



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

## Care and Social Services Inspectorate Wales

Care Standards Act 2000

# Inspection Report

18 Pantbach Avenue

Cardiff

Type of Inspection – Baseline

Date of inspection – Friday, 30 September 2016

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## Summary

### About the service

Pantbach Avenue is registered with Care and Social Services Inspectorate Wales (CSSIW) as a care home for up to three people aged 18 years and above who have learning disabilities and/or a physical disability or mental health needs.

The registered provider is Mirus-Wales and the registered manager is Justine Tickner. There is a nominated responsible individual to represent the company.

The home provides respite care services and is situated in the Birchgrove area of Cardiff. It is close to local amenities and transport links. All people using the service are referred to as guests. There was one guest who arrived during the inspection visit.

### What type of inspection was carried out?

We (CSSIW) carried out an unannounced full inspection as part of the annual inspection process. We therefore considered the quality of life for people using the service as well as the quality of staffing, the quality of leadership and management and the quality of the environment. We used the following sources of information to formulate our report:

- information held by CSSIW about the service
- observations of daily life and staff interactions
- examination of two resident's care files to determine how assessments were translated into care plans and how the care plans impacted directly on outcomes for them
- observations relating to the environment
- examination of two staff files which included their supervision and training records
- examination of a sample of the service's records relating to the maintenance of the environment
- examination of the monitoring reports completed on behalf of the registered provider
- examination of the quality assurance process
- conversations with three staff and the registered manager
- review of the statement of purpose and service user guide.

### What does the service do well?

We found that the service offers support to guests which enables them to carry out their usual daily routines during their stay.

### What has improved since the last inspection?

Decoration has been undertaken in the guest bedrooms and lounge area.

### What needs to be done to improve the service?

No non-compliance notices have been issued.

## **Recommendations**

We made the following recommendations to support positive outcomes for people using the service:

- to consider streamlining care planning documentation to ensure pertinent, up to date information can be found easily
- to follow the National Institute of Clinical Excellence guidelines for the management of medication in care homes.

## Quality Of Life

Overall we found that 18 Pantbarch Avenue provides people with good quality support and they are enabled to maintain their usual activities and interests as much as possible.

The usual stay for respite care ranges from five days during the week or over the weekend period. When we reviewed guest's care documentation we found that it reflected their preferred daily routines and detailed their usual attendance at day services and other community activities. The majority of the guests are people who have visited before. Staff demonstrated their knowledge during discussion about one individual's likes and dislikes and seemed very aware of their lifestyle choices and daily routines. This is important as it ensures a seamless transition between home and respite care.

People have choice and influence. This was evident when we reviewed and discussed the pre-admission procedures for the service. We found that people were actively involved at the time of considering the use of the service including their case managers and their families. We were told by the registered manager that all potential guests were assessed by themselves in their own homes in the first instance. If the individual decided that they wanted to access and use the respite service, there followed a period of time when scheduled short visits to the service were organised which gave an opportunity for people to familiarise themselves with the environment. During these short visits the allocated key-working staff would engage with the person and they would also complete pre-admission documentation which informed their care plans during their stay. We saw evidence of local authority plans being utilised to inform people's care plans alongside their preferred choices for carrying out their daily activities. Feedback forms were given out at the end of each stay which gave guests an opportunity to raise any concerns or suggestions they may have.

The evidence seen at inspection demonstrated that guests receive support to enable them to maintain their physical and emotional wellbeing. We saw that service plans were updated to reflect their individual needs and preferences to ensure that staff had an up to date understanding. We examined two guests care files and found that the care plans had been reviewed prior to each person's admission. The service files contained comprehensive information regarding what was important to the individual and specific medical conditions. Discussion was undertaken with the registered manager regarding the need for care plans to be streamlined. We saw that although information was available it was not always easy to find. Pertinent information should be clearly visible or signposted for staff to avoid the potential for needs not being met.

We undertook a partial audit of the medication and found this was generally well managed. There was evidence that medication prescribed was available and administered in a safe manner. We saw that in each bedroom a guest has access to their own locked safe where they kept their medications during their stay. The review of the medication administration records (MAR) used by the service, identified that these sheets are handwritten by staff. We saw one that had not been checked by another staff member to ensure accuracy and prevent mistakes happening. A review of previous stays also identified only one staff signature. This is contrary to the service's own policy and procedures and not in line with current guidelines. The registered manager stated action would be taken to address this as a priority.

