



Care and Social Services Inspectorate Wales

Care Standards Act 2000

Inspection Report

66 Hamilton Street

Cardiff

Type of Inspection – Baseline

Date(s) of inspection – Thursday, 28 April 2016

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Summary

About the service

Hamilton Street Care Home is registered for Innovate Trust Limited (Responsible Individual (RI) Ronald Alban Thomas Woods) and the Registered Manager, Wendel Cuvelier, to provide accommodation together with personal care for four people over the age of 17 in the categories of Learning Disability with or without mental health needs or with or without physical disabilities. The home provides a respite service for a large number of service users, up to four at a time, enabling them to have a break, and sometimes to spend time with friends who also use the service.

What type of inspection was carried out?

An unannounced, baseline visit was undertaken on Thursday 28th April, 2016 between 1110 and 1555 hours. The Manager was not there at the start of the inspection, but joined after lunch. There was only one service user staying at the time of the inspection visit. There was one member of staff at the start of the visit but two more arrived later and all three were spoken with. The home's Statement of Purpose (SOP) was considered, and records and systems examined.

What does the service do well?

At the end of each stay, staff prepared a 'Summary of My Stay' record for the service user to take home.

Service users benefited from respectful and positive interactions with staff who knew them well and understood their needs.

What has improved since the last inspection?

There were no non-compliance issues at the previous inspection and the home continued to maintain its standards.

Improvements since the last inspection included: decoration of the lounge; replacement of the lounge carpet with non-slip wood effect flooring; and painting of the hall, stairs and landing.

What needs to be done to improve the service?

There were no non-compliance notices issued on this occasion, but the Registered Persons should:

- Clarify what the extra charge of £10 per day was for.
- Provide space for service users to sign all forms for assessments, plans and reviews to evidence their involvement in, and agreement to, them.
- Ensure that the Manager is involved with staff recruitment including access to all required information to ensure the fitness of the staff and compliance with the legislation, prior to their employment.
- Ensure all required records, including staff records, are kept in the care home, in order to

comply with the legislation.

Quality Of Life

Service users benefited from staying in a home whose vision, mission and values included enabling their participation as valued citizens in the community. They were treated as individuals and involved in decision making processes, and their rights were respected and independence encouraged during their stay. A staff member said that, if needed, they would support service users staying with them at the time of elections to vote, and arrangements would be discussed prior to their stay. Existing and potential service users benefited from the service's thorough admissions and transition process prior to their first stay.

The Manager said that she was always involved with initial assessments, but that staff sometimes completed the assessment forms. Following referral, all those involved with the service user, including health and other relevant professionals, would meet to discuss the service user's plan. Length and frequency of visits were agreed, usually with the local authority, according to need and funding. A staff member said that most service users stayed at least once a month, but that an increase could be negotiated if needs changed. An initial assessment file was prepared for each new service user and included a personal profile of the person. A file that was being prepared at the time of the visit was seen and was comprehensive and confirmed this. Staff then added to this file as they found out more about the person.

The transition process prior to the service user's first overnight stay, could take as long as the service user needed. It would usually start with visits to the home and introductions to staff with someone supporting them, progressing, when the service user was ready, to tea visits, all day visits with meals, with or separate from other service users, and eventually an overnight stay with just support from Innovate staff. This would not initially be done when the home was full unless there were service users whom they knew from, for example, school or youth group. By the time the full respite service was agreed, the service user was familiar with the home, the staff and possibly other service users, and the staff were familiar with the service users and their needs.

Compatibility was very important and great care was taken when booking service users to ensure others staying at the same time were compatible. Staff always telephoned before the stay to check if there had been any changes for example to medication, meal preferences or other needs since the booking had been made.

According to the Statement of Purpose, there was an extra charge of £10 per day but it was not clear what this was for. The Manager has been asked to clarify this.

Service users were supported to continue their usual interests, hobbies and preferred activities, in the community and in the home, during their stay. Enabling participation in activities alongside their fellow citizens was one of the Trust's core values. Staff were familiar with individuals' preferences which were recorded in their files which staff read and updated before each stay. Many service users continued attending their colleges or day centres during their stay. Staff discussed service users' specific activities prior to each stay so that appropriate staff cover could be provided to support them. There was only one service user at the time of the inspection visit who was observed enjoying his

chosen activities. Activities such as bowling, baking, film nights, a comic book convention and Pedal Power were also discussed. If service users chose an evening activity which finished after 10pm, this could be arranged with notice.

