



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

Inspection Report on

Aberpennar Court Care Home

**Windsor Road
Miskin
Mountain Ash
CF45 3BH**

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Description of the service

Aberpennar Court Care Home is registered with Care Inspectorate Wales (CIW) to provide nursing care to a maximum of 49 persons aged 18 years and over and personal care to older persons aged 65 years and over. Within these numbers the home can provide personal care to two younger persons aged between 18 and 64 years. The home is owned and operated by HC-One Limited. The company has nominated a responsible individual (RI) who has overall responsibility for the quality and performance of the service. At the time of our visit, there was a recently appointed manager in post.

Summary of our findings

1. Overall assessment

People living at the home appear generally content and have good relationships with staff. They are able to participate in social and recreational activities and exercise a degree of choice in their daily lives. This, however, needs to be improved with appropriate deployment of staff. The home is welcoming and generally clean with evidence of recent refurbishment for the comfort and wellbeing of residents. Staff are recruited safely and trained for the roles they undertake. Attention needs to be paid to accurate and relevant recording of care provision.

2. Improvements

An annual report has been produced for 2017 reflecting the performance, achievements and future aims of the service, as per regulatory requirements.

3. Requirements and recommendations

Section five of this report identifies areas where the home is not meeting legal requirements. It also sets out our recommendations for improving outcomes of care. These relate to the care and supervision of residents, supervision of staff and the quality of care documentation.

1. Well-being

Summary

People appear to benefit from the social and recreational stimulation provided in the home. They are able to interact with one another and they speak highly of the staff. Action is, however, needed to ensure residents are able to exercise choice in respect of their care and have their dignity preserved at all times.

Our findings

People benefit from good relationships with staff and are able to enjoy a variety of social activities in the home.

We observed staff interacting kindly and patiently with residents and it was evident from their conversations that staff had a good understanding of the needs and preferences of individuals. We spoke with a resident who told us *“most of the care staff are lovely and kind - they do their best for us.”* At various intervals throughout the day, we saw care staff in the lounge attempting to engage residents in discussions about their interests or encouraging them to join in singing. Their efforts were rewarded with smiles and verbal responses from a few residents who clearly appreciated the interactions.

During the morning, we saw a group of residents sitting around a table in the activities room with the activities organiser. Some were engaged in craft work while others were knitting. The atmosphere was cheerful and relaxed. Later in the day we saw the activities organiser playing dominoes in the lounge with a few of the residents. Through discussion with the manager and observation of notices displayed in the corridors, we found that singers and entertainers visited the home periodically and that special events were celebrated. At the time of our visit, plans were in place for ‘Pancake Day’ and for a 100th birthday party. The manager informed us that the home intended to expand the choice of activities available during the coming year. We saw evidence that the activities organiser recorded residents’ participation in social and recreational pastimes; however, we recommended to the manager that it would be beneficial to also record the *effect* of such activities on the well-being and mood of each resident. This would indicate whether such support met individuals’ needs.

We conclude from our findings that the service provides one-to-one and group recreational activities to meet residents’ social and emotional needs. There is, however, room for further developments in this area.

Although some people receive appropriate support, not everyone can exercise choice in relation to their care needs or be confident their dignity needs will be prioritised.

We spoke with residents who told us that although staff were always hard-working, there never appeared to be enough of them. One person told us, *“I would love to have a lie-in some mornings but as staff are so busy, they don’t have time to help me later in the morning when I wish to get up.”* Another resident told us they felt their personal care was rushed, although they were keen to emphasise this was not the fault of individual carers but rather their heavy workload. Prior to our visit, CIW had received notification of a fall sustained by a resident in the home. On examining the relevant recording of the event and

through conversation with a nurse on duty, we found that staff had apparently been rushing at the time of the incident.

We observed the support residents received during the lunchtime meal in the downstairs dining area. Although they were offered aprons to protect their clothes and some were supported to eat and drink, we found that other residents, who clearly required assistance and encouragement, were left to fend for themselves. This resulted in one resident's meal being removed even though it had barely been touched and another resident's face and top being covered in food debris because of their inability to eat unaided. We discussed our concerns with the Area Manager following our inspection visit (in the absence of the appointed manager). She advised us that the situation arose from poor deployment of staff rather than through a lack of staff on duty and that the matter would be addressed at once. We have not issued a non-compliance notice on this occasion but will follow up on the matter at our next inspection.

We conclude from our findings that the service is not always able to appropriately address people's care and dignity needs.

2. Care and Support

Summary

People receive a well-balanced diet to promote their health and timely support from multi-disciplinary professionals. More attention should be paid, however to the quality and accuracy of recordings of planned care.

Our findings

People enjoy a nutritious and varied diet and have access to medical care in accordance with their needs.

