



Inspection Report on

Calon Celtiadd

Port Talbot

Date Inspection Completed

16/04/2024

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About Calon Celtiadd

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Celtic Care (Swansea) Ltd
Registered places	4
Language of the service	English
Previous Care Inspectorate Wales inspection	18 October 2022
Does this service promote Welsh language and culture?	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

People and their relatives are happy with the care and support provided at the home. They live in a comfortable homely environment that is warm, clean and suitable to meet their needs. People living in the service are treated with compassion, dignity and respect by a consistent and dedicated care team who know them very well. There is information available for staff to understand how to best meet people's care and support needs. People have personal plans in place which are reviewed regularly. There is a newly appointed Responsible Individual (RI) in place and a manager registered with Social Care Wales.

Staff are available in sufficient numbers and have a mix of skills to adequately provide support to people. Care workers are knowledgeable, respectful and caring. Safety equipment is in place and health referrals are made when necessary to promote peoples' health and well-being. There are opportunities for people to take part in activities both, at the home and in the community.

The service provider has developed systems to enable them to capture people's views and put checks and processes in place to keep service delivery under constant review. The RI visit's the service routinely and engages with people, relatives, and staff to obtain their feedback and experiences of the service.

Priority action is needed with medicines management and notifications to the regulator. Improvement is needed with staff recruitment, provider assessments and quality assurance.

Well-being

People and their relatives are happy with the care and support provided. There is information available for staff to understand how to best meet people's care and support needs. People told us they get on well with staff and commented "*I like them*". A relative commented "*I'm more than happy with them*". Records show people are offered choices to make everyday decisions. The RI told us they regularly speak with people who live at the home and their families about what is important and how to best support them.

People are protected from abuse and harm. Calon Celtiadd has an appropriate safeguarding policy in place and staff receive training in the safeguarding of adults at risk of abuse. The Service Manager has a good understanding of the legal requirements and understands when a safeguarding referral needs to be made to the Local Authority.

People mostly get the right care and support. Records show that timely provider assessments were not available at the service, personal plans and reviews are completed and referrals are made to a variety of healthcare professionals such as psychiatrists and physiotherapists. Priority action is needed with management of medicines and notifying the regulator of concerns and significant events affecting individuals. This is discussed later in this report.

People can do the things that matter to them when they want to do them. We saw there are a range of activities available which are meaningful to people. Throughout our inspection we observed activities taking place facilitated by care workers. People told us they enjoy taking part in a variety of activities. Relatives told us their family member is encouraged to stay active and to do as much as they can for themselves. This is reflected in people's care records.

People live in suitable accommodation, which overall, supports and encourages their well-being. People's bedrooms contain personalised items of their choice and are suitably furnished. They have facilities which encourage their independence and enable them to have private time. The building is well-maintained and safety checks are completed when required. The service has access to maintenance staff for the home. The environment is clutter free and hazards are reduced as far as possible.

Improvement is needed with safe staff recruitment as pre-employment checks are not always completed prior to employment commencing. These checks are important as they determine a person's suitability to work with vulnerable people.

Care and Support

Improvement is needed for people to get the right care at the right time. Care documentation needs to be strengthened and made more robust. Care records did not include a provider assessment. The assessment is proportionate to the nature of the placement and the individual's particular circumstances and contains the required information. Personal plans of care did not clearly highlight personal outcomes and how these should be met and measured and which sling was to be used when hoisting someone. These documents need to be reviewed regularly to ensure they are kept current and accurate. This is important as these documents guide staff on how to care for people. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

We saw evidence that staff at Calon Celtiadd work closely with external professionals and apply any advice or guidance into personal plans of care. The staff at Calon Celtiadd have built positive relationships with people. Staff have a good understanding of people's needs and provide support with kindness, compassion, and care.

People can do the things that matter to them when they want to do them. We saw a range of activities available which are meaningful to people. People told us they enjoy taking part in a variety of activities. There was photographic evidence and written documentation as well as observations of people undertaking activities that matter to them. Records show people have access to local community facilities.

People are supported to have control of their lives. People have personal daily routines and make their own decisions about when to get up in the morning, when to go to bed at night and how they spend their time in between. People are encouraged to remain as independent as possible and supported to attend social activities of their choice within the home and the community.

