



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

Inspection Report on

71 Partridge Road

Cardiff

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Description of the service

71 Partridge Road is registered with Care and Social Services Inspectorate Wales (CSSIW) to provide personal care and accommodation on a respite basis for people over the age of 18 whose primary need is their learning disability.

The home is situated in the Roath area of Cardiff. Mirus Wales is the registered provider for the service. A nominated responsible individual has responsibility for overseeing the management of the home and Justine Tickner is the registered manager.

Local shops, pubs and a park are within walking distance and the centre of Cardiff is a short bus ride away. It is a terraced property that is indistinguishable from neighbouring properties. The home has four bedrooms, three guest bedrooms and one room for staff use during 'sleep-in' rota duties.

People who stay in the home are referred to as guests.

Summary of our findings

1. Overall assessment

The home itself is well looked after, welcoming, and clean. The service meets the needs of the guests living there. Guests enjoy their visits and look forward to staying there. Carers also find the service invaluable. Guests are supported by a stable staff team who work well together and feel supported by a sound management team. Improvements are needed regarding documentation of support and personal care needs and some staff need to complete some training. The registered manager is aware of the improvements that are needed to develop the service.

2. Improvements

We made some recommendations at our last visit in order to improve the service for guests. The upstairs windows now have restrictors on them; some local authority assessments are on file, and some staff have had training in inclusive communication.

3. Requirements and recommendations

There are no non compliance notices issued from this inspection.

Section five of this report sets out our recommendations to improve the service. These are in the main, in relation to care planning documentation.

1. Well-being

Summary

Guests are safe and protected from abuse. Guests enjoy their time in the home and look forward to their visits. Guests make some daily choices and decisions, and are sometimes supported to pursue their interests.

Our findings

Guests are safeguarded from the risks of abuse. We saw records evidencing that care workers checked in the monies guests brought with them, and amounts are checked every shift. The training records showed that care workers receive regular training in the protection of vulnerable adults. The service uses a compatibility assessment tool when booking guests in for their visits. We read how some guests are unable to stay with other guests due to gender; behaviours; Protection of Vulnerable Adults agreements and family requests. There was an additional column stating which guests they would prefer not to stay with. Relatives told us how this was abided by, and how friendship groups were supported so guests could socialise with their peers. One guest told us that they felt safe in the home, and relatives told us that they have never had any concerns about with the safety of their relative staying in the home. Guests are able to build safe positive relationships.

Guests are offered some choice of activities whilst staying in the home and are involved in the planning and cooking of their meals. We read guests' one page profiles which gave information about what they enjoyed doing; their likes and dislikes. We read and observed how guests went to the supermarket and planned what they were going to cook and eat. A guest told us about how they stick to a specific diet, which was recorded in their care notes. A 'review of care' form was completed for each guests' stay, which prompted staff to record meals they had eaten and what they did during their stay. We informed the registered manager that the 15 recent forms we read gave little information about what guests did during their stay. Some relatives told us that they would like to see changes in this area. It was understood that transport was sometimes an issue. However, relatives understood that guests enjoyed 'chilling out' during their respite stay. We read and observed that guests watched television; went to the pub; played snooker; had take-aways; watched sport, and hung out with their friends. Some guests had recently been on a holiday break with the respite service, and we were told that it was a success. During the week, guests are supported to follow their usual routine of attending day services/work/college. Guests may be offered opportunities to go out and their activity choices may be respected, but there was little evidence of this or how guests spend their time during their visit. The registered manager told us that this would be addressed immediately.

Guests are treated with respect. We observed care workers interactions with guests and noted that when we talked with care workers about their role, it was with warmth and acceptance.

2. Care and Support

Summary

Guests can sometimes be assured that their care and support needs are assessed and reviewed. Further information is necessary to ensure that the team know how to support guests in a way they want. Guest's health needs are noted but are inconsistent and more information is needed to ensure that current information is recorded and medical attention is sought when required.

