



Inspection Report on

Cedar House

**6-10 Llys Gwynfryn
Neath
SA10 7UB**

Date Inspection Completed

29 April + 3 May 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 Cedar House

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Accomplish group ltd
Registered places	14
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	No. This is a service that does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people /children who use, or intend to use their service.

Summary

Cedar House is a small care home service for adults with physical and mental health support needs. Situated in the vale of Neath, Cedar House shares its location with another of the providers services and they share a large care park to the front of the properties. People living in Cedar House are treated with dignity, empathy and respect and are supported by a consistent and well trained staff team who know them well. Personal plans reflect people well and they are updated and reviewed routinely. People appear comfortable and settled in the service which is homely, personalised and well maintained. Care workers are happy in their work and are supported by a visible management team. There is good oversight of how the service is being delivered through routine audits, monitoring, obtaining feedback from people and using this information to drive improvements. The Responsible individual visits the service routinely and all regulatory reports are completed in a timely way.

Well-being

People have a voice and are treated with dignity and respect. People are encouraged to give feedback on the service they receive to drive improvements. Where possible people are encouraged to participate in the planning of their care and work towards their own personal goals. Care plans are accompanied by detailed risk assessments that are reviewed routinely with the individual where possible or with their representative if they are not able to participate themselves. People are able to access the community and participate in activities within the service. People appear settled and content with a care team that know them well.

People's physical health, mental health and emotional wellbeing is promoted. There are good procedures in place for the management of medication and monitoring of any medicines used on an as needed basis in the service. There is a consistent care team in place and care workers know people well and are able to respond appropriately to their varying needs. This continuity in care enables care staff to recognise if people are unwell and seek medical support promptly. We saw people are supported to attend routine medical appointments.

People are protected from harm and neglect. Care workers are up to date with safeguarding training and understand their responsibilities in reporting concerns. Policies and procedures are updated to reflect any new legislation or guidance. The service is clean and well maintained to ensure it is safe for people with numerous environmental checks and audits in place.

There is good oversight of the service. The temporary manager in post is held in high regard by the care team and is approachable and visible in the service. Care workers are well trained and are supported in their roles with routine supervisions and annual appraisals. The RI visits the service routinely and reports were seen to verify this as well as audits carried out by the area manager. We saw the most recent quality of care review gives a good overview of the service and feedback from people and staff was included to drive improvements in the service.

The service does have Welsh speaking staff, however no one living in the service is able to speak Welsh and therefore there is no demand to provide the service in Welsh at present. Despite this, should this requirement arise in the future then the provider would make the necessary arrangements to deliver as much of the support required in Welsh where possible.

Care and Support

Where possible, people living in Cedar house are encouraged to be involved in the planning of their care to ensure it meets their needs. However on occasions where the individual is unable to make these decisions themselves these are completed with professionals and or advocates in their best interests. We looked at two care files and personal plans in place give care workers a good understanding of the persons care needs and their preferences. These plans are supported by detailed risk assessments that include different approaches to best support the individual at different times of need. The manager told us monthly meetings take place with people to ask them about their experiences in the service and if there is any more they can do for them. We saw each element of the personal plan has its own recording page and documentation. Care staff told us the amount of paperwork they complete daily, is very time consuming and repetitive. The provider is aware of this and a more concise method of recording is currently being discussed.

People are supported to participate in meaningful activities. At the time of the visit we saw people engaging in activities with care staff, some were accessing the community and others were enjoying the fine weather in the garden. The manager told us relatives are encouraged to visit people in the service and one person told us how lovely it was they could visit their family the previous week. People living in the service appear to be content and have a good rapport with care workers who know them well. Comments included *"It's good here, they're very nice"* and *"I like it here to be fair, I've settled in quite well, we had a singer here the other day, that was lovely and I was dancing"*.

There are safe systems in place for the management of medication in the service and to maintain people's health. We saw medication is stored securely in locked trolleys in the designated medication rooms. Temperature checks are in place to ensure medication is stored appropriately. We looked at two Medication Administration Records (MARs) and found they were completed accurately however when hand written MARs are completed by staff members, medication listed with prescribed doses should be checked and counter signed to minimise the risk of error. We saw records for any medication required on an 'as needed' basis (PRN), was also completed appropriately and sheets were in place for each PRN medication for staff to be aware of any side effects from their use and how to respond. Many care workers in the service have been in post for a long time and know people well. This continuity in care enables care staff to recognise any deterioration in health and seek prompt medical advice.