Priority action is needed with safe systems for medicines management. We found administration of medicines were not sufficiently robust. There is an appropriate medication policy and procedure in place with regular audits completed by senior staff but these failed to identify important omissions in the Medication Administration Record (MAR) charts. MAR charts were not always accurate. The supply of medicines was not identified and addressed. This is placing people's health and well-being at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

The medication cabinets are secured. As and when required medication (PRN) was appropriately administered in line with instructions.

Environment

The accommodation is homely, comfortable and benefits from good quality decor and furnishings. We observed the environment to be mostly free of clutter throughout. We saw people sitting in the lounge and in the comfort of their bedrooms which were mostly personalised to their tastes.

The outdoor space can be accessed independently and/or with support if required. The manager told us of plans to improve accessibility to individuals in wheelchairs or with other mobility issues. They also told us about plans to renew the fencing surrounding the property and the surface of the rear garden.

There is a system of monitoring and auditing, which supports a developing planned maintenance schedule and renewal programme for the fabric and decoration of the premises. This is managed by contractors under the guidance of the manager and RI. The sample of bedrooms viewed had facilities and equipment that is suitable for the individual but would benefit from privacy locks on the doors.

Measures are in place to ensure risks to people's health and safety are identified and dealt with. The oversight of health and safety is in place with regular audits of the environment. For example, we observed Maintenance records show equipment is regularly serviced to make sure people remain safe. The storage of archived personal records needs to be strengthened to ensure these are held securely. Access to the home is monitored by staff to help keep people as safe as possible.

Laundry is well organised. Appropriate systems are in place and laundry equipment is in working order. There is an area with shelving for linen storage and ironing facilities. There is an organised storage area for household waste and clinical waste bins. The storage of substances which have the potential to cause harm was sufficient because we found that materials used for cleaning were stored in an appropriate locked cupboard.

Policy, procedure and application of hygienic practices are in place to reduce risks of infection. Staff demonstrate an understanding of infection control and the use of personal protective equipment (PPE). Staff wear appropriate PPE and follow correct procedures. The home is clean and tidy. Staff maintain appropriate standards of hygiene. Oversight and auditing of infection control measures are in place and the home has sufficient stocks of PPE.

Leadership and Management

The service provider has governance arrangements in place to support the smooth operation of the service. There are arrangements for the oversight of the service such as systems for assessment and care planning. The service is provided in line with the objectives of the Statement of Purpose' which is regularly reviewed. People and families gave us positive feedback about the care provided. However, we discussed with the RI the need to ensure that policies contain review dates and the safeguarding policy refers to the Wales Safeguarding Procedures.

Improvement is needed with quality assurance processes that monitor and improve against plans to ensure quality and safety of the service and appropriate action is taken immediately. We viewed the quality assurance policy which was insufficiently robust and provided staff with little detail of what was required to be completed by them. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

The service provider has oversight of the financial arrangements and investment in the service. The RI assured us the service is financially sustainable to support people to be safe and achieve their personal outcomes.

Improvement is needed with staff selection and vetting systems to enable them to make recruitment decisions. Records seen by us showed that not all the required recruitment documentation was available for the sample of files seen by us. While immediate action is not required, this is an area for improvement and we expect the provider to take action.

Staff at Calon Celfydd are provided support and development through appropriate supervision and appraisal and receive training appropriate to the work they performed. However, induction training needs to be strengthened and aligned with the Social Care Wales guidance 'Induction framework for health and social care'.

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
58	People cannot be assured of safe supply of medicines. Ensure the supply of medicines is as prescribed.	Not Achieved
60	The provider is not compliant because they failed to notify the regulator of a serious failing in the supply of medicines. Ensure the regulator is notified in a timely manner as specified under Regulation 60 requirements.	Not Achieved

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
18	Not all people had provider assessments. Ensure provider assessments are in place for people.	New
35	Staff records were incomplete. Ensure there is a full record of the staff who are caring for people.	New
8	Monitoring and improvement against plans to ensure quality and safety of the service is insufficient. Ensure there is robust monitoring and improvement.	New

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