



Care and Social Services Inspectorate Wales

Care Standards Act 2000

Inspection Report

Pantbach Avenue

Cardiff

Type of Inspection – Baseline
Date(s) of inspection – 4 April 2013
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Summary

About the service

Pantbach Avenue is a short stay, respite care service registered with CSSIW to provide support for up to three adults with a learning disability who may also have a physical disability or mental ill health. The care home operates from a detached dormer bungalow which is situated in the residential suburb of Birchgrove and is located close to transport links and local amenities.

As well as providing the opportunity for a break for carers, the home offers service users an opportunity to experience life away from their family home. Service users are supported by the staff team to try out new activities and practice daily living skills in a safe environment.

The home is operated by Mirus – Wales (formerly known as Opportunity Housing Trust). Justine Tickner is the Registered Manager.

What type of inspection was carried out?

This report relates to a planned CSSIW baseline inspection of the service, which was undertaken on the 4 April 2013.

We (CSSIW) gathered information for this report from the following sources:

We looked at the care records of two service users.

We looked at a sample of other records and documentation retained at the home.

We considered information provided by the registered provider.

We spoke with a service user, some staff members and the registered manager.

We carried out two observations using the Short Observational Framework for Inspection (SOFI 2) tool. The SOFI 2 tool enables inspectors to observe and record life from a service user's perspective; how they spend their time, activities, interactions with others and the type of support received.

We carried out a visual inspection of the premises.

We undertook an audit of the medication administration relating to one service user.

What does the service do well?

People are introduced to the service at a pace that suits their needs. Before an overnight stay is arranged, a person can visit the home as many times as necessary for them to get accustomed to the premises and staff team. This exceeds the national minimum standard and ensures that people are ready to make the transition to respite care and enjoy their stays at the home.

- The service makes considerable effort to offer a good degree of flexibility to ensure that people using the service can continue to access their normal routines and activities, if they so choose.

- The service makes considerable efforts to ensure the compatibility of the people using the service at any given time. This exceeds the national minimum standard and ensures that people using the service have the opportunity to comment on who they would like to share their respite stay with, service users preferences are met whenever possible.

- The service details information about the service user's stay at the home. Where requested this information is provided to the service user who can share the information with their carers/relatives, if they so wish.

People who reside at the home are encouraged and supported to participate in a range of activities, educational courses, day centre attendance, work experience, outings and holidays.

The service actively promotes service users' participation and inclusion within community life.

What has improved since the last inspection?

- A new cover had been fitted to the bathroom radiator.
- Some areas of the home had been redecorated.
- Hygienic hand washing and drying facilities were available in all bathrooms, toilets, kitchen and laundry areas.

What needs to be done to improve the service?

We informed the provider that the service was not compliant with:

Regulation 27 (5) (a) as copies of reports of visits to the care home undertaken by the registered provider in accordance with Regulation 27 were not kept at the home and were therefore not available to CSSIW at this inspection.

Regulation 13 (3) as we found that a bath, mobile hoist and shower chair were not clean.

Regulation 4. This is because the registered manager was unable to provide us with a copy of the Statement of Purpose in relation to the care home.

The provider must ensure that they take the necessary action in relation to the above matters to ensure compliance with the Care Homes (Wales) Regulations 2002. We did not issue non-compliance notices on this occasion on the basis that the registered provider is highly likely to respond positively and promptly to the issues raised.

We also found that improvements were needed in respect of other operational aspects of the service:

- The registered provider should ensure that where required, staff control visitors access to the home for the protection and safety of service users.
- The registered manager was advised by CSSIW to undertake a bed risk assessment in relation to one of the service users. This is because we found records concerning incidents where the service user had been found 'hanging out of the bed'. We also recommended that the registered manager review the service user's moving and handling, eating assessments and care plans, to ensure that all risks had been identified and that staff are provided with full and clear information regarding how to support and safeguard the service user.

