



Inspection Report on

Eriskay

Chepstow

Date Inspection Completed

13/12/2022

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About Eriskay

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Eriskay residential Care LTD
Registered places	6
Language of the service	English
Previous Care Inspectorate Wales inspection	26 September 2019
Does this service provide the Welsh Language active offer?	This is a service that does not provide an 'Active Offer' of the Welsh language. We recommend the service provider considers Welsh Government's 'More than Just Words follow on strategic guidance for the Welsh language in social care.'

Summary

Relatives are happy with the care and support at the home and visiting arrangements are in place to enhance people's emotional well-being. However, people do not always have the opportunity to access the community to engage in activities of importance to them, as often as they should. Staff are attentive and sensitively deliver the care people need. Health advice and support is sought and followed. Care documentation available for staff is not always in place or reviewed as required. The oversight of the service needs to be strengthened to ensure the service is provided by staff in sufficient numbers who are appropriately recruited, trained and supported. The service provider must be able to demonstrate the way in which safe staffing levels are determined. Medication practices require improvement. The home is warm and welcoming. Health and safety measures within the environment needs further attention to ensure people are consistently safe.

Well-being

People appear happy and their physical well-being is promoted. We received positive comments from relatives on service delivery and how staff are kind and caring. The service actively promotes people's emotional well-being by facilitating family contact. Relatives told us they can visit the service whenever they choose, and they are always welcomed into the home by friendly staff. People are supported with patience and in a kind caring manner. We briefly observed staff supporting one person in a sensitive, unrushed manner. We were told people recently enjoyed an organised day trip. We saw one person enjoying a one to one activity with a member of staff. However, day to day community access to enjoy activities of choice is compromised due to staffing constraints. Referrals are made to relevant healthcare professionals to support people's health and overall well-being. We found care documentation reflects external healthcare support is sought in a proactive way.

Safe practices are not maintained consistently. The access to the service is secure, however, checks on people visiting the home are not always adequate. Medication systems need strengthening. We saw Disclosure and Barring Service (DBS) checks are in place for staff, although recruitment practices are not as robust as they need to be. Induction processes of new staff at the service are not in line with regulatory requirements. People are not always supported by enough staff who are suitably trained and supported. Personal plans need to be in place for all people living in the service and reviewed on a regular basis. The quality assurance systems to ensure sufficient oversight of the service requires attention from the Responsible Individual.

People live in an environment that mostly promotes their well-being. The home is clean and comfortable with decoration in communal areas giving the environment a homely and festive appearance. External areas are spacious, attractive, and appealing. The service provider continues to invest in the environment with improvements made as required. Health and safety checks are mostly maintained. However, fire risk assessments require review and cleaning chemicals that could cause harm to people need to be stored safely.

Care and Support

People are treated with warmth and compassion. We saw there is a natural familiarity between staff and people living at the home. We saw a staff member sitting with a person painting their nails, the person was relaxed, smiling, and enjoying the positive interaction. We saw other people, comfortable in their surroundings, either sitting in communal areas or within their own personal spaces. Mealtimes are relaxed, staff were observed sitting with people enjoying the experience together. Menu's offer choice with alternatives available for people if needed. We were told staff have recently supported people on a trip to a safari park. However, due to staffing constraints, trips into the community are difficult to organise and not as frequent as they should be. Records we viewed reflect this. The manager assured us activity timetables are being reviewed alongside the availability of staff.

Personal plans are not always in place to ensure information is available for staff on how to meet people's care and support needs. We reviewed care documentation for two people. We note one person's personal plan had been completed in detail and showed good step by step information on how the person requires support to achieve their personal outcomes. However, a personal plan was not in place for the second person despite being at the service for more than nine months. We note health care professionals are involved, and we saw guidelines have been developed in areas of risk. Health professionals we spoke with told us the service take on board advice and guidance shared. We saw a specialist foot stool to support someone's seated posture was available. There are no arrangements in place for personal plans to be regularly reviewed or for people to be given the opportunity to give their views on how they like to be supported. The manager assured us this area will be addressed.

Improvements are needed to the medication systems to ensure practices are consistently safe. Medication is stored securely in a locked cabinet. The temperature of the room where medication is stored is monitored. Medication administration records (MAR's) were sampled and no gaps in recordings were evident. However, handwritten entries on MAR's are not completed in detail or counter-signed to ensure entries are accurate. We found PRN (as and when required) was not available for a person, which can compromise their health and well-being. PRN use is not regularly reviewed by the prescriber. We also note there is no protocol in place for medication that is required to be cut prior to administration. The service provider has a medication policy to support staff practice and medication training has been completed. We discussed the above with the manager who gave assurance these matters are being addressed with the pharmacy. This is an area for improvement, and we will follow this up at the next inspection.

