



Inspection Report on

Gelli Ceirios

**Gelli Ceirios
Fforchaman Road Cwmaman
Aberdare
CF44 6NH**

Date Inspection Completed

19/01/2022

19 January 2022

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About Gelli Ceirios

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Accomplish group ltd
Registered places	5
Language of the service	English
Previous Care Inspectorate Wales inspection	12/09/2019
Does this service provide the Welsh Language active offer?	This is a service is working towards providing an 'Active Offer'.

Summary

Gelli Ceirios is a care home in Cwmaman registered with Care Inspectorate Wales (CIW) to accommodate up to five people. The home's statement of purpose indicates it provides support to five people with varied mental health needs. Accomplish Group LTD is the registered provider.

The provider has appointed a responsible individual (RI) to provide the strategic oversight of the service. A manager is in place who is registered with Social Care Wales.

People receive care from support workers who are suitably trained and supported. They have accurate personal plans that detail their individual care needs; plans are dated and identify review dates. Day to day issues are effectively communicated via the care monitoring system. People, and their representatives, are complimentary about the positive relationship they have with care workers and office support workers. Support workers report they feel well supported and are happy in their roles. Safeguarding systems reflect recent government procedures.

Well-being

People have a voice and the service supports their rights and choices. People's individual needs define their personal plan, and care and support is adapted to suit their situation. The service asks people and their relatives about their wishes, involves them in the planning of their care, and supports them to have meaningful outcomes. People's needs, and risks to safety and well-being, are thoroughly documented and reviewed. Risk assessments include thresholds for support workers to intervene. All documents in the care plan are dated and have a set review date, however this is six monthly not three monthly as required.

We have good feedback about the standard of care. People speak highly of the support workers. They told us support workers are kind, patient and respectful, as well as considerate about their individual situation, wishes and dignity. The service communicates well with support workers, people and their loved ones. Up to date written information about the service and advocacy access is available. Information for residents could be more user friendly. The service safeguarding systems reflect recent government procedures. This ensures that current systems and processes are in place to safeguard people from harm. Support workers receive specialist training in addition to the core training to support them to meet people's individual needs. Support workers demonstrate they know their responsibilities and are able to keep people safe and well supported.

People live in comfortable accommodation. They are able to spend time in their own bedrooms or in the home's indoor and outdoor communal areas. We found people's bedrooms to be personalised and generally decorated to a good standard. There are suitable arrangements in place for the staff team to report any maintenance issues so these can be addressed. A good standard of hygiene and infection control is being maintained to reduce risks of cross infection. Support workers can access personal protective equipment (PPE) easily and we saw this being worn appropriately

Care and Support

The service considers a wide range of information about people prior to them moving in to the service. Information is gathered from the person, relatives and relevant professionals and an initial support plan developed. We saw evidence personal plans are comprehensive and provide clear guidance to support workers as to the support needs and planned outcomes for individuals. Support workers we spoke with told us they feel the plans are clear, reflected individual needs and give the information needed to support people. Where possible people and or their relatives are involved in developing their plan. The service works closely with specialist health care professionals. Risk assessments are in place, however, we saw that care plans are reviewed six monthly and not three monthly as required by regulations. This was confirmed by the manager. We were told that if a person's circumstances change then the care plan is immediately updated. This is an area for improvement and we expect the provider to take action.

We observed positive interactions between support workers and people. There is an emphasis on recognising at an early stage signs that a resident may be becoming agitated. Support workers we spoke with demonstrate good awareness of various techniques used with each individual to manage their behaviours. We saw behavioural management training is delivered to the support workers that includes theory and practice, and support workers commented positively on the quality of the training they received.

We saw people are supported to access the community. We observed people using the community with support, and we were told that three people accessed the community independently. People are encouraged to take part in meal preparation, laundry and housekeeping. One resident told us *"I like going to the pub to play pool with my friends"*.

We examined the medication policy and found it is comprehensive and up to date. We evidenced training records and found support workers have training in the administration of medication and regular medication audits are undertaken. Daily medication room temperatures are recorded. There are no gaps in the recording of medication administered. Controlled drugs are locked securely and the daily record of drugs administered matched the drugs being held.

Environment

On arrival, we found external doors secured to prevent unauthorised access. On entering the building, we signed the visitor's book and support workers checked our identification documents.

Support workers have sufficient PPE available to reduce the risk of infection. The service has appropriate infection control measures and visiting procedures. Care workers say there are sufficient supplies of personal protective equipment (PPE) and they know what to use when, and how.

The environment is suitable for people's individual needs. We observed areas to be clean and tidy and saw there is accessible indoor and outdoor space for people to use. The layout of the home provides a good level of natural light, contributed to meeting the needs of the current people. We saw people's personal space is set out in a manner that reflects their individual preferences and care needs. We saw relatives and professionals are involved in best interest decision making and information is appropriately recorded within people's care files.

We examined records relating to health and safety such as gas, electricity and portable appliance testing (PAT). We saw in the fire records that evacuation drills are undertaken. This means support workers and people living in the home people are familiar with the home's fire evacuation protocols. We saw various internal safety checks in relation to fire safety are maintained and a fire safety risk assessment is in place. People have personal emergency evacuation plans (PEEPs) that identify their support requirements in the event of an emergency evacuation.

There are regular environment audits undertaken. The last audit identified that the driveway needed resurfacing, overhanging trees have been felled but the wall needs attention due to it appearing unsafe. Pillars at rear need need to be made safe and fencing replacing and the buildings to the side of office needs removing or making safe.

Leadership and Management

The service provider has systems in place to support the smooth operation of the service, to ensure the care and support of individuals enables them to achieve their personal outcomes. Policies and procedures are reviewed and amended as required. The service is delivered in line with the statement of purpose (SOP). The service produces a written guide to provide people with information about the service. This would be more accessible to residents if there were an 'easy read' version. Quality audits and checks are in place to ensure the service continues to meet people's needs. Communication with relatives is frequent to update them on developments and gain feedback about the service and share ideas for possible improvements.

The vision, values and purpose of the service are clear and actively implemented. The Responsible Individual carries out three monthly and six monthly quality assurance visits. These visits involve talking to people and support workers to gain their views on the service provided. The six monthly quality assurance reviews, in addition to talking to support workers and people, involves a detailed look at other aspects of the way the service is delivered such as environmental assessments, and sets out areas of improvements that have been identified.

Support workers at the service are supported and trained and have completed mandatory training as detailed in the statement of purpose to ensure they are appropriately qualified to support people to achieve their personal outcomes. Support workers have regular supervision and annual appraisals, and regular support workers meetings are held to keep them up to date. Support workers are aware of, and understand, the recent All Wales Safeguarding Procedures. Recruitment documents are up to date with appropriate Disclosure and Barring (DBS) checks in place.

In response to the challenges of COVID-19, the service has provided training electronically. Support workers told us they can do the training at their own pace, and there is a lot more information available. We spoke to two support workers who are happy in their work and complimentary of the manager. One said, *"I would recommend as a place to work or to take up a place in the service"*.

The service is working towards providing an active offer of the welsh language. The manager told us that a number of staff speak welsh and that all core documents have been translated into welsh.

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
16	Only reviewing care plans 6 monthly	New

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