatory training had taken place and was ongoing. Post inspection, we received information which detailed that all training had taken place as required. Additionally we saw that staff received training in specific mental health conditions of the residents. One staff member told us that they felt that training opportunities were

good and they had the knowledge and skills to meet residents' needs. We judge that people benefit from staff that are well trained and have the skills to meet their individual needs, although the system of record keeping requires auditing and improvements made.

Staff feel supported and involved in the running of the home. We examined the records relating to staff supervision. Supervision in this context refers to a formal meeting between the staff member and their line manager to discuss any practice issues, their training and development requirements as well as any further support the person may need in their role. It is essential to ensuring that staff feels motivated and have the skills required to assist people with complex needs. Records indicated that supervision sessions had been undertaken recently, however sessions had not taken place as required prior to this. One staff member told us, she would have no hesitation in reporting any concerns she might have and the manager was approachable. We judge that residents benefit from supported staff, however supervision sessions must take place on a timely basis.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

No non compliance notices were issued.

5.2 Areas of non compliance where non compliance notices are not issued.

We advised the registered person that improvements are needed in relation to the following, in order to fully meet legal requirements:

Regulation 17(2) Schedule 4. This is because two staff members personnel files did not contain a job description or terms and conditions of employment(contract) and one file did not contain a recent photograph.

Regulation 25(2)(a)(i)(ii)(iii)(iv) This is because there was no evidence (such as questionnaires) that the provider had sought the views or perspective of service users, their representatives, staff and stakeholders regarding the quality of care in the home. A non-compliance notice has not been issued on this occasion, as there was no immediate or significant impact for people using the service. We expect the registered provider to take action to rectify these matters and these will be followed up at the next inspection.

5.3 Areas of non compliance where non compliance notices issued.

The provider is not compliant with Regulation 4(1)(a)(b)(c) schedule 1. This is because the statement of purpose and service user guide did not contain the required information and some of the information was incorrect. This has been identified in the previous two inspections.

5.4 Recommendations for improvement

We recommend the following:

- Information for staff should be available regarding diabetic management such as signs and symptoms of complications and the action staff should take if required.
- To inform residents of what arrangements/ opportunities there maybe regarding taking a holiday.
- Systems of record keeping should be improved.

6. How we undertook this inspection

We carried out an unannounced full inspection as part of the annual inspection process. Our visit to the home was undertaken on 6 February 2018 between the hours of 11:10–12:40 and 16:55–18:35. We used the following sources of information to formulate our report:

- Information held by CIW about the service.
- Observations of daily life, staff interactions and care practices at the home.
- Examination of three residents' care files to determine how assessments were translated into care plans, and how the care plans impacted directly on outcomes for them.
- Discussions with three residents.
- Observations relating to the home environment.
- Examination of two staff personnel records.
- Examination of staff training and supervision records.
- Examination of a sample of the home's records relating to the maintenance of the environment and equipment.
- Examination of the monitoring reports completed by the registered provider.
- Examination of the quality assurance process.
- Conversation with one staff member and the manager.
- Review of the home's statement of purpose and service user guide.

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

About the service

Type of care provided	Adult Care Home - Younger
Registered Person(s)	Timothy Dallinger
Registered Manager(s)	Teresa Collier
Registered maximum number of places	3
Date of previous CIW inspection	8 August 2016
Dates of this Inspection visit	06/02/2018
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	Yes
Additional Information:	



Care and Social Services Inspectorate Wales

Care Standards Act 2000

Non Compliance Notice

Adult Care Home - Younger

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 CSSIW taking action in line with its enforcement policy.

Further advice and information is available on CSSIW's website
www.cssiw.org.uk

20 Heath Crescent (Care Home)

Pontypridd

Date of publication: **Wednesday, 25 April 2018**

Leadership and Management	Our Ref: NONCO-00005580-DGVT
Non-compliance identified at this inspection	
Timescale for completion	09/06/18
Evidence	
<p>The provider is not compliant with Regulation 4(1) (a) (b) (c) schedule 1 of the Care Homes (Wales) Regulations 2002.</p> <p>The provider is not compliant with Regulation 4(1) (a) (b) (c) schedule 1 of the Care Homes (Wales) Regulations 2002.</p> <p>The evidence for non-compliance in this area was based on the following findings. We reviewed version dated 2017. The statement of purpose and service user guide are combined in one document. We saw it did not contain the required information and some of the information was incorrect. This included:</p> <p>The name of the registered provider in the service user contract is incorrect.</p> <p>There was no statement regarding the aims and objectives of the home, which is contrary to regulation and essential to this service as the ethos of the home as described by the manager of the home is very different from most care homes. This includes the fact that staff do not stay in the home over night and are only in the home for set hours during the day.</p> <p>The home has three bedrooms not five and the details about the home's garden were incorrect.</p> <p>The restrictive practice of locking up food needs to be included.</p> <p>There was no information regarding the complaints procedure, other than a procedure was available. The manager could not find a copy of the complaints procedure during the inspection and had to source it from the 'head office'. People we spoke with did not have any written information and were unable to describe the options available to them if they had a concern or complaint.</p> <p>The complaint policy required amendment as it did not detail the correct information regarding the role of CIW in this process.</p> <p>The provider was advised he has been non compliant with this regulation during the last two inspections. We acknowledge that some amendments had been made, however misleading and inaccurate information remained in place.</p>	

IMPACT

The impact for people is that they are not provided with information which details the care, support and opportunities available to them.