## Quality Of Staffing

People staying in 18 Pantbach Ave are supported by confident and competent staff who understand their needs.

We spoke with three staff members during the inspection. They presented as motivated to make a positive difference to the lives of the people they supported. They told us they enjoyed their work and felt well equipped to undertake their role. We reviewed the staff training records and this confirmed what staff had told us. We saw that staff had received training relevant to their work which included positive behaviour management, equality and diversity, first aid and safeguarding vulnerable people, amongst other courses. Conversations with staff further demonstrated their awareness of guest's needs. We therefore found that people can have confidence that staff employed at the service have the knowledge required to provide them with safe and consistent care.

We saw evidence of a good relationship between staff and a guest built upon trust. Staff were seen to interact in a calm, unhurried manner and provided considerable positive reinforcement as appropriate. We saw the beneficial impact this had upon the guest's wellbeing. We also noted the sense of warmth and friendliness between staff and the individual as they engaged in natural conversations.

People may feel confident they will be cared for by staff that have been appropriately and safely recruited. We reviewed the personnel files for two members of staff. This demonstrated that pre-employment investigations had been completed in line with regulation. We saw that each files contained evidence of checks undertaken with the Disclosure and Barring service, which ensures people are suitable to work within a care environment, along with the necessary references and verification of identity. Discussion was undertaken with the registered manager regarding the importance of ensuring that all relevant documentation required by regulation is available in the files and not only with the Human Resource's department of the service. This was actioned immediately by the registered manager.

We examined the records relating to staff supervision. Supervision in this context refers to a formal meeting between the staff members and their line manager to discuss any practice issues, their training and development requirements as well as any further support the person may need in their role. It is essential to ensuring that staff feel motivated and have the skills required to assist people with complex needs. Our review indicated that staff received regular supervision in line with regulation and two staff told us they felt they could approach the registered manager with any concerns or suggestions they may have and felt supported by her. We therefore formed the opinion that guests benefit from well supported staff.

## Quality Of Leadership and Management

The evidence gathered during this inspection indicated that people benefit from a management approach that is open, positive and inclusive.

We reviewed the home's statement of purpose and service user guide. These documents should provide people with details of the service and facilities available within the home as well as the underpinning ethos for care delivery. We found both documents met the requirements of the Care Homes (Wales) Regulations 2002. They also provided a clear outline of the home's care philosophy and the values underpinning the service; an emphasis upon recognising people as individuals and supporting them to achieve their individual sense of wellbeing. We found the service provided to residents was consistent with these objectives (as detailed in this report).

People may feel confident their views will be taken into account by the leadership and management of the home. The provider was seen to have clear oversight of the service. We reviewed the monitoring reports completed by the responsible individual on behalf of the provider. We saw that monitoring visits took place regularly and there was evidence that views of people who used the service were sought during this process. An annual quality assurance report was also available. We were therefore satisfied that the service had an effective system for measuring how it meets the service aims as outlined within the statement of purpose and regulation.

General observations of the home demonstrated that the registered manager had formed good relationships with residents and we noted that staff felt comfortable approaching her. Discussions with the registered manager indicated she had a clear understanding of the home's approach to service delivery and of her role and responsibility.

## Quality Of The Environment

Overall, we found the home offers guests a comfortable and safe environment.

The service consists of a large kitchen/dining room and a lounge area. There is no separate quiet area. We saw that the three guest bedrooms had been redecorated and new bedding and televisions provided. There remained some areas which required improvement which were discussed at the time of inspection with the registered manger. We were assured that all work was in the process of being completed and the maintenance and renewal of furniture etc. was undertaken on an ongoing basis.

The outside garden to the rear was in the process of being cleared with the intention of a new lawn being laid to improve access for guests staying in the service. It was anticipated that this would be completed within a two week period.

People can be confident they will be cared for in an environment that is safe and free from hazards. We reviewed a selection of safety certificates relating to the health and safety of the building. This included gas, electric, moving and handling equipment and fire drills. We saw that safety certificates were regularly monitored and in line with the requirements of the Care Homes (Wales) Regulations for 2002.

People can be reassured that they can be safe from strangers as we found that the front door was locked and secure on our arrival. We saw that visitors had to ring a bell and the door was opened from within by staff.

## 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.