- During our inspection we observed one service user being supported to eat their meal. We noted that the service delivery was not fully consistent with the care documentation. Therefore we recommended that the service's quality assurance system includes the monitoring of care delivery to ensure that the support being provided is consistent with available care plans and risk assessments.
- Further work is required to ensure that all care staff hold a relevant qualification as detailed in the Care Council for Wales Qualification Framework.
- To ensure the health and safety of service users the registered provider should ensure that:
 - Administration of controlled drugs (CD) is recorded both on the medication administration record (MAR) and in the CD record book.
 - Within the CD record book there should be a separate page for each CD for each service user.
 - Whenever possible, a second appropriately trained member of staff should witness the administration of medicines.
 - Whenever possible a second appropriately trained member of staff should check hand written MAR's.
 - Hand written MAR's should be fully transcribed and must detail any special information.
 - The service obtains a copy of current and relevant guidelines associated with the handling and management of medicines in social care settings to guide staff during the course of their work.
 - GP contact details and any known drug allergies should be recorded on the MAR.

Quality of life

Overall, we found that people using services were able to exercise their rights. We also observed that residents were treated with dignity and respect. One service user that we spoke with said that staying at the home was 'like staying in a hotel.' We found that the service provided opportunities for people to enjoy themselves - often in the company of their friends within the care home which is domestic in size and scale.

People using the service feel they are being listened to and are involved in the planning and delivery of their care. This is because the service makes considerable efforts to obtain the views and preferences of the people using the service and implement person centred care. In addition, the service operates through the use of a robust referral process. For example, all service user referrals are made by local authorities that are then required to provide the registered manager with detailed information regarding the prospective service user's needs. Before an overnight stay is completed the person can visit the home as many times as necessary for them to get accustomed to the premises and staff team. People are introduced to the service at a pace that suits their needs. This ensures that they are ready to make the transition to respite care and enjoy their stays at the home. Records of stays were maintained on the files that we viewed. This information is shared with the service user, and service user representatives if requested.

People using the service are able to exercise choice and control over daily living tasks. This is because service users' preferences are regularly sought and acted upon. We observed staff obtaining service users' preferences regarding meal choices and routines. Where applicable service users' cultural needs, likes and dislikes are documented and respected. Service users are involved in menu planning, shopping and activity planning.

People who use the service benefit from being able to access opportunities to learn, follow interests and access activities. Information is sought regarding what activities service users would like to access during their stay. As far as is possible, staff will provide support to ensure that any regular activities continue throughout service user stays, if required. Service users are provided with the opportunities to try out new activities and develop new skills. A service user confirmed that staff supported them to undertake activities of their choice.

Our observations and feedback we received at the inspection confirmed that service users felt happy and comfortable whilst accessing the service. We observed a service user watching the television and chatting to staff. The service user had made themselves comfortable in a reclining chair and retained control of the television remote control. Another service user was laying on their bed happily listening to music and staff were periodically checking if the service user required any support.

Staffing levels during our inspection were adequate to meet the individual needs of the service users. For example, we observed service users receiving one to one care, where required. Staff at the home were observed to be calm in manner and were responsive to the needs of the service users. It was evident that staff had developed effective ways of working with individual service users. This is because the home has a consistent staff team who generally have an up to date understanding of service users' individual needs and preferences. However we did note that the arrangements for assisting one service user to eat were not fully consistent with available risk assessment and local authority care plan. We brought this to the attention of the registered manager.

People who use the service are provided with support to take their prescribed medication, where required. We observed that medication was securely stored and a staff member described how staff administer medicines. The procedure described was appropriate and in accordance with the training received by staff. Systems were in place to ensure that those staff who had responsibility for administering medicines had received training and had been assessed as competent to administer medicines. We also checked one service user's medicines and were able to confirm that the stock levels were consistent with the information contained on the medication administration record (MAR) and that the medicines had been administered in accordance with the MAR. We did identify some areas where improvements could be made and these are detailed in the 'What needs to be done to improve the service' section of the report.

Quality of staffing

Overall, we found that people who use the service are consistently cared for by familiar staff, who have received training, support and supervision and who have been deemed 'fit' to work with vulnerable adults.

