

# Inspection Report on

**Ely Court care home** 

Ely Court Care Home Michaelston Road St. Fagans Cardiff CF5 6XD

### **Date Inspection Completed**

26 and 28 September 2022



## **About Ely Court care home**

Type of care provided	Care Home Service
	Adults With Nursing
Registered Provider	Ely Court Care Itd
Registered places	60
Language of the service	English and Welsh
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

### Summary

People are happy and receive appropriate care in a timely manner. The staff team know people well and work with them and their families in a collaborative way to achieve best possible outcomes. Care plan documentation is not always in place within the required timeframes, but the management team are working on this during transition between two electronic systems. A variety of activities are offered to people during the weekdays but the provider is considering how they could be enhanced.

Ely Court offers a contrasting environment between the historic, traditional part and the high quality more modern, refurbished area. Further refurbishment is planned. The building and equipment is safe throughout with checks and servicing evidenced. The grounds are pleasant, but a plan is in place to develop the garden.

A responsible individual (RI) oversees the quality of care while a manager oversees the day-to-day running of the service. The provider has good systems in place to recruit and support staff. Policies and procedures support the operation of the service. Information is available about the service. Mechanisms are in place to audit documents and systems, but these are not picking up on omissions, that would drive improvement. The RI has agreed this is an area for development.

#### Well-being

People's individual circumstances are considered but improvement is required to ensure care and support requirements are documented. Information is available to people before they consider living at Ely Court and they are consulted as part of the pre-admission process about how they would like their care delivered. People's individual backgrounds and wishes are considered, and the service is mindful of people's communication choices, including their choice of language. Care plans are not always written and developed in a timely manner, so care workers cannot access important information to follow, and people who are unable to communicate their wishes are at risk. The care team get to know people well so impact of this is reduced.

Care and support is delivered in a timely manner and people are protected from harm. The service keeps good records to evidence the care provided and ensures tasks to promote the general health of people are completed. The service closely monitors people's health and any indicators that might mean referrals are needed to a health professional outside of the home; this is then arranged. People who lack capacity are referred so they can have appropriate representation when making decisions. There is good communication between the staff team, and they in turn communicate well with people's families. Care plans, when in place, are reviewed and updated with changes of need and there is evidence that people are part of this process. The care team are recruited safely and have training around the safeguarding of older people. The environment is well-maintained, and equipment is checked and serviced appropriately. Audits, including those around medication administration are undertaken.

People are mostly supported to do things that matter to them. People are consulted on an activity-by-activity basis about what they would like to do, including participating in arranged activities. People enjoy contact with the activity co-ordinator on a one-to-one basis, and some choose to take part in group activities. Activity choices and trips into the community are sometimes limited due to the availability of resources and staffing levels, especially on weekends. People have visits from their relatives, this is not limited, but the service likes to know if visitors are expected so they can support a person to be ready. An external hairdresser visits and people can choose to pay to have their hair styled and set. When people require quiet time, listening to calming music, away from other people, this is arranged. People also choose to spend time in their own rooms, following their own interests. People enjoy the dining experience, whether it is with others in communal areas, or with family in their own room. Large, well-organised events take place in the garden. There is some evidence that more formal consultation with people and their families regarding activities and social events is re-starting as the care home is opening up after government restrictions around the Pandemic.

#### **Care and Support**

People are happy with the care they receive, are well presented and appear relaxed. Families of people we spoke to told us that they had no concerns about the care provision, and people told us how much they liked their care workers. We saw positive interactions between care workers and people, demonstrating that the care team know individuals very well, know their likes and dislikes, and when appropriate, know when to have a 'laugh and joke' with those who appreciate this. On the day of the inspection people were enjoying having their hair cut and set by a visiting hairdresser. An activity co-ordinator has a good relationship with people, visits most individually throughout a Monday to Friday and arranges group social activities. Daily notes around activities show how people are engaged. Though the activity co-ordinator plans activities for care workers to carry out on weekends, there is little evidence that this is happening.

Information is gathered about a person before the service agrees they can meet their needs. This includes speaking to the person or their representative. The service considers risks to the individual and how these can be mitigated, with documentation around this kept and reviewed. People have a personal plan, but there is currently a changeover between electronic systems. People cannot be confident that care plans to show the care team how to support them are in place before they live at the home. For one person who had lived at the home for a month, there was only the most basic of information. We spoke to staff who demonstrated they know the people in question, know their likes and dislikes, and demonstrate care appropriate to the individuals, therefore there is no current impact. The lack of detailed care plans is putting people at risk and is identified as an area for improvement. We expect the service provider to take action to address this and this will be tested at the next inspection. Previous care plan systems show that people have been involved in their care plan reviews; this needs to be reintroduced as part of the new system.

Daily notes record the clinical and care tasks for people, and some also consider how the person is feeling. Consistency on this is required. People's weights and other records are used as indicators for nurses to take action. Referrals are made to relevant external health professionals in a timely manner. Appropriate referrals are also made for people who need support to stay safe as they lack the understanding to do this. Advocates are involved when people cannot represent themselves. We saw people enjoying an appetising homecooked meal. Some assistance was provided for those who are more independently able to eat, but this needs to be monitored more closely to ensure everyone is able to eat what is on their plate. People who need one-to-one support to eat receive this, with nutrition and fluid intake monitored. People have appropriate medication reviews, and administration is provided in a safe manner.

