

Care and Social Services Inspectorate Wales

Care Standards Act 2000

**Inspection report
Care homes for older people**

Ty Draw Lodge

36-37 Ty Draw Road
Penylan
Cardiff
CF23 5HB

Date of publication – 21 January 2012

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Home:	Ty Draw Lodge
Contact telephone number:	029 2049 3632
Registered provider:	Ty Draw And Wentworth Lodges Limited
Registered manager:	June Lyons
Number of places:	24
Category:	Care Home - Older Adults
Dates of this inspection episode from:	21 June 2011 to: 16 December 2011
Dates of other relevant contact since last report:	
Date of previous report publication:	1 June 2011 relating to inspection conducted on 16 December 2010.
Inspected by:	Elaine Williams

Introduction

Ty Draw Lodge is owned and operated by Ty Draw and Wentworth Lodges Limited. The home is managed by Mrs June Lyons who is registered to act in this capacity by both the Care and Social Service Inspectorate Wales (CSSIW) and the Care Council for Wales. A company director undertakes the role of responsible individual for the home.

At the time of inspection Ty Draw Lodge was registered to provide accommodation to 24 older people over the age of 65. Within this number no more than 16 residents could have a diagnosis of dementia. Ty Draw Lodge had applied for a variation to these registration conditions to allow all 24 places to be open to people with dementia which had been agreed by CSSIW.

Ty Draw Lodge is a three storey building located on a residential road in a Cardiff suburb. The property is located opposite an attractive and popular park area. The home is within easy walking distance of a main shopping area and community amenities such as cafes, public houses and recreation facilities. Ty Draw Lodge is situated on a main bus route connecting it to the main city centre and other areas of Cardiff.

As the company name implies Ty Draw and Wentworth Lodges Limited own two homes in the same street. Both Ty Draw Lodge and Wentworth Lodge share policies and procedures and training facilitation. Readers of this report may well note that some comments in this report are reflected or similar to those in the inspection report relating to Wentworth Lodge due to these shared elements.

Summary of inspection findings

Ty Draw Lodge offers a variety of information in written and electronic form regarding services offered at the home. This enables prospective service users and their families / representatives to make an informed choice about whether to live at the home

The inspector observed residents making their own choices about their daily routines

Care planning documentation was thorough and the new review system will ensure that documentation remains current

A concern was raised regarding the late administration of medication which the manager has agreed to address

All feedback received from residents, family, representatives and professionals visiting the home has been positive

Ty Draw Lodge is an adapted three story Victorian property which has number of corridors. The home has made good use of signs, including both words and pictures to enable residents to find their chosen location.

The manager of the home has many years experience and has a personal commitment to the home and its residents. She has endeavoured to keep her practice up to date with attendance at appropriate accredited courses

What does the service do well

- Empowers service users to exercise their rights
- Provides a clean yet homely environment
- Staff were knowledgeable regarding individual residents' needs
- Visitors are made welcome at Ty Draw Lodge and invited to become part of life at the

home.

What has improved since the last inspection?

The manager has ensured that where potential staff have been employed as carers for children or vulnerable adults, the reason for their leaving that employ has been verified
The home's disciplinary procedure has been amended to make it clear that staff who fail to report an incident of abuse of a service user may result in this procedure being implemented

The manager was able to describe the systems now in place to monitor, review and improve the quality of care given to service users

What needs to be done to improve the service?

a.) priorities

There are no priority areas for improvement highlighted within this report.

b.) other areas for improvement

The Statement of Purpose and Service User Guide must include the correct contact details for CSSIW

When medication is administered later than the prescribed time, this must be noted on the medication administration record and the manager must ensure that other medication given throughout the day is not affected

The manager agreed to ensure that staff used restrictors on windows to make sure residents were not placed at risk. Where a service user wishes to have a window open wider than the restriction allows a risk assessment should be completed in order to maintain a safe environment.

Inspection methods

The inspection of Ty Draw Lodge started on 16 June 2011 when CSSIW sent the registered person self assessment of service and annual data collection forms. These documents were returned within the prescribed timescales.

The inspector completed a risk assessment of the service using this information along with consideration of all known information about Ty Draw Lodge. As a result the inspection was given a medium intensity rating which equates to a 'standard' annual inspection.

