



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

# Inspection Report on

**18 Pantbach Avenue**

**Cardiff**

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## **Description of the service**

18 Pantbach Avenue is registered with Care and Social Services Inspectorate Wales (CSSIW) to provide accommodation and personal care for up to three people aged 18 years and above who have learning disabilities and/or a physical disability or mental health needs. The registered provider is Mirus-Wales and the registered manager is Justine Tickner.

There is a nominated responsible individual to represent the company.

The home provides respite care services and is situated in the Birchgrove area of Cardiff. It is close to local amenities and transport links. All people using the service are referred to as guests.

## **Summary of our findings**

### **1. Overall assessment**

We found people enjoy positive relationships with staff who display warmth, treating guests with dignity and respect. People's care plans, although comprehensive and person centred, are not always up to date and contain some omissions. The home provides a welcoming environment although some areas of the home appear tired looking. People are at increased risk of injury and harm as a result of inadequate fire safety precautions. People benefit from long serving and experienced care staff and a management team that has robust systems in place for the recruitment, training and on-going support of staff.

### **2. Improvements**

No areas of improvement identified at the last inspection

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

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

# 1. Well-being

## Summary

People enjoy positive relationships with staff that show sensitivity in meeting the communication needs of guests and understand their individual preferences. Independence is maintained, as far as possible, with guests able to exercise choice.

## Our findings

We found that the service offers support to guests which enables them to carry out their usual daily routines during their stay. During our visit, we saw and heard warm interactions between care staff and guests. Guests appeared relaxed and at ease in the company of staff who discussed how the day had been for them following their visits to a day care service. Staff used appropriate touch cues to prompt and reassure guests and all interactions were light hearted and fun. Discussion with the registered manager and staff confirmed that guests can access a range of activities if they so wish including trips to the cinema, meals out, visits to a swimming pool and day trips. We observed care staff asking guests if there was anything in particular they would like to do that evening after dinner. Meal times are also flexible, as are the times guests go to bed.

We could see an evening meal being prepared with fresh ingredients and staff told us that guests always have a choice of meals including provision for special requirements such as vegetarian or halal. They can choose whether they take meals in the kitchen dining room, or on a tray in the lounge area.

People living at the home are able to exercise choice and control over their everyday lives. Staff demonstrated knowledge of guests interests and needs, one guest (a Welsh speaker) was reminded by care staff that a particular Welsh language television programme he liked was about to start; and was assisted from the kitchen to his room to watch. The registered manager also told us that one member of staff is a Welsh speaker.

The registered manager also told us that, where possible, they rota the same staff to be on duty to match staying guests and promote continuity of care. The majority of guests are people who have visited the service before. We saw, during our second visit on 12 February 2018, two of the four care staff present interacting very closely and supporting two of the guests on a one-to-one basis, which was received positively by the guests.

People using the service receive appropriate care and support which as far as possible promotes independence and maintains physical and mental wellbeing.

## **2. Care and Support**

### **Summary**

People receive person centred care that treats them with dignity and respect. Care plans are comprehensive; however they require a full review to ensure all documentation relating to the care and support of guests is relevant and up to date.

### **Our findings**

People are treated as individuals with their care needs understood by staff. We spoke with the registered manager who told us that, in the first instance, people who wish to use the service are assessed by staff within their own home. Should the service feel that they could meet the person's needs, they would first be offered a number of shorter visits by way of introduction to the home and staff. This is also an opportunity for staff to complete pre-admission documentation which further informs care planning. The registered manager explained that each person may have different requirements in terms of introductory visits and that the service makes every effort to flexibly adapt arrangements to reflect the need.

We examined two guests care plans which, although were comprehensive and person centred, contained some omissions. These included; signatures on some of the documentation including one service user plan, and an inventory list of personal belongings and monies belonging to guests upon admission. Some guidance relating to care was found to not have been updated, regarding the recording of food and fluid intake. Staff members that we spoke with advised us that the detailed record of food and fluid for this guest was no longer required and could, therefore have been archived. . The requirement to review and revise care plan documentation and risk assessments had also been identified during a visit and in a subsequent report produced by the service's RI (responsible individual). They had identified that a guest's care plan was out of date as of September last year and that the risk assessment must also be reviewed. Visits by a responsible individual are a regulatory requirement in order to assess the quality of the service being delivered. Guests' needs can change over time, particularly those who may be using the service for a number of years. We discussed with management the need for these records to be updated to reflect any changes, but should also indicate if there have not been any changes.

Information and documentation within care files was difficult to locate due to the amount of historic documentation which may no longer be relevant. We discussed this with management and recommended they introduce an archiving system in order to keep separate current and historic care information. This was also a recommendation by the RI.

We examined the "Daily Recordings" which is a document that should be used to record the daily experiences/wellbeing of guests. These were found to be lacking in detail. Upon discussing this with the registered manager we were told that the service will review and improve the quality of recordings.

Upon our second visit to the home, we witnessed a staff member auditing and reviewing care files. We were told by the registered manager that the service has began a process of "spot checking" care files to ensure they are up to date. Other care documentation (risk

assessment, personal evacuation plan) had been reviewed within the last 12 months. MAR charts (Medical Administration Record) were appropriately signed and dated by two members of staff each time medication was administered.

This ensures the safe practice of administering medications to guests. We also saw that each guest had access to their own locked safe with which to store medications.

We concluded that, whilst people's individual care needs are understood by staff and changes verbally communicated effectively to guests and their families, improvements to the written recording and auditing of care records is required. By the time of the second visit, the service has already commenced improvements.

