



## Inspection Report on

**The Firs**

**Cwmbran**

## **Date Inspection Completed**

10/11/2022

**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](mailto:psi@nationalarchives.gsi.gov.uk)*  
*You must reproduce our material accurately and not use it in a misleading context.*

## About The Firs

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Enable Care Services (South Wales) Ltd
Registered places	6
Language of the service	English
Previous Care Inspectorate Wales inspection	02 July 2019
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

The home is well managed on a day-to-day basis. People are happy with the service they receive. Governance arrangements are in place that support the operation of the service. The Responsible Individual (RI) visits the service on a regular basis. The Statement of Purpose (SoP) requires updating to accurately reflect the service provided. Personal plans of care require updating to ensure they accurately reflect the individual. The assessment and mitigation of known risk requires improvement. Staff are supported, and complete core training but require access to further specialist training. The manager of the service started to address some deficits found during the inspection, these require further work and embedding into practice. Staff treat people with dignity and respect. Policies and procedures require updating to reflect current legislation and best practice. The environment is clean, warm and welcoming. People have their own rooms, which are personal to them and contain their own belongings. People appear comfortable and content in their environment.

## Well-being

People have choice about how and where they spend their time. Care staff are encouraging, kind and available to assist people. Care staff encourage people to have a routine and get involved in activities. Support is provided to access community events and to attend social events with family and friends. Care staff treat people with dignity and respect and provide support with care, compassion and good humour. We saw staff engaging people in conversation and encouraging them to socialise and join in. People are able to personalise their surroundings and are encouraged to participate in the day to day running of the home. Regular resident's meetings are held.

A range of opportunities are in place for people to both formally, and informally express their views and opinions. People are given choices and are listened to. Arrangements are in place to oversee the service and people's views are used for the continued development and improvement of services.

The service promotes and supports people to maximise their physical and emotional well-being. People have a choice of healthy meals. The service has a five star "very good" food hygiene rating from the Food Standards Agency. Safe storage and administration of medication are in place. The service has oversight of individual's health needs. Appointments with health and social care professionals are arranged for regular checks or if individual needs change. Further development of staff skills and knowledge of mental health issues are required.

There are measures in place to safeguard people from the risk of harm. The service has a robust recruitment system. Staff files and training records show care staff receive training to ensure people's safety; this includes training in safeguarding, medication, moving and handling. The provider has a safeguarding policy which requires updating. There are systems in place to record accidents and incidents. Where there are necessary restrictions made in people's best interests to manage their safety, these do not always have the required documentation. Risk management plans are not sufficiently robust. There are various avenues for people to make their concerns known.

## Care and Support

Each person has a plan of care which covers core areas of an individual's care and support to be provided. These are reviewed on a regular basis and should provide staff with clear guidance how to meet individual's identified needs. Plans do not always take into account information contained within the persons care and treatment plan developed by mental health services. This is an area for improvement, and we expect the provider to take action and we will follow this up at our next inspection. Plans identified outcomes for people to achieve, but also contained conflicting information on likes, dislikes and preferences, the manager started to address this during our inspection.

Generic risk assessments are in place; however, specific risk assessments were missing, these are required to maintain people's safety. For example, non-compliance with medication, the use of bed rails and staff observations throughout the night. Additionally, where there are restrictions made in people's best interests to manage their safety, appropriate documentation was not available to support these decisions. Capacity assessments and best interest decisions have not been completed consistently. These are areas for improvement, and we expect the provider to take action and we will follow this up at our next inspection.

People can access the necessary health services to maintain their health and wellbeing. External health care support is sought in a proactive and preventative way, for example regular chiropody, dental and optometrist's appointments. We saw allergies were recorded appropriately. There are systems in place to manage people's medication. There are secure arrangements for storing medication. We examined a sample of Medication Administration Records (MARs) sheets. The records we checked were completed accurately. The date of opening liquid medication was not recorded to ensure it was not used beyond its expiry date. Care staff receive training in medication and competency checking before administering. Service medication policies and procedures require review and updating.

## Environment

People live in a clean and safe environment. The premises and facilities are suitable for the people living at the service. There is an accessible garden and throughout our visit we saw people moving freely between different rooms and the garden. The environment recognises and promotes people's individuality. Rooms are furnished to a good standard and decorated to individual's personal tastes and preferences. People are surrounded by their personal items and belongings which reflect their likes, different interests and lifestyles.

The service has systems in place to identify and mitigate risks to health and safety. People live in a safe environment, with safety checks and maintenance of equipment being carried out on a regular basis. Records we viewed demonstrated routine completion of utilities testing. An annual fire risk assessment is in place and the fire service had recently inspected the service. Fire safety tests and drills are completed within required timeframes. Personal emergency evacuation plans are in place for residents and provide clear guidance how people can be safely evacuated in the event of an emergency. The provider has a system in place to record and monitor maintenance requests.

## Leadership and Management

Governance arrangements are in place that support the operation of the service. The RI conducts regular visits to the service. Auditing and quality assurance arrangements are in place. Including feedback from the people using the service, their representatives and other relevant stakeholders. There is a SoP which requires revision to ensure it accurately reflects the service provided.

We looked at a selection of policies and procedures, including complaints, medication, safeguarding and risk management. Policies we examined made reference to out-of-date legislation and did not align with Welsh legislation or current best practice. They did not provide clear guidance and expectations on care staff. For example, the safeguarding policy did not reference Welsh legislation and agreed safeguarding procedures. This is an area for improvement, and we expect the provider to take action and we will follow this up at our next inspection.

The service has sound recruitment practices. There are selection and vetting arrangements in place to enable management to appoint suitable staff to work with vulnerable people. We viewed staff files and found that the necessary pre-employment safety checks, employment histories, identification checks and references are obtained to ensure the fitness of staff before working at the service. There is commitment to ensuring all care staff undertake the qualifications required to enable them to register with Social Care Wales, the workforce regulator. Newly appointed care staff receive induction and all staff receive regular supervision with their line manager. The addition of specialist training for staff is required to ensure they have the skills and knowledge to meet individual needs. This is an area for improvement and we expect the provider to take action.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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
------------	---------	--------



7	The statement of purpose, which describes the services provided, requires updating.	New
15	Personal plans do not accurately reflect identified needs or risk.	New
21	Improvements in mental capacity assessments and best interests assessments are required to ensure people's liberties are protected.	New
36	Specialist training should be available for staff to ensure they have the right skills to meet peoples identified needs.	New
12	Policies do not reflect current legislation and best practice.	New

**Date Published** 02/12/2022