



## Inspection Report on

**Cantref Care Home**

**Cantref Care Home  
87 Brecon Road  
Abergavenny  
NP7 7RD**

**Date Inspection Completed**

**17 December 2021**

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## About Cantref Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Cantref Homes Limited
Registered places	21
Language of the service	English
Previous Care Inspectorate Wales inspection	This was the first inspection since the service was re-registered under the Regulation and Inspection of Social Care (Wales) Act.
Does this service provide the Welsh Language active offer?	The 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

CIW (We) undertook an announced inspection of the service comprising of a physical visit to the service with additional information provided electronically. The environment is homely, secure and clean. People are comfortable and content and are positive about the care they receive. People's plans are person-centred and focus on positive outcomes for individuals. Care staff and management know the people they support and genuinely care. Staff feel valued and supported in their roles. Improvements in staff personal records are required to include identity records.

There is oversight of the service and procedures and processes in place to safeguard people from potential harm and the risk of infection. The Responsible Individual (RI) produces the required quality assurance reports and is a regular presence at the service. Infection control measures are of a good standard and PPE guidelines are followed. Improvements in fire drills are required. Health and safety checks are in place. Policies and procedures maintain the safety and well-being of people who live at the service.

## Well-being

Staff treat people with dignity and respect. Care records highlight what people are able to do for themselves and care staff encourage people to be as independent as they can be. Risk assessments are in place to support this whilst maintaining people's safety. People have positive relationships with staff and are happy with the standard of care they receive. Staff support people with care, compassion and good humour. We saw staff support people when required, engage them in conversation and encouraging them to socialise and join in.

People have choice and autonomy. We saw that personal plans of care highlight people's preferences, likes and dislikes. During the inspection, we were able to see that staff understand people's needs and preferences. Meals are freshly prepared and we found that they are well presented and served efficiently. People told us that they enjoy the meals and could always have something different if they wished. The home environment is pleasant and welcoming with personalised bedrooms, which are homely and inviting. Although social opportunities are limited due to the COVID-19 outbreak, the service continues to offer people the chance to undertake activities and hobbies. The service makes every effort to support people to maintain contact with friends and relatives. The service seeks feedback from people to ensure they are happy with the quality of care and support provided.

There are a number of systems in place to protect people from abuse and harm. The home is secure and monitors visitors entering the building. Robust infection prevention and control procedures are followed. We saw staff all wearing the appropriate personal protective equipment (PPE) throughout our inspection visit. On arrival, our temperature was taken and management checked that we had a recent negative COVID-19 test result. Individual risk assessments are included in care records where needed providing guidance to care staff. Care staff told us they know what steps to take if they are concerned about a person/people. We looked at staff files and training records, which show care staff, receive training to ensure people's safety; these include training in safeguarding, medication, moving and handling. A safeguarding policy is in place, which is kept under regular review and refers to current best practice and guidance.

The 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. Documentation can be available in Welsh, signage is bi-lingual and staff are encouraged to communicate in Welsh.

## Care and Support

Care documentation within the service is informative and up to date. We examined people's care records and saw they contained all the required information including risk assessments and personal plans of care. Personal plans are person centred, detailed and clear to follow. A record called "all about me" explains to staff what matters most to the people in their care so staff can appreciate people as unique individuals. Personal plans give staff the information they need to provide care and support in line with people's needs and wishes. Care documentation is regularly reviewed, in consultation with residents and their families. We saw care workers interacting with people throughout the inspection visit. Care staff have a very good knowledge of people and are, therefore, able to notice any changes quickly and respond promptly. People remain as healthy as they can be due to timely referrals to healthcare professionals and effective administration of medication.

People told us *"I like it here; staff help me when I need it"* and *"no complaints, I like all the staff; the food is great"*. We talked to relatives over the telephone. They told us that they believed their relatives were receiving excellent care at Cantref. They felt that the staff and management were very approachable and they had no concerns about raising issues. Comments included, *"The staff treat her like a member of their own family and they are genuinely fond of her"* and *"I have been kept informed by staff throughout the pandemic and I am very happy with the care provided."*

Robust medication procedures are followed, we found that all medication which had been administered was accurately recorded on the persons Medication Administration Record (MAR) chart. Where people have been administered 'as required' medication, the reason for this is clearly recorded. Care staff we spoke with told us they feel confident in administering medication. Management have effective oversight of the medicine management system. We found medication is safely distributed, organised and stored. Service medication policies and procedures are up to date and in line with current medication legislation.

## Environment

On arrival, we were requested to undertake Infection Prevention and Control (IP&C) precautions to ensure the safety of people; these include temperature checks, hand washing and COVID-19 testing. We found the entrance to the service is secure to prevent unauthorised access and keep people safe. Maintenance records we viewed demonstrated electrical lighting, and fire safety equipment testing within the required timeframes. People's Personal Emergency Evacuation Plans (PEEPs) are accessible and guide staff on how to evacuate people. Improvements are required in fire drills ensuring staff have the appropriate skills and knowledge to support people safely in the event of a fire. Safety checks and monitoring is in place to ensure equipment such as mobility aids and hoists are safe for use. We saw increased cleaning is taking place as part of IP&C measures and the effective management of COVID-19. There are hand-sanitising facilities and Personal Protective Equipment (PPE) is available for care staff and visitors to use.

During our inspection visit to the service, we found the environment to be clean and homely. We found people to be comfortable and content. People told us they were 'very happy' with their rooms and the service's environment. We saw all rooms were personalised to people's individual taste, with personal items on display and decorated to a high standard. We saw ongoing investment in the renovation of the physical environment, including redecoration of the hallway and communal areas, with plans to replace flooring.

## Leadership and Management

Governance arrangements are in place to support the operation of the service. The model of care described in the service's statement of purpose accurately reflects the support provided. Evidenced through reviewing people's personal plans, talking with people about the care and support they receive and through discussions with care staff. A written guide contains practical information about the service and the care provided. The Responsible Individual (RI) is a regular presence at the service, and speaks to people and staff to seek their views to help develop the service. The RI produces the required quality assurance report, which identifies what the service, does well and where development is required. Regular bi-monthly and weekly monitoring arrangements, which review service provision, are in place. Policies and procedures such as for complaints, incidents, medication and safeguarding, are in place and have regular reviews and updates.

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 identity check documentation was not kept on file for review. Other necessary pre-employment safety checks, employment histories and references obtained to ensure the fitness of staff before working at the service were available for review. There are systems in place to support staff and develop their skills. Care staff receive regular supervision with their line manager. This one-to-one support provides an opportunity for staff to discuss any concerns they may have and any training needs. It is also an opportunity for line managers to provide feedback to staff about their work performance. Staff told us that they feel valued and well supported in their roles. The RI, manager and deputy manager are approachable and lead by example in running the service.

### 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
59	Proof of identity records for staff were not available.	New



57	Regular fire evacuations and drills had not been completed.	New
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