#### **Environment**

A refurbishment programme is taking place with developed areas of the home being completed to a high standard. Elements of the historic building remain, including nicely presented dining rooms and living areas, and we are told that these will be refreshed sympathetically. People tell us they like their surroundings. There is evidence that the Welsh heritage and culture is celebrated in artwork around the home with Welsh signage provided in refurbished parts. A variety of different sized en-suite bedrooms is available, and people can personalise their rooms if they wish, but we saw many preferring to enjoy the finishing touches provided by the home in detail such as matching bedcovers, scatter pillows and curtains. Refurbished bathrooms promote relaxation and are well-equipped. Some bathrooms still require refurbishment. Plans are in place to develop the grounds of the home and consultation processes are underway to seek views of people and their families regarding this. People and staff tell us that celebratory parties take place in the garden, and everyone enjoys such events.

The home is kept clean and free of bad odours. We saw deep cleaning of bedrooms taking place and the housekeeping service told us that they have sufficient equipment and resources. People and visitors told us how clean the home is kept. While the main cleaning materials are securely stored to safeguard people, we found that some rooms containing chemicals were unlocked or left fully open as care workers busily go about their duties. The manager is aware of the issue and has proposed self-closing door systems to the provider, who is considering this. There is no impact on people at present as they require the support of care workers to move around the areas in question.

People have access to suitable equipment to support their physical needs, including a variety of specialist chairs and beds. Smaller specialist items such as adapted drinking cups are also available to individuals. A nurse call system is in place and people can wear a wrist bracelet with a button to alert care workers if needed. Equipment is routinely checked and tested to confirm its safety. A maintenance person keeps detailed records of environmental and equipment checks, and the service has mechanisms in place to ensure that external contractors test and repair equipment such as lifts and hoists. Certificates demonstrate that services such as gas and electricity are safe, and that the provider has public liability insurance cover. Suitable equipment and systems are in place to address any outbreak of fire. Medication storage is safe. People and families enjoy areas within the home such as a tea and coffee making facility. An area called, 'The Salon' has been used to support technology so that people could stay in touch with loved ones during the pandemic. As the visiting hairdresser is currently supporting people in the living room, the provider is considering these activities and if the areas used are appropriate.

#### **Leadership and Management**

A responsible individual (RI) has been appointed to have oversight of the service. They undertake visits to the home to test the quality of care and produce reports of their findings. They also arrange for area teams to provide specialist support, testing systems in place to ensure the service is provided to a high standard. We found that elements of the service are not being tested sufficiently so areas for improvement are not always identified. This has been discussed with the RI, who agrees this is an area for their own development and improvement. We will test this at the next inspection. The Policies and procedures support the operation of the service, these are reflective of Welsh legislation, including the Welsh Safeguarding Procedures. A 'Statement of Purpose' (SOP) is available and kept up to date. This document informs people about the home and what to expect from the service.

An experienced, knowledgeable and respected manager has responsibility for the day-to-day smooth running of the service, supported by a deputy manager. The manager was described as 'dynamic' by one family member, and there is evidence that they, and the team, communicate effectively, promoting good relations that contribute to the overall well-being of people. A deputy supports the manager, both following organisational systems to manage the environment, staff and care delivery, however, omissions around care plans has not been identified.

All staff are recruited safely and personnel files contain documentation as required. Nurses are supported to maintain their registration with their professional body, and care workers are supported to register with Social Care Wales, the workforce regulator. Induction and training is thorough and staff tell us they feel they have sufficient knowledge to undertake their role. External specialist training is provided when needed or requested. Supervision meetings are regularly undertaken where staff can discuss matters with their line manager, and competencies can be explored. Annual appraisal meetings need to be recorded separately, evidencing staff have opportunity to discuss their professional development and set goals for the coming year, as the clarity of this is lost within the supervision meeting discussions.

The provider invests in the service financially, supporting development of the building and new electronic recording systems. Generous budgets are available to provide quality, in maintenance of the environment, but also in daily provisions. There has been a move away from the specialist frozen meals to home cooked meals prepared on site by an experienced, knowledgeable chef. Activity resources are also provided, but people, their representatives and staff express the need to support more trips into the community for people. One powerful testimony from a family member explained that their relative, who lives with dementia, can be seen to improve social skills and communication when they go into the community, or take a trip. The provider is considering how this can be facilitated more, in addition to provision of dedicated staff to organise activities on weekends.

Summary of Non-Compliance			
Status	What each means		
New	This non-compliance was identified at this inspection.		
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.		
Not Achieved	Compliance was tested at this inspection and was not achieved.		
Achieved	Compliance was tested at this inspection and was achieved.		

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)			
Regulation	Summary	Status	
N/A	No non-compliance of this type was identified at this inspection	N/A	

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement			
Regulation	Summary	Status	

66	The responsible individual is not always confirming information they have been given about the status of the service provision is correct.	New
15	Personal plans are not prepared prior to a person becoming a resident, and plans are not consistently in place for all people once they have become a resident. The care plans lack detail around how the individual can be supported with their needs on a day-to-day basis.	New

#### **Date Published** 15/11/2022