



## Inspection Report on

**Eriskay**

**Chepstow**

## **Date Inspection Completed**

30/01/2024

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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	21 July 2023
Does this service promote Welsh language and culture?	The service does not provide an 'Active Offer' of the Welsh language. It does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

### Summary

People are happy and their individual circumstances are respected and considered. Activity arrangements have been strengthened supporting peoples' emotional well-being. Referrals are made to health professionals to promote people's physical health. The service is safe and mechanisms in place to report matters of a safeguarding nature have been developed.

The service provider has appointed a new Responsible Individual (RI) and there is a new manager in post who manages the service on a day to day basis. The manager is registered with Social Care Wales (SCW). The overall environment has been improved and enhances people's sensory experiences in many different areas of the home.

At a previous inspection we identified areas where the service provider was required to take priority action to meet regulations. These included improvements in safeguarding processes, the management of the service and oversight by the RI. These areas have now been met.

## Well-being

Care staff are compassionate and support people to do things of importance. We saw care staff and the management team positively engaging with people and observed gentle care and support being provided. We received positive comments from a visiting health professional and a family member on the service delivery. The service provider has improved arrangements in place for activities and the frequency of community access. We saw how in-house activities stimulate and engage people on an individual basis promoting their overall sense of well-being. People were smiling and actively involved in activities.

Practices in the service promote peoples' physical and emotional health. Individual personal plans give an overview of people's life history, their likes, dislikes, and routines including their communication preferences. People and their representatives are involved in the planning and delivery of care. Support is also provided by a range of external health professionals. We observed people's care and support being delivered in line with their personal plans. A relative told us they can visit the service whenever they choose, supporting people's emotional well-being.

People are safe. Care recordings take into consideration risk management promoting people's safety. The correct protocols protect people from having their liberty restricted unnecessarily and detailed risk assessments help to keep people safe. Character and suitability checks of care staff to undertake their roles before providing care are completed. We observed care staff wearing personal protective equipment to promote the control of infection. There are systems in place for the management and storage of medication. Medication is stored securely and can only be accessed by authorised care staff. We did identify some practice concerns relating to medication management where further scrutiny is required.

The environment is vastly improved and enhances people's overall sense of well-being. The home is clean, warm, and comfortable. Health and safety checks have been improved and maintained. Communal spaces and bedrooms reflect the personalities of people living in the home. Cleaning chemicals are stored safely. The service has systems in place to identify and mitigate the risk of fire. The decoration and layout of the home has been developed to enhance sensory experiences and to stimulate peoples' interests and emotional well-being.

## Care and Support

Care staff are attentive and respond to people's needs with encouragement and warmth, enabling individuals to engage in things of interest to them. Mealtimes are unrushed. Care staff sit next to people during the dining experience, maintaining eye contact, supporting people at a pace they are comfortable with. We saw people relaxed in their bedrooms watching their favourite programmes enjoying their time alone. We also observed care staff engaging with other people in communal areas in activities of their choice. Staffing numbers are sufficient, and support is provided in a person-centred manner.

People benefit from a service that has clear, personalised written guidance to enable care staff to support them to achieve their personal outcomes. People have a personal plan which is individualised reflecting how they want their care and support to be provided. Plans cover the core areas of an individual's support needs and detailed guidance is available for care staff to support people with their communication needs. Plans are shared with people's families and/or their representatives, including professionals for their input. We saw one care staff member supporting a person to make a hot drink, gently supporting with praise and encouragement.

Activity arrangements in place are significantly improved promoting people's overall sense of well-being. People are supported to be engaged in organised activities in the community as well as sensory stimulating activities in the home. Where people do not fully benefit from an organised activity an alternative activity is sought. People are relaxed and comfortable in the presence of care staff. We saw care staff engaging individuals in a musical activity and observed one person smiling and engaging with a sensory pet animal. The recordings of activity engagement, outcomes and satisfaction needs further development.

Peoples' physical health is promoted, but medication practices need attention. Health advice is sought when needed and referrals are made to specialist services to enhance well-being. People enjoy a varied diet, but when people choose not to eat the main meal of the day, their alternative choice is not clearly recorded. People are supported by care staff to take medication. Care staff undertake medication competency checks to test their knowledge and skills in safe administration. However, we note some minor medication errors have occurred recently. Further oversight of care staff competency to administer medication is needed. This remains an area for improvement, and we expect the service provider to take action to address this and we will follow this up at the next inspection.