Our findings

There was some evidence of how guests' routines were recognised and valued. The service uses a computer system to store and access care and support information, as well as some paper files. Staff have varying degrees of access depending on what their role is. There had been some errors made when uploading documents into the wrong folders which made finding the information longer than necessary. For example, 'one page profiles' were saved under the 'service delivery plan', and the plans could not be located. This was also flagged up in the June's quality monitoring visit. Guests had a 'personal care' plan which gave basic detail as to what support they required from staff. This information must be completed as it is crucial for staff to refer to when supporting such high numbers of individuals. We discussed specific examples with the assistant manager during our visit who understood that further information was necessary. Plans had been reviewed recently but did not contain a sufficient amount of information. We did not find any evidence to show that people's personal care routines had been followed during their stays. Staff gave a few examples of how some individuals were independent with their personal care so there was no need for a detailed routine. The one page profiles gave a good overview on somebody's personality and their interests, including what was important to and for them.

At our last visit, we recommended that an up to date local authority assessment needed to be in each guest's files. We saw that there had been progress on obtaining these, but we were told that some were still missing or hadn't been sent through to the office as yet. This was an on-going issue.

Out of the four paper-files we looked at, only one had a photo of the guest. Each guest's folder must have a photo on file.

We discussed the medication procedures with the registered manager and observed a medication practice. We also read medication administration records (MARs) in guest's folders. Medicines brought into the home are recorded on the MARs. These showed us that medicines had been administered, and we observed this is in practice. The guest knew when and what medicines they needed. Care notes for one guest showed conflicting information about what medicines guests were prescribed. On the computer system, guests

had a document about how they liked to take their medication. However, this did not give sufficient information or gave the same information as to how the guest communicated. Information and risk assessments surrounding medication for allergies, epilepsy and health conditions were unsatisfactory because there was insufficient information about how to minimise risks and there was a lack of information about how care workers should respond. For example, one guest has an allergy to a food type, but there was no information regarding the affect it had; the severity, or what the care workers need to do. There was a risk assessment stating that a guest 'may collapse' but no further information as to why, or what care workers need to do. Guests cannot be assured that systems are in place for the handling of medicines but there is sometimes insufficient information for care workers to follow in case of a medical incident. We spoke to the registered manager about this who told us that immediate action would be taken to review guests' medical information and risk assessments..

Guests had not been protected under the Deprivation of Liberty Safeguards (DoLS) whilst staying in the home. The assistant manager explained how the team had received conflicting advice regarding DoLS applications. There had been no applications submitted under DoLS even though some guests' liberties had been restricted during their stay. Not everyone was free to leave the home as and when they wished. We read a risk assessment stating that a guest was at risk of absconding. However, there was no guidance for care workers to follow or a missing persons' assessment in case this should happen. There was some documentation reflecting guests' capacity to consent to decisions: communication profiles stating that they could make decisions about their day to day life, but these were inconsistent. Evidence of training in this area was sent to us after the inspection. The registered manager told us that they will clarify their position and what procedures they need to follow, and that the assistant manager had started completing the DoLS application forms. This action will ensure that people are safeguarded under DoLS.

3. Environment

Summary

Guests stay in a home which meets their needs and supports them to use their independent skills. The home is spacious, tidy, welcoming and warm. There is sufficient space internally and externally for guests to spend time together or on their own.

Our findings

Guests are able to do things for themselves, with some support from care workers because the layout of the home is accessible and familiar. The home was clean, airy and welcoming. There was a communal lounge with a large open plan kitchen diner. A yard type garden was to the rear of the house, where guests could smoke if they wanted to. There were three double bedrooms upstairs for guests to stay in. Guests told us how they enjoyed using the communal areas to chill out in and socialise. We saw that guests had been supported to make cakes and the kitchen area was accessible. Guests appeared to be comfortable during their stay.

The location of the home means that guests are easily able to access the community and local amenities. Care workers and guests told us how they walk or get the bus to places they want to visit and places they visit in the vicinity.

The property appeared to be well looked after and the assistant manager told us that there are some planned works due to commence imminently. For example, the boiler is being replaced; the carpet upstairs is being replaced; the sofa suite is being renewed and some garden work is being looked into. The assistant manager told us that the registered provider owns the property which enables maintenance issues to be resolved relatively quickly. Guests stay in a homely environment.