The provider has mechanisms in place to safeguard people supported in the service. Care staff know people well and those spoken with are aware of the procedures to follow if they have any concerns about people they support. Care workers have received up to date training in Safeguarding and the policy in place has been updated to reflect the All Wales Safeguarding procedures. Deprivation of Liberty Safeguards (DoLS) are in place for people who do not have the capacity to make decisions about their accommodation, care and

support and these are reviewed as required by the management team. Relatives spoken to are complimentary of the level of communication from the home, comments included: *“If there is any problem associated with X’s health or other issues they always inform me by telephone.”*

Environment

People live in an environment that is well maintained to promote achievement of their personal outcomes. Cedar House sits on the grounds with another of the providers' services and shares parking facilities. The service has its own spacious garden to the front where there is a large lawn, seating and a barbeque area. Behind the building there is a smoking shelter and washing lines however this is generally only used by staff. Both floors in the service have their own large lounge, separate dining room and accessible bath and shower rooms. Each floor has its own medication room and storage area and staff rooms. On the ground floor there is a kitchen that serves both floors for all hot meals but there is a smaller kitchen upstairs for snacks and drinks etc. There is an office in the service which is on the ground floor at the entrance. All areas are well maintained and clean and efforts have been made to ensure the service is homely and comfortable.

The service provider has procedures in place to identify and mitigate risks to health and safety. Cedar house belongs to a provider with multiple services and benefits from having contractual arrangement in place for maintenance of the premises. The contracted maintenance team in place than can be called upon for any maintenance works required in the property, however these are normally carried out on a priority basis which is determined by the manager when the request is made. There is an environmental audit check book in place and we saw completed daily, weekly and monthly checks are carried out in the service to ensure any issues are recorded and reported promptly. Up-to-date certificates are in place for annual service checks including: gas, electricity, lifting equipment and fire safety. There is a Fire emergency file in place that can be grabbed quickly in the need of an evacuation and we found this is reviewed monthly to ensure it is up to date.

Hygienic practices are in place and the risk of cross infection is minimised in the service. Care workers wear appropriate Personal Protective Equipment (PPE) whilst in the premises and staff take part in routine testing regimes to minimise the risk of Covid-19 in the service. Care staff generally work on the same floor of the home for the duration of their shift to minimise any spread of infection between floors as much as possible. Hand sanitiser is available on entry to the property and visitors are required to show negative lateral flow test results prior to entering the premises along with logging their temperature and completion of the visitor's book. There is a provider Covid-19 guidance document in place which is routinely updated to ensure it is in line with governmental guideline changes.

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. We saw the policies and procedures are reviewed routinely and amended as needed. The statement of purpose (SOP) has been reviewed and accurately reflects the service and what it does. The manager carries out frequent audits in the service and the area manager also visits to do dip sampling of files and paperwork to ensure all is in place and maintained appropriately. Care staff and people we spoke with are complimentary about the manager who has good oversight of the service.

The service has a dedicated staff team who are supported and trained to ensure they are appropriately qualified to support people to achieve their personal outcomes. Many care workers have been working in Cedar House for a number of years so continuity of care is provided. We looked at staff files and saw recruitment documents are up to date and Disclosure and Barring Service (DBS), checks are in place. We saw the training matrix and saw care staff in the service as a whole are over 93% up to date with mandatory training and over 86% of completed units of the advanced developmental training has also been achieved. We saw staff receive quarterly supervisions and annual appraisals which also includes the manager. Care workers spoken with were complimentary of the support they receive from the management team and comments included *“The manager is approachable, accommodating and helpful”* and *“The manager is very supportive and there is opportunity to progress in my career here if I wanted to.”*

The provider has arrangements in place for the effective oversight of the service through ongoing quality assurance. We saw the most recent bi-annual quality of care report which contains feedback from people using the service and care staff. This report analyses the feedback received and identifies improvements that can be made as a consequence. We saw the RI visits the service regularly and saw the quarterly reports produced following these visits. Similarly these reports also include feedback from people and care staff, an oversight of the environment and key documents such as the SOP, complaints and safeguarding that have been reviewed and checked.

The service provider has oversight of financial arrangements and investment in the service. We saw since the last inspection, there has recently been new flooring laid on the staircase and some painting has taken place in communal areas and hallways. The premises both internally and externally are well maintained. On the day of the inspection visit, staffing levels appeared appropriate. There have been days in recent weeks where there were lower staffing numbers due to a Covid-19 outbreak. The manager told us staffing levels remained safe throughout and agency has been used to cover any shortfalls.

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
N/A	No non-compliance of this type was identified at this inspection	N/A

Date Published 09/06/2022