We saw that the home had retained its five star food hygiene rating which reflected its high standards in this area. Many residents were able to enjoy a pleasant dining experience with tablecloths, napkins and flowers arranged on the tables. Food was well presented with a choice of cooked options and desserts. The chef advised us that special dietary needs were catered for, such as vegetarian, gluten-free and soft or pureed options for people with swallowing difficulties. The week's menu was printed out for those who wished to view it and the day's menu was displayed on a whiteboard in the dining room. Hot and cold drinks were readily available throughout the day and we saw that care staff completed food and fluid charts for residents who were at risk of weight loss or dehydration. We recommend that residents' target daily fluid intake should be recorded at the top of their fluid charts for staff awareness.

Through examination of a sample of resident care files, we saw evidence of multi-disciplinary healthcare involvement in accordance with residents' needs. This included visits from the GP, podiatrist, optician and dietician. Hospital out-patient appointments were also arranged for residents who required monitoring of long-term health conditions. We spoke with a visiting district nurse who confirmed that the registered nurses were prompt in referring any of the non-nursing care residents to them whenever they had concerns. Our findings indicate that the service is able to meet residents' dietary and healthcare needs.

People's needs are not always recorded accurately and revised appropriately. At the time of our previous inspection in December 2016, we recommended that *“registered nurses should ensure that all documentation relating to residents' care needs is detailed, relevant, up-to-date and regularly reviewed.”* We found little improvement on this occasion. Some resident care files contained out-of-date care plans which were irrelevant to people's present needs. Two care plans had not been revised following significant events, namely a change in consistency required in a resident's diet following a swallowing assessment and a change in moving and handling equipment following a fall. It was therefore difficult to know whether staff were responding appropriately to residents' current needs.

We were also concerned that there was no “End of Life” care plan in place for a resident whose condition had recently deteriorated. When we questioned the reason for this failing, the manager informed us that there had been no permanent nursing staff on duty during the period of the resident's deterioration and the agency nurse on duty had not updated the care plans. As the manager took immediate action to address the matter and as we did not find that the failing had significantly impacted on the well-being of the resident concerned, we have not issued a non-compliance notice on this occasion.

Although, on the whole, care plans had been reviewed regularly, we found that information provided was not person-centred and did not indicate whether planned care was effective. For example, one review for a resident stated “*All care needs met by staff*” whereas staff had already informed us this person liked to do as much for herself as possible. We discussed the importance of relevant and informative care plan reviewing with the manager who advised us that she would relay the feedback to staff.

We conclude that the service needs to evidence that all planned care reflects the current needs and preferences of residents.

3. Environment

Summary

Overall, people enjoy a homely and safe environment which meets their needs and promotes their well-being.

Our findings

People generally experience a clean and welcoming environment. We saw that the foyer of the home had been refurbished and provided an attractive area for residents and their visitors to relax and enjoy a drink together. The conservatory had also been refurbished and provided another pleasant seating area. Recent audit reports of the environment indicated that further decorating and repair work in other parts of the home was planned. We spoke with visiting family members who told us they were free to visit whenever they wished. They confirmed that staff were always welcoming and ready to assist them with anything they needed. On the day of our visit, the general atmosphere of the home was calm and no unpleasant odours were noted. Through conversation with staff, consideration of quality assurance reports and through examination of cleaning rotas, we found that infection control in the home had been an issue of concern over recent months. This had, in part, been the result of a shortage of housekeeping staff. The manager assured us, however, that staffing numbers had improved, with the employment of 'bank' cleaners and that action plans were in place to improve general environmental cleanliness. This included regular deep cleaning of communal areas and residents' bedrooms. On the day of our visit, we saw staff wearing appropriate personal protective equipment and washing their hands thoroughly to minimise the risk of cross infection. We conclude that the service is taking action to promote the comfort and well-being of residents.

People's physical safety is being addressed through the servicing of systems, equipment and through fire prevention measures. We viewed the home's maintenance records and log book. These provided evidence of regular servicing, including recent gas safety maintenance and lift servicing. We saw that the maintenance worker undertook various daily, weekly and monthly checks of equipment in use around the home, which included fire equipment. He also carried out the day-to-day repair work. We found that the home had not been engaging in fire evacuation exercises but the manager advised us that this was now being addressed and during our visit we saw a designated trainer doing a fire drill session with staff. Records indicated that at the time of the last South Wales Fire and Rescue Service inspection in April 2017, the home had failed to comply with certain fire safety requirements. According to the manager, all deficits had since been addressed and the home was awaiting a re-inspection. We saw that residents had personal emergency evacuation plans in place so that staff could familiarise themselves with each person's moving and handling needs in the event of fire.

We conclude from our findings that the service seeks to ensure the premises are fit to meet the residents' safety needs.

4. Leadership and Management

Summary

On the whole, people benefit from reliable leadership and support. There have been several changes in management since our last inspection but in spite of this the provider has sought to maintain oversight and continuity of care wherever possible. Through these periods of change, residents have been kept safe and well-informed.

Our findings

People have access to information relating to their care and accommodation. We reviewed the home's Statement of Purpose and Service User's Guide. These are important documents which should provide people with detailed information about the services and facilities offered within the home. They should also outline the home's underpinning philosophy and approach to care delivery. We found these were consistent with the requirements of the Care Homes (Wales) Regulations 2002. At the time of our visit, the Statement of Purpose was in the process of being updated to include the name and qualifications of the new manager. We spoke with residents and family members who told us they were able to make informed choices about the home prior to admission because of the information available. One resident told us the manager was approachable and that they were kept informed of any changes in the home which affected their care.