People using services are also protected as they receive care from staff that have been appropriately recruited. This is because the registered provider has an established and robust recruitment and selection process, evidence of which was available on the sample of staff records we examined. Information available included application forms, identity checks, references and criminal record bureau checks.

People using services are cared for by staff who themselves are supported to undertake their specified roles within the home. This is because care staff receive an induction which helps them understand their role and responsibilities. Additionally, staff are provided with regular formal supervision which enables them to raise any concerns and/or issues regarding the provision of care and support to residents. Such supervision also assists the registered manager to re-enforce the values and ethos of the home and to identify staff training needs.

The registered provider and staff we spoke with confirmed that staff receive regular training. We were also provided with information/certificates which served to verify the training undertaken by staff whose records were examined during our visit.

In addition, we found evidence of the action that had been taken by the registered persons following an incident whereby a staff member had completed a task that they were not trained to do. As a result of this incident, the service user's care documentation had been reviewed by the registered manager and found to contain insufficient detail regarding the arrangements for moving and handling that person. Arrangements were then made for all staff that have responsibility for assessing risks associated with the delivery of care, to receive additional training.

Quality of leadership and management

Overall we found that people who use the service benefit from the aims & objectives of the registered provider. The registered provider's aims include the promotion and facilitation of independent living skills and the provision of support to enable individuals to lead full and valued lives in ordinary community settings. The aims and objectives of the service were clearly set out in the Service Users Guide. However further work was required to ensure that the provider's Statement of Purpose is readily available to existing and prospective service users and their families.

People using the service benefit from the clear management structure in place which translates into clear responsibilities for all staff working at the home. The registered manager holds a relevant qualification and is registered with the Care Council for Wales. The registered manager is supported by an assistant team manager. The management approach of the home creates an open, positive and inclusive atmosphere. A service user that we spoke with confirmed that they would feel confident in speaking to the staff or manager if they had concerns about the care and support they receive.

People using the service experience a consistent service where systems are in place to audit and monitor the quality of service provided. We saw evidence of various completed audits and safety/technical certificates.

People can be confident that they are safe because the business is well run. This is because we found that there are suitable arrangements in place to monitor the quality of care provided. Such arrangements include bi-monthly visits to the home, which are usually undertaken by a senior manager who is not employed to work at the home. During these visits service users, staff and visitors are encouraged to offer their views on the service provided. Where required, actions are identified and improvements monitored at future visits.

People using the service and working in the service can be assured that their personal information is handled appropriately. We noted that systems were in place to ensure that service users had access to their personal information. Access to service user and staff records was carefully controlled by the registered provider.

Quality of environment

Overall, we found that the quality of the care home environment and the facilities available were good and ensured that the physical needs of people with disabilities are met. Service users' wellbeing is being promoted because the service had made appropriate adaptations and acquired a range of equipment to meet their needs.

People who use the service benefit from living in a homely and comfortable environment which is generally clean and hygienic. We found the home to be clean and free from unpleasant odours. We also found the heating, lighting and ventilation to be adequate. Hygienic hand washing and drying facilities were available in bathrooms, toilets, the laundry room and the kitchen. However we found that a bath, mobile hoist and shower chair were in need of cleaning. This was brought to the attention of the registered manager who immediately arranged for these items to be cleaned.

Service users cannot always be confident that they are safe from strangers entering the premises. This is because when we visited the home, a service user provided us with access without anyone else being aware of our arrival, and it was a few minutes before staff were aware that there was a visitor in the home. Whilst we were subsequently told by the registered manager that staff usually 'control' visitor's entry and exit to the building, the registered provider must ensure that service users are safe at all times.

People can be confident that the premises are otherwise physically safe. This is because we found that the registered provider has a management system in place regarding ongoing refurbishment and maintenance of the home. We also observed that some areas of the home had been redecorated since the last inspection and a new radiator cover had been fitted to the bathroom radiator. Daily records in relation to the use of equipment/water temperature/food safety checks are also kept by the home to demonstrate the efforts being made to ensure the health and safety of the service users and staff.

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.