Environment

People benefit from a welcoming and homely environment. The home is clean and tidy throughout. The décor in the communal areas is welcoming and we saw photographs of residents displayed giving the environment a personalised appearance. We saw areas of the home adorned with seasonal decorations to celebrate the time of year and lift people's spirits. The service is well maintained. We reviewed a sample of quality assurance audits completed by the manager demonstrating oversight of the environment and systems in place. People's bedrooms are personalised and contain items such as family photographs, televisions, technology to maintain contact with families and items of importance to them. Bathroom and kitchen areas are clean with cleaning records maintained. People have access to a large appealing garden area and staff told us people use these areas during warmer months.

Health and safety processes require improvement to ensure people's safety is maintained. On our arrival the entrance to the home was secure but procedures were not followed by staff to ensure the visit was safe to go ahead. Routine fire safety checks within the environment are completed and staff are involved in regular fire drills. A fire risk assessment is in place, however this is not reviewed on a regular basis. Personal emergency evacuation plans are available and reviewed. These plans outline a step by step guide of how people should be safely evacuated in the event of an emergency. We saw checks completed by external contractors for oil and electrical safety. There is a legionella assessment in place by an approved contractor. Lifting equipment is serviced as required. Cleaning chemicals that have the potential to cause harm, are not always stored securely. Risk assessments and information sheets for the hazardous chemicals in use are not easily accessible to staff. We expect the provider to take action to address these issues and we will follow this up at the next inspection.

Leadership and Management

Systems in place to ensure adequate oversight of the service require enhancing. The RI visits the home on a regular basis and completes a report every three months. This report contains information on the home's performance, and reflects they observe and engage with people living in the home and speaks to staff working at the home to measure their experience. The RI also completes a quality of care review on a six monthly basis. However, the report should reflect current guidance and accurately evaluate the quality and performance of the service. For example, 'the staff team undertake a comprehensive induction programme.' Information reviewed as part of this inspection indicates inductions of new staff are not always completed. The manager of the service is registered with Social Care Wales (SCW) and was appointed in March 2022. They told us they feel well supported by the RI.

We asked to review the complaints management systems; however, the manager could not locate the complaints log. We reviewed a sample of quality assurance audits completed by the manager demonstrating oversight of systems in place. The statement of purpose (SOP) has recently been updated. We found the document requires further information to fully inform people what they can expect from the service, including, staffing levels at the home, the extent to which the service makes provision for the Welsh Language, and the role and responsibilities of the RI. We note the service has not always submitted notifications in line with regulatory requirements concerning the deprivation of liberty safeguards. We expect the provider to take action to address these issues and we will follow this up at the next inspection.

Staffing numbers are not always sufficient to meet people's needs. We reviewed staffing rotas over a set period and found staffing numbers on three occasions were below what the service provider deemed sufficient to meet people's needs in a timely manner. The service was unable to demonstrate how safe staffing levels are determined. The manager told us that reduced staffing numbers do not always allow people to access the community to engage in activities as often as they should. This concern was also raised by a relative we spoke with. Furthermore, staff rotas reflect directors of the company have occasionally covered the staffing shortfall. We note whilst the directors of the company are experienced and understand peoples' needs well, their compliance with mandatory training is inadequate. CIW acknowledge retention and recruitment of staff is a wider issue across the social care sector currently. We expect the provider to take action to address these issues and we will follow this up at the next inspection.

Mechanisms in place for staff support and development, including safe staff recruitment require strengthening. We were told team meetings are held with staff to share information and keep everyone informed. However, one to one supervision is not always completed on a three monthly basis. Staff told us they feel well supported by their manager, and they demonstrated a good understanding of the safeguarding process. The safeguarding policy requires a reference/link to current guidance. Information provided by the service indicates staff undertake mandatory training, but some staff require refresher training in core areas. Induction and probationary records on file for new staff are not fully complete. There are

recruitment arrangements in place, but we found they are not always followed for new staff. We saw DBS checks have been completed for staff. These checks are important as they identify the suitability of people to work with vulnerable people. The service provider needs to ensure all staff are supported to register with SCW. We expect the provider to take action to address these issues and we will follow these up at the next inspection.

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
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6	The governance arrangements in place do not adequately support the smooth operation of the service to support individuals to achieve their personal outcomes.	New
34	The service provider has not ensured that at all times a sufficient number of suitably trained, skilled and competent staff are deployed to work at the service, having regard to the care and support needs of the individuals.	New
58	The service provider has not ensured arrangements in place for medication administration are consistently safe.	New
57	The service provider has not ensured all the risks to the health and safety of the individuals are identified and reduced as far as reasonably practicable.	New
60	The service has not submitted notifications to the regulator relating to the deprivation of liberty safeguards.	New
16	16 (1) reviewing of personal plans.	Reviewed
80	80 (1) quality assurance	Reviewed

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