



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

Care and Social Services Inspectorate Wales

Care Standards Act 2000

Inspection Report

Timothy House

2, 3 and 5 Timothy Rees Close
Danescourt
Cardiff
CF5 2RH

Type of Inspection – Focused

Date of inspection – Tuesday, 4 August 2015

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Summary

About the service

Timothy House is owned by Gofal Cymru Care Ltd and is registered with the Care and Social Services Inspectorate Wales (CSSIW) to provide nursing and personal care to 12 adults aged 18 and over who have a learning disability and/or mental health needs. The service is provided in three separate houses in Timothy Rees Close in Danescourt, Cardiff. One house is used for younger adults between the ages of 18 and around 30 years. The second house currently accommodates people who are 30 years plus. The third house is used exclusively for people staying for short periods of respite care.

What type of inspection was carried out?

We carried out a focussed inspection of this service in response to concerns we had received about the quality of care provided at the home and concerns about staff training and staff work patterns.

We made an unannounced visit to number 2, Timothy Close on Tuesday 4 August 2015. We met with the registered manager and the organisations Operations Manager. We met some of the staff team and people living at the home. We examined three resident's care records and also considered staff rotas and training matrix. We obtained feedback from a local authority that commissions services at Timothy House.

What does the service do well?

Our inspection focussed on the areas of concern that had been brought to our attention and therefore we were not specifically considering what the service does well. However we did note that the service is managing to meet the needs of a group of residents who have a wide variety of care and support needs. This means that staff are flexible and adaptable in their approach to working with individuals.

What has improved since the last inspection?

This focussed inspection did not consider any improvements made since the last inspection of the service.

What needs to be done to improve the service?

We did not find any areas of non-compliance.

We would recommend that

- a recognised pressure ulcer risk assessment tool is used as this would bring together a variety of relevant information in a simple format that would help the staff team monitor and evaluate some people's care needs
- daily records should be signed by their author
- the home need to ensure that all staff have completed fire safety training

Quality Of Life

Overall, we found that the people living at the home had a reasonably good quality of life. They appeared secure, happy and comfortable with the staff and in their environment. We observed people being treated with respect and dignity.

We examined three people's care records. We noted that the home's care plans reflected care needs identified through the assessment process and were comprehensive and person centred. We observed that people using the service have a choice and influence in aspects of their care and that comprehensive information is retained within the care planning documentation regarding service user's preferences. For example we noted that there was detailed information about people's preferred morning routines. In another instance we saw that a person's religious and cultural wishes were clearly documented.

One of the residents had some general health related needs that we saw were described in care documentation. There was information for staff as to how they should support the person and there was evidence that demonstrated the home was working with other professionals for the benefit of the individual.

We received feedback from one resident's social worker that indicated that the home was actively working with them for the benefit of their client. A number of meetings between the home and the social worker had taken place and actions drawn up that would assist the service user and the staff trying to support him. This work is ongoing.

All of the care records we examined contained risk assessments relevant to the needs of the individual. These generally described unique and complex situations which could, if not effectively managed, result in serious harm to staff, residents and others. This included managing aggression and manual handling. There were also risk assessments that considered falls, the covert administration of medicines and pressure sores/skin damage. The assessments identified the risks and described how to control the risks. On one person's file there was a management plan dealing with pressure sore prevention. We could see from the daily notes that the person was being assisted by staff in line with this plan. However, we would recommend that a recognised pressure ulcer risk assessment tool is used in addition to other information as this would bring together a variety of relevant information in a simple format that would help the staff team monitor and evaluate the person's care needs.

Daily recordings made by staff were generally good and notes were descriptive of the support provided by staff to help meet people's needs. For example there was recording regarding a person's skin integrity and occasions when a dressing had been changed was recorded. Some monitoring records, such as daily health checks, were not complete and some entries were unsigned. A fluid intake monitoring form was not being totalled at the end of the day so it would be difficult for staff to evaluate the information.

In terms of the activities offered to people at the home, we found that people are positively occupied and stimulated and activities are person specific. People are encouraged and supported to participate in the running of the home and pursue their own interests. Each resident has a weekly planner that details their activities, the staff support they need and reminders about key information that staff would need to know. The plans provide a good structure for staff so that they can ensure they are supporting people appropriately but the plans are also flexible and can be changed taking into account people's preferences or their physical or mental health needs. Residents engage in a wide variety of activities outside of the home including ten pin bowling, meals out, visits

to the pub, visiting relatives, attending their place of worship or trips out. To assist with the running of the home, people are encouraged to do some cleaning, tidying, shopping and cooking depending upon their skills and interests. While we were at the home we observed that one resident had mopped the floors and another helped staff to prepare a meal.

We were at the home during lunch and three of the residents were at home. We observed that people were able to choose what they wanted to eat and that one person who required a special diet was supported to eat appropriate foods. There was a pleasant, relaxed atmosphere around the kitchen table as residents and staff ate together. Staff provided discreet assistance where it was needed.

People experience warmth and attachment as they are cared for by familiar staff. Although three staff had recently left the company, staff turnover is generally quite low. Staff are therefore familiar with service user's care needs and preferences. During our inspection visit we observed staff being friendly, helpful and polite to people staying at the home.

Quality Of Staffing

We did not consider this theme in any depth but did check to ensure that staff are suitably trained and skilled. People can be confident that they will be supported by staff who have received relevant training to support their needs. Scrutiny of the home's training records indicated that staff receive a variety of health and safety related training as well as more specialist training such as adult protection, behaviour management (theory and practical) and epilepsy. The staff training matrix did however indicate that a number of staff had not completed fire safety training.

We found that the majority of the staff team (around 59%) held a relevant qualification.

We also considered staff rotas to ensure that sufficient staff are on duty to work with people and meet their needs. We looked at the rotas for a 4 week period. The rotas showed that, as in any workplace, various factors such as training, staff sickness and annual leave had to be taken into account when completing the staffing roster. We could see that the number of staff on duty matched the expected staffing levels. Occasionally the home had been required to use agency staff and this was mainly for night shifts. During our visit to the home we observed that there were sufficient staff to support people with their personal support needs and daily activities.

Quality Of Leadership and Management

We did not consider the theme of quality of leadership and management on this occasion.

Quality Of The Environment

We did not consider the quality of the environment on the occasion.

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.