## Environment

People's well-being is uplifted from having access to a clean, comfortable, and much improved personalised living environment. The décor in the communal areas is warm and welcoming. We saw artwork and photographs of people displayed giving the home a personalised feel. There are sensory friendly spaces in the environment accessible to people empowering them to engage in meaningful activities. The service provider has re-decorated communal areas within the home and new flooring has been purchased. There has been continued investment in the environment. People's bedrooms contain items of choice and things of importance to them.

There is an accessible space in the kitchen where people can be supported to make a snack or drink of choice. In addition, people have access to a large attractive rear garden. We were told this area will be developed into a more sensory friendly space for people to enjoy and experience in warmer months. We observed how people's well-being is enhanced in a personalised environment that is uplifting, relaxing and an engaging space.

The service provider has systems in place to identify and mitigate risks to health and safety. The property is secure and reason for our visit was checked, but our identity was not appropriately examined prior to admission being granted. People live in a safe environment, with safety checks and maintenance of equipment being conducted on a regular basis. Infection prevention and control practices have been strengthened. We found areas are clean and items are stored safely. Lifting equipment is checked on a regular basis and serviced as required. Records we viewed demonstrate routine completion of utilities testing. Substances hazardous to health are stored safely and securely inside the home and in the rear garden. Fire safety checks are mostly complete and fire drills are undertaken. Personal emergency evacuation plans are in place and provide guidance on how people can be safely evacuated in the event of an emergency.

## Leadership and Management

The service provider has made improvements to governance and quality assurance arrangements. The RI maintains close oversight of the service delivery and has an active presence at the service. They complete quality assurance reviews supporting oversight of the care and support arrangements in place. The quality-of-care review and action plan contains a detailed analysis of the service delivery. This includes areas that have improved and identifying areas that require further development. The review does not consider the views of people receiving a service, their representatives, and staff. The service provider assured Care Inspectorate Wales (CIW) this will be addressed during the next quality care review.

The service provider told us no person currently requires a Welsh language service. Although there is a clear commitment in making provision for the Welsh language 'Active Offer,' in service documentation. Information is shared with the local authority and safeguarding teams in a transparent and timely manner. CIW receive regulatory notifications from the service provider of events as required. Policies have been reviewed and updated. These include medication and safeguarding procedures. They give clear guidance to care staff, for example telling them what to do if they thought someone was at risk of harm or abuse. Whistleblowing information is displayed and easily accessible.

Safe recruitment and training procedures are in place for care staff maintaining people's safety. Care staff files contain the necessary pre-employment checks. This includes employment histories and references. Some gaps were noted for temporary agency care staff, but the manager told us this is being addressed. The same temporary care staff are utilised to support the numbers of care staff on duty each day and to give some continuity of support to people living in the home.

We found agency care staff induction is basic, reflecting more of a tick/check list. The service provider told us they are in the process of making some temporary agency staff, permanent. They assured CIW recruitment checks and the induction process for these members of care staff would be more thorough.

Care staff told us they feel supported, confident, and happy in their role. They receive formal supervision on a regular basis, with additional guidance and support provided by senior and professional staff. Care staff we spoke with have a good awareness and understanding of when and how to report matters of a safeguarding nature. Team meetings are held on a regular basis. Training records show care staff have completed core training. Care staff are supported to register with the workforce regulator, SCW.

### 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
6	The governance arrangements in place do not adequately support the smooth operation of the service to support individuals to achieve their personal outcomes.	Achieved
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.	Achieved
26	The service have failed to ensure the local authority safeguarding team and CIW have been made aware of all issues which could be safeguarding in nature. Not all staff have received suitable safeguarding	Achieved



	training or refresher training. The safeguarding policy available does not include Welsh legislation and needs updating.	
65	Appropriate actions when concerns are raised via whistleblowing are not recorded. Concerns which are safeguarding in nature have not been reported to the local authority safeguarding team and CIW have not been made aware. There is a lack of recording about the support provided to people who report concerns via this process.	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
N/A	No non-compliance of this type was identified at this inspection	N/A
58	The service provider has not ensured arrangements in place for medication administration are consistently safe.	Not Achieved
16	16 (1) reviewing of personal plans.	Achieved
80	80 (1) quality assurance	Achieved
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.	Achieved
60	The service has not submitted notifications to the regulator relating to the deprivation of liberty safeguards.	Achieved
35	People need to be supported by care workers who have been appropriately recruited, trained and supervised. The service is unable to demonstrate effective systems are in place to ensure care workers employed at the service have had	Achieved

	appropriate recruitment checks, undertake mandatory training and receive regular supervision.	
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