### **3. Environment**

#### **Summary**

People are accommodated in a comfortable environment However; immediate and on-going work is required by the service to ensure the safety of people in relation to the risk of fire.

#### **Our findings**

People are accommodated in one of three private bedrooms, one of which is located on the first floor. There is a spacious kitchen/diner, lounge area and bathroom incorporating a shower and bath on the ground floor with sufficient room to allow wheelchair access. On the days we visited, we found the home to be visibly clean and tidy.

Some furnishings (lounge sofa, radiator covers) and some carpets were looking 'tired' and would benefit from refurbishment or replacement. We were told, by the registered manager, that new carpets were to be laid in the coming weeks. New furnishings and curtains are also planned for the future.

Upon our arrival, at our first inspection on 29 January 2018, we saw that two fire doors between the kitchen and hallway, and the lounge were propped open. This is a fire hazard which can allow fire to spread to other parts of the home. We discussed this with the registered manager requiring that they cease this practice and explore alternative safe means of enabling guests to have the access they wish without compromise to fire safety.

Upon arrival at our second inspection (12 February), we again saw one of the doors between the hallway and the kitchen propped open. We discussed this again with management who told us that an internal fire risk assessment by the companies own health and safety manager had been undertaken, and a subsequent action plan is currently being implemented.

We examined the action plan which stated the service should cease the practice of propping open fire doors as a priority action. Other areas identified within the Fire Risk Assessment document included the recording of fire drills, the updating of evacuation procedures and floor plans, and the removal of a coiled extension lead in the lounge. On both visits the extension lead was still plugged into the socket in the lounge.

We concluded that fire safety within the home requires immediate improvement to ensure the safety of guests, visitors and staff.

## **4. Leadership and Management**

### **Summary**

Recruitment practices are appropriate and people benefit from care staff who are well trained who receive regular oversight from management. Systems are in place to monitor the service and safeguard guests. Staff are content within their roles and feel supported.

### **Our findings**

People can be assured that staff are well trained and knowledgeable, and are well supported by management. The registered manager is suitably qualified and experienced to conduct the role and has been managing the home for five years.

Staff undergo regular supervision with management. We saw records within staff files that documented when and how often supervisions were taking place. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual social care workers. Staff told us that they receive supervision every three months, but can also approach management at any time for support.

Staff undergo regular and consistent training to enable them to safely carry out their duties. We were shown the training records for care staff which confirmed staff have been trained in manual handling, medication, first aid, food hygiene as well as training in other areas which was found to be up to date.

We also spoke with member of staff who said “all my training needs are met” and that he receives medication training “every year” and “feels supported by management”. Another care worker said that it’s “a good service to work for”. On our second visit, staff spoke about the safeguarding training they had just completed earlier in the day.

We examined three staff files which were found to be appropriate containing complete employment histories, references, current DBS checks (Disclosure and Barring) which ensures people are suitable to work within a care environment, copies of identification and photograph. People can be assured the service has a robust and consistent recruitment process with many long serving members of staff, providing consistency and continuity for guests.

We saw records which evidenced regular and effective quality assurance has been undertaken by management. We examined monthly health and safety monitoring, audits on records documenting the amount of cash guests bring with them on stays to ensure that recordings are accurate, which safeguards guests. On a monthly basis, the registered manager uses a combination of staff supervisions, team meetings, staff observations and staff reflecting on practice to inform and drive improvement.

We spoke with the registered manager who told us that the RI (responsible individual) makes regular visits to the home. There is a regulatory duty for the RI, or a competent person delegated by them, to assess the quality of the service being delivered. We examined a report from 24 November 2017 which contained discussions the RI had with carer’s and parents which were positive.



We conclude that management have appropriate systems in place for the safe recruitment, management and training of care staff. Regular visits by the responsible individual provide quality assurance for the service.

## **5. Improvements required and recommended following this inspection**

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

None identified

### **5.2 Recommendations for improvement**

- The registered persons must consider alternative means of enabling residents to have ease of access throughout the home without compromising fire safety.
- Ensure all care documentation is regularly reviewed and updated, particularly by evidencing care delivered in the completion of 'daily' records.
- Improve the quality of furnishings and replace/repair broken radiator covers

## **6. How we undertook this inspection**

We (CSSIW) made an unannounced visit to the home on 29 January 2018, with a further announced visit on 12 February 2018. We carried out a full inspection. The following methods were used to inform this report:

- Information held by CSSIW about the service
- An observation of staff interactions with guests
- Examination of two guest's care files
- A tour of the premises
- Discussions with staff and guests
- Examination of quality assurance systems
- Examination of three staff files
- Examination of staff training records and supervisions
- Examination of the fire risk assessment and other documentation relating to the safety of utilities and equipment at the service.

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

## About the service

<b>Type of care provided</b>	<b>Adult Care Home - Younger</b>
<b>Registered Person</b>	<b>Mirus-Wales</b>
<b>Registered Manager(s)</b>	<b>Justine Tickner</b>
<b>Registered maximum number of places</b>	<b>3</b>
<b>Date of previous CSSIW inspection</b>	<b>31 October 2016</b>
<b>Dates of this Inspection visit(s)</b>	<b>29/01/2018</b>
<b>Operating Language of the service</b>	<b>English</b>
<b>Does this service provide the Welsh Language active offer?</b>	<b>Yes</b>
<b>Additional Information:</b>	