An unannounced inspection visit took place on 16 December 2011 between the hours of 08.45 and 12.15pm. The inspection was conducted by Ms Elaine Williams. Present at the home at the time of inspection were five members of staff and the majority of residents. The manager Mrs Lyons arrived during the morning. A district nurse visiting the home also participated with the inspection process.

The following were considered as part of the inspection process:

Information supplied about Ty Draw Lodge in the self assessment of service and annual data collection forms completed by the registered person

Information about the aims of the service set out in the home's Statement of Purpose

and Service User Guide in addition to other core policy documents

Evaluation of records relating to two staff members. This included consideration of the recruitment process, induction and ongoing training and management support

Evaluation of records relating to two service users living at the home. This included records relating to initial assessment, their admission into the home, ongoing assessment, review and risk assessment associated with meeting care needs

Records were examined by the inspector in the communal lounge / dining area which allowed her to observe the direct care given to residents and the general running of the home

A physical inspection of the building and facilities

Discussions with service users, staff, the visiting district nurse and the registered manager

As part of the inspection CSSIW questionnaires were sent to six residents, six relatives of residents, four professionals visiting the home and five staff. Responses were received from all six residents, all relatives and three professionals. Views expressed in these questionnaires have been incorporated into this report

The inspector would particularly like to thank residents who spoke to her on the day of the unannounced visit and also to staff for their assistance in the inspection process.

Choice of home

Inspector`s findings:

Ty Draw Lodge is a care home registered to accommodate older people who require assistance with personal care and older people who have needs associated with dementia. The home publishes a Statement of Purpose and Service User Guide which, along with their website, advertise the facilities and services available at the home. Both documents are available in large print from the home upon request.

The information held in the Statement of Purpose and the Service User Guide were found to meet regulatory requirements. It was noted however, that the contact details for the regulator, Care and Social Services Inspectorate Wales (CSSIW) were incorrect. These must be amended so as to give the correct information to those wishing to contact the regulator.

Questionnaires completed for CSSIW by relatives and representatives of residents rated the information available to them about the home as between 'good' and 'very good'. One relative commented that the home's information pack was "first class. I was given all the information needed".

Two service users' files examined by the inspector demonstrated that a suitably qualified person, usually the manager, had completed a pre admission assessment prior to offering a place at the home. This assessment not only covered care needs but also personal information such as social networks, relationships and individual preferences. All people interested in moving into the home are offered at least one introductory visit and all placements are subject to a four week trial to ensure that the service user feels they have made the right choice and that the manager is assured that the home can fully meet their individual needs.

Two of the six residents who completed questionnaires for CSSIW stated that they had visited the home prior to moving in, with others relaying that their family had visited on their behalf. All residents rated their welcome to the home as between 'good' and 'excellent'. The majority of questionnaires completed by family members rated their relative settling into the home as between 'good' and 'very good'. One relative gave an 'average' rating to this question. Other comments received from relatives included:
 "they have made my (relative) feel safe and secure and (they) are very happy"
 "I feel I have made the perfect choice of home for my relative"
 "I have recommended this home to several friends".

The manager places a high emphasis on compatibility between residents at the home and includes this in her pre admission assessment. This has resulted in a friendly environment within the home.

Life histories were held on file which helped to build a picture of the service user, highlighting their unique life experiences and things that are important to them.

Requirements made since the last inspection report which have been met:

Action	When completed	Regulation number
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required		

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

Planning for individual needs and preferences

Inspector`s findings:

Service users accommodated at Ty Draw Lodge had been mainly referred by the local authority social services department. Service user files evidenced that the home had received sufficient information from the referring body prior to admitting the person into the home.

Care plans were found to be comprehensive and completed in reference to the needs of individuals. Care plan documentation detailed individual needs and preferences relating to communication, hair washing and grooming, relationships, religious needs, morning and evening / night time routines, sleeping habits and independence.

The inspector examined two service user records. Both included personalised instructions to staff such as when a service user would like to wear make up, the residents' preferred name, preferred bedtime and their hobbies and interests.

Residents are encouraged to walk around the building to improve mobility and choose areas for relaxation. During the night time pressure mats are used to alert staff that a resident has got out of bed. This enables staff to know when a person has risen rather than disturbing them whilst checking on them. It also allows night staff to be alerted that a resident may be having a restless night and to offer support appropriately.

