



Care and Social Services Inspectorate Wales

Care Standards Act 2000

Inspection Report

18 Pantbach Avenue

Cardiff

Type of Inspection – Focussed
Date of inspection – 18 June 2014
Date of publication – 13 July 2014

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Summary

About the service

Pantbach Avenue is registered as a care home for up to 3 people aged 18 and above with learning disabilities and or a physical disability or mental health needs. The registered manager is Justine Tickner and the home is provided by Mirus-Wales. There is a nominated responsible individual.

The home provides respite care services and is situated in the Birchgrove area of Cardiff.

What type of inspection was carried out?

An inspection was carried out on 18th June 2014 in accordance with CSSIW regulatory process. Analysis of information held by CSSIW led us to carry out a focussed inspection which concentrated on the quality of life of people living in the home. However, we also followed up on issues and service improvement identified at the last inspection regarding the quality of staffing, quality of leadership and management and the quality of environment.

Evidence used to inform this report came from the following sources;

- observation of and interaction with people as they went about their daily activities
- inspection of 4 care files and other records
- discussion with the registered manager and deputy manager
- inspection of the home's service user guide, statement of purpose, annual quality assurance report and written reports made by the registered provider
- observation of the environment

What does the service do well?

No areas of practice were identified that were over and above those required by national minimum standards.

What has improved since the last inspection?

The home had made the following improvements since our last inspection;

copies of reports of visits made by the registered provider were available in the home

a copy of the home's statement of purpose was available in the home

a service user's risk assessment had been updated

a system was in place for staff to undertake the necessary qualification training

medication procedures had been revised in order to promote the health and safety of service users.

What needs to be done to improve the service?

No areas of non-compliance were identified.

We identified the following areas where service improvement was necessary;

care of care planning should be reviewed to ensure that people benefit from having their needs met in a planned and consistent way

medication procedures should allow for staff to record a range outcomes directly onto the medication administration record sheet

information contained in home's statement of purpose about complaints should include a summary of its arrangements for their investigation

the targets identified in the home's quality assurance audit should be used to construct an action plan setting priorities and timescales for achievement

the home's service user guide is to be available in a format that is more accessible to service users and should be completed as soon as possible

staff should receive guidance about controlling visitor's access to the home.

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Quality of life

We (CSSIW) found that people who received respite care at Pantbach Avenue experienced positive outcomes with regard to their quality of life. This was because the home had a person centred approach to providing care and was pro-active in ensuring it had up to date information before people were admitted.

Observation of staff and resident interactions confirmed that people were treated with consideration and respect. We identified areas of service improvement with regard to the use of care plans and the ease of use of medication recording systems. We saw evidence of information provided by carers and health and social care professionals and that the home's documentation was routinely signed and dated to indicate its accuracy.

Systems to assess and plan and manage risk were well used and contained detailed guidance for staff to ensure the provision of safe care. This included risk management plans relating to the particular needs of one person and we were able to confirm that staffing levels had been adjusted to meet their needs. We also saw evidence of joint work with health care professionals and that appropriate use had been made of the guidance they provided.

We saw that people's files contained comprehensive information with regard to their preferences, likes and dislikes as well as their assessed needs. Whilst files contained information regarding their communication needs, this information was not included in a care plan format. It is recommended that all of their needs are addressed within their care plans.

We looked at people's medication administration records and saw that improvements identified as necessary at the last inspection had been made. We found that systems for controlling stock and confirming the administration of medication were reliably used by staff. We discussed the possibility of the introduction of codes in recording as a means of facilitating staff's ability to record outcomes, such as refusal, directly onto medication administration sheet.

We met with three service users on return from their day services. We saw that staff quickly offered them a cold drink as it was a hot day. We heard staff talk to them about their activities and saw that staff and service users interacted in a friendly and relaxed manner. Discussion with one person provided evidence of the choice and control they exercised and they told us they had chosen to have their evening meal at a local carvery. We also saw that one person had brought their guitar with them and heard a member of staff talk to them about playing it later.

Quality of staffing

This inspection focused on the quality of life of people using the service. We did not consider it necessary to look at the quality of staffing in detail on this occasion.

However we discussed systems to ensure that care staff were suitably qualified as this had been raised at the last inspection. The registered manager advised that all staff were expected to undertake the necessary training.

This theme will be considered more fully during future inspections.

Quality of leadership and management

This inspection focused on the quality of life of people using the service. We did not consider it necessary to look at the quality of leadership and management in detail on this occasion. However we examined the following records as their unavailability had been raised as a matter of non-compliance at the last inspection.

We found that written reports were available to evidence that an appropriate representative of the registered provider made visits to the home in accordance with the requirements of legislation. We saw that the reports were detailed and confirmed that the registered provider monitored the service and identified where action was required to ensure people's quality of life.

We saw a copy of the statement of purpose and found that it contained the information required by legislation.

We looked at the service's user guide and quality assurance report and discussed the availability of staff guidance in respect of controlling visitor's access to the home as these had been identified as in need of improvement at the last inspection.

Quality of environment

This inspection focused on the quality of life of people using the service. We did not consider it necessary to look at the quality of environment in detail on this occasion.

However whilst viewing the premises we were able to see that all equipment in the downstairs' bathroom was clean which confirmed that the home had successfully addressed an area of non-compliance identified at the last inspection

This theme will be considered more fully during future inspections

How we inspect and report on services We conduct two types of inspection; baseline and focussed. 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.

Focussed 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. Focussed inspections will always consider the quality of life of people using services and may look at other areas.

Baseline and focussed 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.