



Inspection Report on

Home Address Ltd

Fishguard

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

22/06/2023

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About Home Address Ltd

| | |
|--|--|
| Type of care provided | Care Home Service Adults Without Nursing |
| Registered Provider | Home Address Ltd |
| Registered places | 6 |
| Language of the service | Both |
| Previous Care Inspectorate Wales inspection | 24 February 2022 |
| Does this service provide the Welsh Language active offer? | The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service. |

Summary

Home Address Care Home endeavours to support people as they wish. Good communication channels are evident throughout the home, with prompt referrals to healthcare professionals where necessary. People say they are happy. Care workers are enthusiastic and strive to make a positive difference to people's lives: they say they feel well supported by the manager. All employees attend training relevant to their roles and say it helps them to support people appropriately.

Well-being

Care workers listen to people's opinions about the support they receive. Keyworkers meet with people regularly to discuss their plans and to review any changes required. All personal plans are up to date and clearly describe each person's needs. Care workers are aware of the importance of each person's well-being. There is good sharing of communication within the team and the manager makes prompt referrals to healthcare professionals where necessary.

There is a vibrant feeling within the home, where people are at the heart of what goes on. People do the things that make them happy. Each person is as busy as they wish to be. Some people have volunteered in local charity shops, while others have gone cycling with a local disability group, visited truck shows, enjoyed photography, shopping and cafes. The home is well established in the town, some people have lived here for many years and have successfully integrated with the local community.

The service provides the Active Offer of the Welsh language: this means being proactive in providing a service in Welsh without people having to ask for it. Some people currently in the home speak Welsh, as do some staff members. The manager is discussing having the home's service user guide to be produced in Welsh.

People receive support as described in their care plans. It is clear that people can follow their own routines as they wish and say the staff team support them well. There are up to date plans for how the staff team enable people to live their lives as they wish. The manager carries out initial assessments before people move into the home and consider a range of information to ensure they can meet people's needs: they take information from various sources, including family knowledge and social worker reports. Risk assessments help to ensure people retain their independence as much as possible. From this, the staff team have developed care records that clearly describe people's support arrangements. Keyworkers and the manager regularly review these records, especially where needs change.

People feel safe. Care workers treat people with dignity and respect. When people first arrive, they have a service user guide that describes what they can expect from the home as well as details of the complaints process should they need to use it. Care workers have regular safeguarding training updates and are aware of current best practices. They told us senior staff members support them well and are always available if necessary.

The provider has detailed policies and procedures to manage the risk of infection. There are good hygiene practices throughout the home and care workers may refer to infection management policies when necessary. All measures are in constant use to ensure people are safe from infection.

People receive support in a suitable environment. The home is safe, warm and clean and people say they feel comfortable. Bedrooms are personalised to reflect the occupant's taste and interests, with items such as ornaments, soft furnishings, photos and items of furniture. Facilities and equipment promote each person's independence as much as possible: rooms can accommodate the equipment people regularly use, such as hoists and adapted wheelchairs.

People can choose where to spend their time, be it in their own rooms or with others in communal areas or the back yard. To the rear of the property is a small courtyard, with some seating and pot plants. The provider has recently purchased some land next to this area and is planning some refurbishment: there are ideas of what to do with it, but no firm decisions have been made at this time. In addition, there are plans to update the kitchen: although perfectly fine as it is, the kitchen units are a little dated.

Fire exits are free of obstructions. All COSHH (Control of Substances Hazardous to Health) materials are stored correctly, in line with the COSHH Regulations 2002 and there are clear instructions displayed in the home on what to do in the event of a fire.

People are safe from unauthorised visitors entering the building, as all visitors have to ring the front doorbell before gaining entry and record their visits in the visitor's book when entering and leaving. Care records are kept securely and only available to authorised care workers. Employee personnel records and Deprivation of Liberty Safeguards (DoLS) records are securely stored in a locked office.

Overall, the provider has a clear vision of the support it wants to provide, and a positive regard to each person in the home. There is good management oversight of the service: the Responsible Individual is in regular contact with the home and provides good support to the manager. People know how to make a complaint if they need to and are confident the manager would listen to them if they did. The staff team hold regular discussions with people, their representatives and healthcare professionals involved in their care.

As far as possible, the provider takes appropriate steps to safeguard people from neglect and abuse. All care records clearly state any risks to people's well-being and detailed risk management plans help to keep people safe and as independent as possible. Care workers recognise their personal responsibilities in keeping people safe. They are aware of the whistleblowing procedure and are confident to use it if the need arises. They would approach the manager but would also contact external agencies such as the local safeguarding office if they thought they needed to.

The provider ensures there are knowledgeable and skilled employees. Care workers undertake training relevant to the people they support - they say this provides them with a good understanding of their roles and responsibilities and the best ways to support people. Regular staff meetings give care workers the opportunity to discuss their work and to keep up to date with developments in the service. All audit findings are summarised in six-monthly quality of care reports, which identify actions and planned improvements for the service. In addition, employees may discuss any issues they wish to raise in three-monthly supervision meetings.

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 |
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