The inspector observed residents coming for breakfast in their own time. Food was freshly prepared in the nearby kitchen. Staff demonstrated a good awareness of the individual needs and preferences of each service user with whom they worked.

Residents were assisted to complete questionnaires by voluntary advocates who visit the home every six to eight weeks. Feedback received in these questionnaires relayed that residents felt able to exercise choice over their daily routines.

All records relating to service users were found to be stored securely within the home. Staff are required to sign a confidentiality agreement upon commencing employment to further safeguard the privacy of people living at the home.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

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New requirements from this inspection:

Action required	Timescale for completion	Regulation number

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Good practice recommendations:

Quality of life

Inspector`s findings:

The inspector arrived unannounced to the home at 8.45am. At this time some residents had chosen to rise and were being served breakfast. Others had decided to not get up until later.

Care files demonstrated that residents' rights had been promoted. Each resident's care plan highlighted individual likes and dislikes. Religious needs were clearly identified and arrangements were in place for a practising catholic to be visited by their priest. Hobbies and interests were also noted. Arrangements were in place for residents to visit their preferred hairdresser. Staff who spoke to the inspector had a clear knowledge of individual preferences.

Family members had contributed to care planning by provision of life histories and past experiences. This help staff to appreciate individual differences.

On the day of inspection residents were watching television in three separate lounge areas around the home. Residents whom the inspector spoke to said this was their chosen daytime activity. Some residents spent the morning recalling a choir who had visited the previous evening to sing carols. It was clear that this had been an enjoyable experience for residents and staff. Another choir visit had been arranged for the following week.

Photographs on the dining room wall showed residents joining in a range of activities. The manager recalled a garden party which had been held in the summer months and a visiting entertainer was also shown in photographs. As the inspection took place just prior to Christmas a visit by Santa had been arranged one evening, complete with presents for each resident. Questionnaires completed by residents indicated that they were generally satisfied with the level of activities available in the home.

There appeared to be sufficient staff on shift to allow good quality interaction between staff and residents. One particular resident needed comforting during the inspector's visit and staff were able to provide this through verbal and physical reassurance.

All food is prepared and cooked freshly on the premises. Since the last inspection visit the home had been awarded the highest grade for food hygiene. Lunch on the day of inspection was roast chicken with seasonal vegetables. Residents told the inspector that they like the food prepared by the home. This opinion was reiterated in questionnaires completed by residents and their relatives.

Laundry is done on site. A dedicated laundry room houses an industrial washer and dryer. Facilities are in place to ensure laundry is kept separate and returned to the right person. Relatives rated the laundry service at Ty Draw Lodge as between 'good' and 'very good' although one person commented that they had experienced their relative not wearing their own clothes on one occasion.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number
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Requirements which remain outstanding:

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New requirements from this inspection:

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Good practice recommendations:

Quality of care and treatment

Inspector`s findings:

The inspector 'case tracked' the care of two service users. This traced the journey from initial care planning through to direct care provision and involved examination of documentation, consideration of daily records maintained by staff and discussions with staff and service users.

Documentation relating to service users was well maintained and orderly. Files did not hold a recent photograph as required in regulations. However, photographs were held on the home's medication records so would be available if needed. Emergency contact details for next of kin and health services were easily located in addition to information on medical conditions such as diabetes.

The inspector found that individual needs assessed upon entry into the home had been developed into care plans. Each section contained a description of the need and details of the way the resident preferred to have that need met. Risk assessments were documented. All care plans had been reviewed on at least a monthly basis although the action taken was not always clear. The manager demonstrated a new review system which she was in the process of implementing. This will ensure that the required monthly review takes place and any changes are recorded immediately. This will be an improvement to the existing paperwork.

All files evidenced that residents had access to external healthcare services such as optician, chiropody and dentist and GP. A district nurse visiting the home at the time of inspection indicated that residents were well cared for and that staff were competent in following her instructions. Staff told the inspector that the home had a good relationship with the local GP practice. The inspector observed this during a telephone referral being made by a senior member of staff.

The home does not monitor blood glucose levels of residents with diabetes as this is overseen by the GP and district nursing service. Records contained advice for staff regarding dietary requirements. Each resident file had a record of their weight which had been taken each month. Any weight loss identified had been referred for medical advice.