Service users' physical well-being benefited from close liaison between their GPs, families and staff, and a staff member was observed making arrangements for a service user's medication prior to their stay. Most service users lived at home with their parents unless they were at residential college. Before each stay, staff checked if there had been any changes to the service user's health, needs or preferences, and records were updated accordingly.

Service user records consisted of a historical file and a working file for each service user. The working file was prepared and updated before each visit and the visits were planned around this. Files included a summary sheet of needs, preferences and triggers, which was readily accessible to staff. Staff were expected to read and sign this prior to each visit. At the end of each stay, staff prepared a 'Summary of My Stay' record for the service user to take home.

Service user records seen were comprehensive, well organised and indexed. However, they were not all signed by service users and some, including risk assessments, did not have space for the service user to sign. They had space for others to sign, but not the service user. There should be space for service users to sign all forms for assessments, plans and reviews to evidence their involvement in, and agreement to, them. If they were not able or willing to sign, this should be recorded on each occasion. The Manager agreed to discuss this with the RI. She did say that there were new forms and thought that this may have been addressed, but was not able to access any to confirm this. Medication administration records seen were complete and signed up to date. Controlled drugs were appropriately stored.

For the first evening, staff planned meals according to service users' recorded preferences, and staff cooked the first meal so that it was ready when service users arrived. Service users who were there early enough could help to prepare and cook the meal if they wanted to. From then on, with staff support, service users would discuss menu plans as a group and plan shopping for rest of the stay. Service users were encouraged to be involved with all aspects as far as they wanted and were able. Records of food were kept, as required, on an individual daily basis.

Service users' emotional wellbeing was aided by the comprehensive preparation before each stay, particularly regarding compatibility, and the home's core values which included according service users respect, privacy and dignity. Positive, relaxed and respectful interactions were observed between staff and the service user who was staying at the time of the visit.

Quality Of Staffing

Service users benefited from an organisation whose aims included achieving a level of staff training, support and development that enabled the delivery of quality services. The home had a core staff team of six (four full-time and two part-time) plus other staff available in the area who were familiar with the home and the service users and who could be called in on a relief basis according to service user needs. Relaxed and positive interactions were observed between staff and the service user at the time of the inspection visit. All staff were registered with Innovate training department for QCF training on successful completion of their probationary period. There was a wide range of core training including: values; PoVA; autism awareness; learning disability awareness; health and safety; food hygiene; mental health; Mental Capacity Act; sensory loss; fire safety; epilepsy awareness; first aid; infection control; DoLS; diabetes; buccal medicines administration; PBM 1,2 (theory) and 3 (practical); and inclusive communication (one week).

Service users benefited from receiving support from staff who were valued by the company and those spoken with seemed well motivated, dedicated and interested in their work and the service users.

Discussion with the Manager and staff indicated that there were always sufficient staff as there was a core staff group and other staff were booked according to the needs and planned activities of the service users who were staying.

Service users benefited from well supported staff. The Manager said that staff meetings were held every four to six weeks (which is above the National Minimum Standard (NMS) of six per year) and that the last one had been the previous week. Meetings were minuted and the minutes were circulated to staff, available in the team meetings file and on computer, and reviewed at the following meeting. Staff had regular supervision with the Manager at least four times a year according to one of the staff, although NMS recommend at least every two months. Supervision records were kept and were signed by both parties. There was an overnight on call system, but not a daytime one, but staff said that managers and senior managers were always available in case of emergency at the nearby company office.

Quality Of Leadership and Management

Service users benefited from a well qualified Registered Manager who was registered, as required, with the Care Council for Wales, and who continued to undertake a wide range of relevant training.

The home was registered to take service users aged over 17 years, but was not compliant with the regulations and standards regarding accommodating 17 year olds which included the need for specific policies and staff training regarding children. For example, staff had not done child protection training. The Manager said that there had never been anyone under 18 in all the years she had worked there and agreed to discuss with the RI applying for a variation to increase the minimum age to 18.

