



Inspection Report on

Caersalem

Haverfordwest

Date Inspection Completed

11/10/2022

Welsh Government © Crown copyright 2022.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context.

About Caersalem

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	St. Davids Care in the Community Ltd.
Registered places	5
Language of the service	English
Previous Care Inspectorate Wales inspection	3 November 2021
Does this service provide the Welsh Language active offer?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

People who have made Caersalem their home are supported by a small team of staff who are experienced and know those they support well.

The service is clean, comfortable and generally homely. Some garden maintenance would enhance the environment. It is located centrally and a short walk from the shops and other amenities.

People are happy and have good relationships with each other, including those they live with and who support them.

People are able to do some things they want to do, but staffing levels sometimes mean people are required to do things either as a group, or to remain at home.

The governance arrangements to monitor quality lack rigor and the provider is not meeting their regulatory responsibilities fully.

Well-being

People are safe and protected from harm. Care workers know what they have to do if they suspect a person is at risk or is being abused and are confident their managers would take the appropriate action to make sure people are safeguarded. The front door is locked to make sure no one is in the service without the knowledge of staff. People feel safe living at Caersalem.

Well-being is, to some degree, enhanced because of the environment. The property is located in the centre of St David's and is in a reasonable state of repair with people taking pride in their home. The outside would benefit from some maintenance.

People can do some things that matter to them, and this includes going to a local college, to groups in the local area and spending time with friends. There are some limitations though, due to staffing levels, especially in the evenings and at weekends.

Physical health is a priority with some emphasis on the importance of maintaining a healthy diet. People attend for routine health appointments and are up to date with general health checks and vaccinations.

Relationships with each other and with staff are very good with people feeling relaxed and able to enjoy some banter with them.

Care and Support

Paper records are maintained but these do not show people are involved in their care planning. The dates on the care plans indicate they have recently been updated, but some of the information contained within them is out of date. Daily entries are brief but informative.

Staff find the care records helpful and have time to read them. As well as the daily diaries, there is a daily communication book which gives an overview of people's days and also details of any appointments or other commitments they have.

Relationships between people and those supporting them are very good. Those living and working in the service are friendly and supportive towards each other. People help each other and describe them as their friends. During the inspection, we saw some nice interactions, laughter and general banter. Staff know people well and are motivated to providing the best care and support they can.

People are able to do some things that are important to them. Some are happy to help out in the home, with cleaning and meal preparation. One person said they like to go shopping for food for the home. Another enjoys craft activities and going out for walks.

Whilst people enjoy the company of the others they live with, there are times they would prefer to do things on their own, rather than as a group. However with just one staff member on duty this can be difficult. We discussed this with the RI who said staffing levels are low due to difficulties with recruitment.

Physical health needs are met, with people attending for dental and opticians appointments. In previous years, a helpful summary has been written regarding people's physical and mental health, but the last ones were written in 2019. Some people have a weight chart, but these show people's weight was last recorded some months ago with no reason given for this now not being done.

Choice is encouraged. People are able to choose where to spend their time in the service; when to go to bed and what to eat. Staff are flexible in their approach, and this is evidenced by the relaxed and inclusive atmosphere throughout the service.

There is some understanding of the importance of good nutrition, but we have asked the provider to consider reducing their reliance on the use of processed food. The lunch time meal was being prepared and it did smell appetising. People spoke in a good humoured way about who, among the staff, are good at cooking.

Environment

People live in a service which is suitable for their needs. The property is clean and in good decorative order.

People are proud of their bedrooms, which are comfortable and personalised, and were keen to show them to us.

The front door is kept locked to prevent any unauthorised access, and visitors are required to sign into a visitor's book meaning staff know who is in the property at all times.

The back garden is secure but the gardens in the back and front of the property are overgrown and in need of maintenance.

Leadership and Management

There are some governance arrangements in place to monitor quality but these lack rigor and do not fully meet the regulatory requirements. There is evidence the RI maintains regular contact with the service both by telephone and in person visits. However, reports are not written and there is no evidence the views of people and staff are sought. We discussed this with the RI who is aware of these shortfalls and plans to use the standardised CIW template for future reviews.

There is also no evidence that managers are completing Quality of Care reviews. This is an area for improvement and will be followed up at the next inspection.

Staff are appointed following a safe recruitment process. Staff files contain the information needed, including references and photographic identification. They are generally easy to navigate but they do contain a lot of old and out of date information including training certificates for expired training. DBS checks are carried out and are all up to date. However, a volunteer sometimes helps, and the provider is required to ensure they have a valid DBS before carrying out any further voluntary work.

Most staff consider they have effective supervision from their line manager. Some gets feedback on their work, but others do not meet with their manager for supervision. The supervision rota we were given shows some staff are up to date, but the list was not a complete one.

Staff feel they have the training they need to safely and effectively carry out their duties. Due to the pandemic, most training took place as elearning, but face to face training is now starting back up with staff being booked to attend in the coming months. Training is done covering a range of areas including safeguarding; medication awareness; dementia awareness and record keeping. Staff are able to request additional training if they feel this will help them in their work.

There are some effective processes to make sure equipment and services are safe and appropriately checked. There are valid electrical and gas certificates. A pest control company was carrying out routine checks during the inspection.

Most staff feel able to speak to their manager about any ideas or concerns they have and are confident of receiving a helpful and timely response. However some staff say that despite them bringing up issues, no action is taken.

Staffing levels are a concern for workers. We discussed this with the RI who said efforts are being made to recruit. Managers are working as care workers and some staff are working very long hours, up to 60 hours a week. This does consist of waking and sleeping shifts and care workers are generally happy with the hours they work. There is an adverse impact on

people as they may not be able to spend time away from their home if there are not enough staff. Some staff feel the situation is getting worse.

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 provider is not fully meeting their responsibilities in relation to Regulation 73 nor 80	New
----	--	-----

Date Published 31/10/2022