Records completed by staff in relation to care provision were found to be informative, meaningful and written in a respectful manner.

The inspector observed morning medication being administered at breakfast time. One member of staff took responsibility for this to allow them to concentrate on the administration. Residents were given their medication individually and the medication administration records duly signed following this. The inspector was concerned that one resident had chosen to rise late morning and was given their medication nearly three hours after the time set down on the administration record. This then left limited time before the next medication was administered. This was brought to the attention of the manager who stated that where medication is given later than the prescribed time, the next dose would also be delayed. However, there was no written indicator of this and it was agreed that such action would be noted on the medication administration sheet to avoid the risk of over medicating.

When asked in questionnaires about the quality of care given by staff the majority stated

that they always felt cared for and were treated with courtesy and respect.

Questionnaires completed by family members relayed that the home kept them informed about the welfare of their relative and that they felt able to contribute ideas towards the care given to them if they wished. Other comments included in questionnaires completed by relatives or representatives included:

“I have found the care and services exemplary – cool and very kindly attention”

“One feels that the residents are ‘at home’”

“There is a friendly, kind but competent atmosphere in the home”

“They have my (relative’s) needs foremost”

“The level of care given by all the staff could not be bettered”

“The staff do their best to make it very homely. There seems to be plenty of staff there, especially at meal times”.

Requirements made since the last inspection report which have been met:

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Requirements which remain outstanding:

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New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

Staffing

Inspector`s findings:

At the time of inspection Ty Draw Lodge employed a total of 18 care staff, which included one deputy manager and several senior care workers. Staff are required to undertake all aspects of work within the home including cooking, laundry and direct care provision.

The manager informed CSSIW in self assessment documentation that at least 50% of care staff have achieved a care related qualification as recommended by the Care Council for Wales which meets the national minimum standard for the ratio of qualified staff working at a care home.

The files of two recently recruited staff members were examined. Records demonstrated that the home had followed safe recruitment practices by ensuring identification and references had been verified and an enhanced criminal records bureau disclosure had been obtained prior to them starting work.

All agencies providing care are required to ensure that their induction for new workers reflects the standard set out in the Care Council for Wales Social Care Induction Framework. This framework sets out areas of mandatory training which must be completed within the first day, first week, first month and first six months. It is also an interactive process which involves the new recruit in evidencing their development and paves the way for the evidence based practice required in achieving a relevant qualification in care. The inspector found that all new employees had shadowed more experienced staff prior to working alone. Staff files examined by the inspector showed that initial induction training took place over three days with other training being completed within three months of employment. The inspector found that care staff had been given a copy of a code of practice for social care workers which sets out the values which all care staff in Wales are required to adhere to.

Ty Draw Lodge accesses training provision from a domiciliary care agency owned by the same company as themselves. Staff records indicated that they had received training in fire safety, first aid, food safety, health and safety, managing challenging behaviour, Protection of Vulnerable Adults (PoVA), the Mental Capacity Act and dementia care. The manager has gained accreditation as a trainer in the areas of administration of medication and dementia care and can therefore provide this training direct to her staff.

Questionnaires completed by residents' relatives relayed that staff were always welcoming when they visited the home. Staff were rated by relatives as being very caring towards residents with one person commenting "(my relative) sees the staff as family members which is reassuring". Another relative commented that "they are very patient and caring".

Questionnaires completed by visiting professionals indicated that staff always responded in a timely and professional manner to their recommendations and that instructions regarding care were followed well.

Requirements made since the last inspection report which have been met:

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Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

Conduct and management of the home

Inspector's findings:

Ty Draw Lodge is owned and operated by Ty Draw and Wentworth Lodges Limited. Responsible individual duties as outlined in Regulations 7 and 10 of the Care Homes (Wales) Regulations 2002 are undertaken by both company directors. Regulation 27 sets out that it is the duty of the responsible individual to visit the home at least once every three months to complete an 'in house' inspection of the provision and assess the conduct of the care home. The manager confirmed that these visits had been carried out throughout the year with the most recent taking place two and five months prior to CSSIW's inspection visit.

Ty Draw Lodge is managed by Mrs June Lyons. Mrs Lyons is registered with CSSIW as manager and is also registered under Part 2 of the Care Council for Wales' Social Care Register which holds the names of all qualified managers of care settings.