Our findings indicate that the service ensures its residents are advised and up-dated about all aspects of care provision.

On the whole, people benefit from a service which is focused on quality assurance and improvement. We saw that the provider (HC-One) had a comprehensive quality assurance system in place at the home which the appointed manager was using to carry out internal audits. At the time of our visit these were not up-to-date although progress was being made. The Area Director had made several monitoring visits to the home over recent months and we viewed the report produced at the end of December 2017 where areas for improvement and the actions needed to address deficits had been identified. We found that the home had produced an annual quality assurance report for 2017. This captured feedback from residents and their families, along with achievements during the past year and the home's vision for the coming year.

We reviewed a sample of the home's policy documents with particular attention given to medication management and the safeguarding of vulnerable adults. We found these policies to be comprehensive, providing staff with detailed advice and information as to the expected standard of practice for their work.

At present, the home does not provide the 'Active Offer'; this is the provision of a Welsh language service without someone having to ask for it. We advise management to access the Welsh Government document "More than just words: Follow-on strategic framework for Welsh Language in Health, Social Services and Social Care" to ensure the communication needs and preferences of Welsh-speaking residents can be fully met. We conclude from our findings that the service monitors and evaluates outcomes for residents and seeks to improve standards of care.

People are supported by staff who are safely recruited and trained for the roles they undertake. We examined a sample of staff personnel files and found evidence that recruitment processes were thorough, meeting regulatory requirements. Identity confirmation and criminal record checks had been sought, along with appropriate references, evidence of qualifications and relevant past experience. Application forms had been completed correctly, with no gaps in employment history. We saw that staff training was on-going, with a comprehensive online matrix available, enabling management to clearly identify which members of staff needed mandatory training updates. Courses were also available for staff which addressed specific health needs of residents living at the home.

We found that not all staff were being supervised every eight weeks in accordance with national minimum standard guidelines, although the manager provided us with a list which indicated that this matter was being addressed and progress was being made towards compliance. Formal one-to-one supervision sessions are an essential means of allowing staff and their line manager opportunities to discuss concerns or training needs in a confidential manner. At the time of our previous inspection in December 2016, we drew attention to the quality of the supervision sessions being provided. We found on this occasion that there had been no improvement in the format of the template used and as such these sessions did not evidence a two-way discussion to ensure the supervisee's needs were being discussed and appropriately met.

We conclude that the service is recruiting and training its staff to ensure residents receive the best care. However, attention needs to be paid to ensuring staff feel fully supported in their roles.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

There are no outstanding areas of non-compliance from previous inspections.

5.2 Areas of non-compliance identified at this inspection

We found that the registered persons were not compliant with the following regulations, as cited in the Care Homes (Wales) Regulations 2002:

Regulation 12(1) (b). This is because proper provision had not been made for the care and supervision of all residents.

Regulation 15 (2) (d). This is because residents' care plans were not being revised in a timely manner to ensure their current and changing needs were being met.

We have not issued non-compliance notices on this occasion as we were assured the deficits would be promptly addressed. However, these areas will be the focus of our next inspection.

5.3 Recommendations for improvement

The following recommendations were made to promote residents' well-being:

- Staff should record the *effect* of social and recreational activities on the well-being of the resident concerned;
- Daily target intakes should be clearly recorded on the fluid charts of residents at risk of dehydration and other health complications of a poor fluid intake;
- Staff supervision records should evidence a two-way discussion where the supervisee has opportunities to discuss the support they require, and
- Management should follow Welsh Government guidance to ensure the "Active Offer" is in place to meet the needs and wishes of Welsh-speaking residents.

6. How we undertook this inspection

We (CIW) carried out an unannounced inspection of the home on 5 February 2018. We considered the well-being of residents, their care and support, the environment in which they live, and the management of the service. We used the following sources of information to compile our report:

- observation of care practice and daily routines in the home, including meal provisions and social activities;
- conversations with residents;
- discussions with the appointed manager, the Area Manager (following our visit), staff on duty, residents' family members and a visiting professional;
- use of the Short Observational Framework for Inspection 2 (SOFI 2) tool which enables inspectors to observe and record life from a service user's perspective; how they spend their time, their activities, the quality of interactions with others and the type of support they receive;
- examination of a sample of resident care files and related daily recordings;
- examination of a sample of staff personnel files;
- consideration of the home's accident and incident records;
- consideration of the home's quality assurance system and internal audits;
- examination of the home's maintenance, servicing and fire safety records, and
- visual inspection of areas of the home to which residents have access.

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 - Older
Registered Person	HC-ONE Ltd
Registered Manager	Position vacant
Registered maximum number of places	49
Date of previous CSSIW inspection	20/12/2016
Date of this Inspection visit	05/02/2018
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	Not at present. Advised to consider the Welsh Government's "More than just words: Follow-on strategic framework for Welsh Language in Health, Social Services and Social Care"
Additional Information:	