Guests generally live in a safe environment. A recommendation from our previous visit was for window restrictors to be installed on all the upper level windows. We noted that this has been carried out. The kitchen appliances were clean. We saw that opened sauces and condiments in the fridge had not been labelled. The registered manager confirmed that the staff team would be reminded to correctly label food stuffs. The fire safety and the health and safety file, which contained the records for the safety checks, evidenced that the majority had been completed. The last recorded fire drill was in June 2017, but there was no additional information. Due to the turnover of guests, it would be good practice for fire drills to be carried out more regularly and at least every three months as per the regulations. There was no record of what happened during the evacuation or who was involved. The assistant manager told us that the staff team complete their fire training through an e-learning course, and they are sent an email from head office when they need to renew it. The dates of staff's training were not on the computer system or in staff's training files.

Some guests had personal emergency evacuation plans (PEEPs) in case there was a fire which gave care workers sufficient detail as to the level of support that individuals need. We spoke to the registered manager who was going to make sure that all guests have a plan in place; staff's training details are recorded, and the details of fire drills will be recorded. The home's fire risk assessment had been reviewed in June 2017. We saw records of weekly and monthly fire safety tests, and the certificates for the gas safety and portable appliance testing on the computer system. This evidences that appropriate, timely, safety checks had been carried out.

4. Leadership and Management

Summary

Guests stay in a home which is committed to improving the provision of care. Guests are cared for by a familiar, dedicated, care team who feel valued and are supported by their manager. There are management systems in place to ensure that the day to day running of the home remains stable. Guests are safe.

Our findings

The purpose of the home is clear. The assistant manager was knowledgeable about the service and how it supports not only its guests but their relatives and carers as well. People spoke positively about the registered manager and felt that the service was well run. Care workers spoken with were clear in their roles and responsibilities towards the guests living in the home, but referred to the whole team needing this clarity. There are a number of issues regarding documentation. The service had recently merged with a local community project, which gave the home and the team and new dynamic to adapt to. We spoke with the registered manager who agreed that despite the service still being well run for the guests the management of the service had weakened. The registered manager manages two services, and has recently employed a second assistant manager. This will enable the registered manager to re-establish the quality of the service.

Guests are supported by a stable and consistent staff team. We were told that there was a low turnover of care workers, with the 'newest' staff member starting a year ago, and no use of agency or casual staff. The care workers we spoke with all told us how much they enjoyed their role and supporting people in their stays. Relatives told us that the staff they see are "lovely". All the care workers told us that the team's morale was good at the moment and they all felt supported by each other and by the management team.

Care workers feel appreciated and supported. We read recent supervision notes for three care workers. It was clear from records and talking with staff that these one to one meetings were regular and addressed practice and personnel issues. Records showed that staff were praised for their work with guests, with the running of the home, and contributing to the team, as well as being encouraged to complete their training in a positive manner. Monthly team meetings are also held which cover a range of issues including the welfare of the guests. We saw that the majority of the team attend these meetings. One recurring issue which was raised, was the issue of rotas. The assistant manager told us that the aim was to get a rota in place three weeks in advance; however, this was reported to not be happening in practice. The team would benefit from having a planned rota of working hours. We saw that staff have received annual appraisals whereby they reflected on their practice and development prior to the meeting. The frequency of staff support is also checked by the 'quality monitoring' visits. The last report from said visit stated "*in the recent Mirus awards ceremony, ** (a staff member that worked in Respite) was awarded the most outstanding*

member of staff award. This is a reflection of the team within respite...” The provider offers a helpline, open 24/7 for care workers to contact if they need additional support. Staff told us that they felt supported by their management, who make themselves available to resolve any issues. Guests are supported by staff who feel valued.

We were unable to assess whether guests are safeguarded by the service’s recruitment and vetting procedures because we could not access the files. The registered manager who holds the key to the cabinet was on annual leave and no alternative arrangements were in place. Staff recruitment files must be made accessible to CSSIW at all times.

Training is provided by Mirus Wales to continually develop the skills and knowledge of the care workers. Training sessions were organised by a separate department which kept track on when care workers needed new or refresher training. Mandatory training subjects are covered, with additional specialist subjects relevant to the guests living in the home, such as Autism; administering Buccal Midazolam (a medicine for epilepsy), and Positive Behaviour Support. As written earlier, fire training needs to be recorded to evidence that staff have completed it. We asked care workers if there was any training they would like but hadn’t yet had, and they said no, apart from some technology training to be able to use the computer system independently. Supervision notes evidenced that care workers were being supported to complete social care qualifications if not already gained. We recommended at the last inspection that the team receive training in a specific form of communication. We were told that the registered manager was a training facilitator in Inclusive Communication and that about half the team had received this. Records of this were not on the computer system to verify this. The registered manager was planning for the remaining half to do the training in the near future. Guests living in the home are supported by trained and competent care workers.