Mrs Lyons has endeavoured to keep up to date with current good practice in dementia care. Since the last inspection she has become a trainer in dementia care and administration of medication, both of which have been accredited with university status.

Mrs Lyons described the systems in place to review the quality of care given at Ty Draw Lodge. Mrs Lyons confirmed that such a review had taken place and confirmed that the subsequent report was in the process of being written by the responsible individual. It was agreed that a copy of this report would be forwarded to CSSIW once published.

The inspector observed a good rapport between Mrs Lyons and staff and with residents. Five out of six relatives who had completed questionnaires for CSSIW stated that they always knew who was in charge when they visited Ty Draw Lodge, with one person commenting that the manager was "always approachable and helpful". Questionnaires completed by visiting professionals relayed that they found the manager always responded in a timely and professional manner to their visit with one professional commenting that the home benefitted from the "strong leadership from the home manager".

At the time of inspection Ty Draw Lodge was registered to provide accommodation to 24 people over the age of 65. Within this number no more than 16 residents may have a diagnosis of dementia. Ty Draw Lodge had applied for a variation to these registration conditions to allow all 24 places to be open to people with dementia. At the time of writing this report CSSIW were taking steps to approve this application.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

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New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

Concerns, complaints and protection

Inspector`s findings:

A copy of the complaint procedure was on view within the home's foyer, enabling easy access for all visitors and residents. All responses to questionnaires sent from CSSIW stated that residents and their family / representatives were aware of how to make a complaint but none had needed to use the procedure. CSSIW had received no complaints regarding Ty Draw Lodge in the year between inspections.

Ty Draw Lodge are required to notify CSSIW of any events which affect residents' well being whilst living at the home. CSSIW had received two such notifications since the last inspection. Both had been dealt with appropriately by the registered manager.

Staff at Ty Draw Lodge follow the All Wales Protection of Vulnerable Adults (PoVA) guidelines in relation to protecting residents from abuse. Records evidenced that staff had received training from the start of employment on how to recognise and report abuse. No PoVA referrals have been raised by the home or in relation to the home in the year between inspection visits.

The manager confirmed to the inspector that no physical restraint is used within the home. Records showed that staff had received training in how to manage behaviour that they may find challenging. The inspector observed these techniques being utilised during a disagreement between two service users where staff calmly used diversion methods to de escalate the situation.

The manager Mrs Lyons informed the inspector that no residents at the home were subject to restrictions to their freedom as defined in the Deprivation of Liberty Safeguards (DoLS). It was noted that each care plan included a statement on restrictions of liberty. Mrs Lyons confirmed that both she and all care staff had received training in recognising restrictions to liberty which included how to make a referral to the local authority for assessment.

The inspector noted that one resident's file had a relative recorded as having power of attorney. This would legally allow the relative to make decisions on behalf of the resident in important areas such as financial matters, health and welfare and end of life treatment. The registered manager assured the inspector that the home had obtained written proof of this appointment.

Requirements made since the last inspection report which have been met:

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New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

The physical environment

Inspector`s findings:

Ty Draw Lodge is located in a popular suburb of Cardiff overlooking a large park. It is easily reached through public transport. Ample street parking is also available. The home is within easy reach of a busy commercial area comprising of shops, cafes and community facilities. The home is a three storey building which was originally two separate houses. Ty Draw Lodge is an adapted three story Victorian property which has number of corridors. The home has made good use of signs, including both words and pictures to assist residents with orientation.

The home has a front garden area which sets it back from the busy main road and was furnished with potted plants and containers. Access to the home is via small steps or by ramped access. The rear garden was well maintained with mature shrubs. A sturdy path led to a smoking area and a decked patio area. Fire escape access into the rear garden was clear from obstruction.

Several communal lounges are available within the home. A large ground floor lounge overlooks the front of the home and the park, as does a large first floor lounge. A quiet lounge is located on the upper floor. On the day of inspection this was being utilised for storage although the inspector understands this was a temporary measure. An additional small lounge area is situated within the communal dining area. Residents have freedom of choice as to where to spend their time.

Bedrooms are situated on each floor and an assessment of mobility and ability to climb stairs is made prior to offering accommodation on upper floors. Each stairway is equipped with a stair lift. The inspector was able to look at four service users` rooms and found them to be highly personalised with choice of bed linen and with ornaments and photographs on display.