The Manager said she was not directly involved with staff recruitment and only had a general say in the type of person she needed. As a Registered Person she should have full involvement, including access to applications, references and other required information, to ensure the fitness of the staff and compliance with the legislation, prior to employment. It was not possible to check staff records as they were not kept in the care home. Legislation specifies records that must be kept in the home and this includes staff records. The Manager said that a new online HR and Payroll system had just gone live and it was agreed that computer records would be acceptable as long as an inspector could access all the required records.

Permissions forms regarding photographs and videos were kept on service users' files, but some of the wording was ambiguous so the Manager agreed to review and amend the form for clarification.

Service users received a service which was monitored as part of the company's quality assurance systems, which included receiving regular feedback from a variety of sources such as service users, their representatives, the authorities that had arranged the accommodation and staff, as required in the legislation. The Manager said that a senior assistant director undertook the three-monthly visits required in Regulation 27, but copies of the reports of these visits were not kept in the care home. The Manager agreed to ensure that they were in order to comply with the legislation.

The Manager said that the Statement of Purpose had just been revised and this was reviewed with her online, as was the complaints procedure. Both needed some amendment to ensure full compliance with the legislation which the Manager agreed to do.

The Manager said that improvements to the home since the last inspection had included: decoration of the lounge; replacement of the lounge carpet with non-slip wood effect flooring; and painting of the hall, stairs and landing. Planned improvements for the following twelve months included: decoration of a bedroom; new carpet for the hall, stairs and landing; and general maintenance.

Quality Of The Environment

Service users benefited from staying in this terraced house in a residential area of Cardiff and in keeping with the local community, within walking distance of Sophia Gardens and the city centre. There was a positive and friendly atmosphere and good standards of décor and cleanliness in the parts of the home seen.

There were four single bedsitting rooms available for service users, two on the ground floor and two on the first floor, and also a staff sleeping-in room. Both ground floor rooms had en-suite facilities – one a shower and toilet, the other a bath with shower over and toilet. There was one shared bathroom upstairs with bath with shower over and toilet. The Manager said that there were contracts for the maintenance of equipment such as hoists and beds.

Service users' rooms were not lockable, but standards recommend that they should be. Service users should hold the keys unless there is a risk assessment explaining why they can't. The doors should be lockable from both sides, but staff should be able to gain access in an emergency. The Manager agreed to discuss this with the RI. Service users do not have keys to the front door during their stay, but the Manager thought that there could be security problems if service users lost keys outside the home.

Weekly temperature checks were carried out on hot water outlets on showers, baths and sinks and records were kept.

Service user records were stored on open shelves in the office which was locked when not in use. They were well organised with historical files and working files for each service user, and were clearly labelled with photographs of service users on the spines.

How we inspect and report on services

We conduct two types of inspection; baseline and focused. Both consider the experience of people using services.

- **Baseline inspections** assess whether the registration of a service is justified and whether the conditions of registration are appropriate. For most services, we carry out these inspections every three years. Exceptions are registered child minders, out of school care, sessional care, crèches and open access provision, which are every four years.

At these inspections we check whether the service has a clear, effective Statement of Purpose and whether the service delivers on the commitments set out in its Statement of Purpose. In assessing whether registration is justified inspectors check that the service can demonstrate a history of compliance with regulations.

- **Focused inspections** consider the experience of people using services and we will look at compliance with regulations when poor outcomes for people using services are identified. We carry out these inspections in between baseline inspections. Focused inspections will always consider the quality of life of people using services and may look at other areas.

Baseline and focused inspections may be scheduled or carried out in response to concerns.

Inspectors use a variety of methods to gather information during inspections. These may include;

- Talking with people who use services and their representatives
- Talking to staff and the manager
- Looking at documentation
- Observation of staff interactions with people and of the environment
- Comments made within questionnaires returned from people who use services, staff and health and social care professionals

We inspect and report our findings under 'Quality Themes'. Those relevant to each type of service are referred to within our inspection reports.

Further information about what we do can be found in our leaflet 'Improving Care and Social Services in Wales'. You can download this from our website, [Improving Care and Social Services in Wales](#) or ask us to send you a copy by telephoning your local CSSIW regional office.