There is evidence of continuous improvement and a willingness to learn from practice and feedback from people using the service. We read the last two quality monitoring reports, which evidenced that improvements had been recognised, and areas for development had been identified for the future of the service. The reports were clear, concise and covered key areas of the service, with a person centred approach for both guests and the staff team. These visits and reports should be individual to each service so that the successes and areas of development are clear to the team. We read that the service offered a ‘participation forum’, and there had been an opportunity for family and guests to come and visit, of which *“feedback was that this was successful”*, and a summary of the event was going to be compiled. The last quality monitoring report told us ** had *“been voted in as a Mirus rep for Cardiff and respite services. ** was very pleased with this responsibility...is a good advocate for others and listens to what other people are saying...”* Guests can be assured that monitoring of the quality of the service is carried out so that the service can continually improve and sustain its provision.

The complaints and compliments book could not be located during our visit, but the assistant manager was unaware of any on-going complaints. This was confirmed by the

registered manager during our phone conversation. The last quality visit report said “*all formal complaints are dealt with promptly by the manager.*” Care workers told us how they would feel comfortable with talking to management regarding any concerns they had, and felt that action would be taken. Guests and relatives also told us that they would feel comfortable with raising any concerns. No one had any examples of previous issues because they have been happy with the service. Relatives told us “*I love the service*”, “*it gives us time to spend time on our own*”, and guests had told them “*I’ve had a wonderful time*”, and always enjoy going.

The assistant manager told us that the registered provider is working towards having an active offer of Welsh. At the time of inspection there was one staff member who would be able to converse in Welsh, but there were no guests whose preferred language was Welsh. The latest quality monitoring report also stated “*there are welsh speakers within the team to support anyone whom stays where Welsh is their first language.*”

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

The provider was non-compliant with Regulation 13(4) regarding the lack of window restrictors at the last inspection. A non-compliance notice was not issued and has been met.

5.2 Areas of non compliance identified at this inspection

There were no areas of non compliance identified at this inspection.

5.3 Recommendations for improvement

We recommend the following:

- Each guest should have a Personal Emergency Evacuation Plan detailing the support they would require in case of a fire.
- Each guest must have a photo in their file.
- Service Delivery plans, including personal care plans and risk assessments, need to contain appropriate detail explaining how the individual wants and needs to be supported.
- Reviews of care / daily notes should evidence how guests spend their time during their visits.
- Deprivation of Liberty Safeguard applications need to be submitted for guests who need restrictions in place to keep them safe.
- Fire drills should be carried out at least every three months, with a record of how the evacuation was carried out.
- Food in the fridge must be labelled with the date of when it was opened.
- Staff recruitment documentation must be made available for inspection.
- Staff training in inclusive communication needs to be completed for the whole staff team, and accurate records of fire safety training need to be available.

1. 6. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. We made an unannounced visit to the home on 31 October 2017 between 8.45am and 5.00pm.

The following methods were used:

- We spoke with one guest.
- We spoke with three care workers.
- We spoke with the assistant manager.
- We observed one guest staying at the home.
- We looked around the home and the garden.
- We read five guest's care documentation, including care and support plans and health records.
- We read six additional guests' review of care notes from their last visits.
- We read three support worker's supervision and training files.
- We looked at the care worker's training matrix held on the service's computer.
- We read the last provider visit reports (06/17 and 09/17).
- We looked at the fire safety and health and safety folder checklists and certificates.
- We spoke with two relatives on the phone after our visit (01/11/17).
- We had a phone conversation with the registered manager after our visit (09/11/17).

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 - Younger
Registered Person	Mirus-Wales
Registered Manager	Justine Tickner
Registered maximum number of places	3
Date of previous CSSIW inspection	16/03/2017
Dates of this Inspection visit	31/10/2017
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	No
Additional Information:	