The inspector noted that eight of the home`s residents were accommodated in shared bedrooms. This equates to 67% of the residents living in single rooms. National Minimum Standard 37.13 sets out that at least 85% of residents should be accommodated in single rooms. The home therefore falls below this standard. However, it is noted that all shared bedrooms are equipped with modesty screens to ensure that privacy is respected during provision of personal care and that all residents who share rooms had been consulted about this prior to moving into the home to ensure they were happy to share.

Communal bathrooms and toilets are available for use on each floor with a purpose built shower room housed on the first floor. All bathing areas were observed to be clean. Paper towels and soap dispensers were available in each along with pedal bins for hygienic disposal of paper towels. Eight bedrooms have en suite bathrooms which were observed to be clean and furnished with the resident`s choice of toiletries and bath linen. Where an en suite bathroom was not provided each bedroom had a wash hand basin.

Ty Draw Lodge was observed to be free from odours and in a good state of repair. Ventilation was provided through open windows. In two rooms staff had pushed windows open beyond their restrictive setting to air rooms. The inspector raised concerns that this could pose a risk to resident safety. The manager agreed to raise the importance of using the window restrictors with staff. The provider has also agreed to complete a risk assessment for those instances where the resident would like to window open further

than the restrictor.

Ty Draw Lodge retains a homely atmosphere through use of domestic decor, lighting and furnishing. A questionnaire completed by a representative stated "being originally a house, it retains the homely qualities. Consequently it is not regimented".

Separate facilities are available to staff for storage of personal belonging and toilet facilities. The manager's office is located away from the living areas to further enhance the homely feel to the home.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

A note on CSSIW's inspection and report process

This report has been compiled following an inspection of the service undertaken by Care and Social Services Inspectorate for Wales (CSSIW) under the provisions of the Care Standards Act 2000 and associated Regulations.

The primary focus of the report is to comment on the quality of life and quality of care experienced by service users.

The report contains information on how we inspect and what we find. It is divided into distinct parts mirroring the broad areas of the National Minimum Standards.

CSSIW's inspectors are authorised to enter and inspect regulated services at any time. Inspection enables CSSIW to satisfy itself that continued registration is justified. It also ensures compliance with:

Care Standards Act 2000 and associated Regulations whilst taking into account the National Minimum Standards.

The service's own statement of purpose.

At each inspection episode or period there are visit/s to the service during which CSSIW may adopt a range of different methods in its attempt to capture service users' and their relatives'/representatives' experiences. Such methods may for example include self-assessment, discussion groups, and the use of questionnaires. At any other time throughout the year visits may also be made to the service to investigate complaints and to respond to any changes in the service.

Readers must be aware that a CSSIW report is intended to reflect the findings of the inspector at a specific period in time. Readers should not conclude that the circumstances of the service will be the same at all times.

The registered person(s) is responsible for ensuring that the service operates in a way which complies with the regulations. CSSIW will comment in the general text of the inspection report on their compliance. Those Regulations which CSSIW believes to be key in bringing about change in the particular service will be separately and clearly identified in the requirement section.

As well as listing these key requirements from the current inspection, requirements made by CSSIW during the year, since the last inspection, which have been met and those which remain outstanding are included in this report. The reader should note that requirements made in last year's report which are not listed as outstanding have been appropriately complied with.

Where key requirements have been identified, the provider is required under Regulation 25B (Compliance Notification) to advise CSSIW of the completion of any action that they have been required to take in order to remedy a breach of the regulations.

The regulated service is also responsible for having in place a clear, effective and fair complaints procedure which promotes local resolution between the parties in a swift and satisfactory manner, wherever possible. The annual inspection report will include a summary of the numbers of complaints dealt with locally and their outcome.

CSSIW may also be involved in the investigation of a complaint. Where this is the case CSSIW makes publicly available a summary of that complaint. CSSIW will also include within the annual inspection report a summary of any matters it has been involved in together with any action taken by CSSIW.

Should you have concerns about anything arising from the inspector`s findings, you may discuss these with CSSIW or with the registered person.

Care and Social Services Inspectorate Wales is required to make reports on regulated services available to the public. The reports are public documents and will be available on the CSSIW web site: www.cssiw.org.uk

