



# Inspection Report on

**Zoar Care Home**

**Zoar Residential Home  
Marian Street  
Tonypandy  
CF40 2DL**

## **Date Inspection Completed**

15/06/2023

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## About Zoar Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Accurocare Zoar Care Home Limited
Registered places	30
Language of the service	English
Previous Care Inspectorate Wales inspection	15 December 2022
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

### Summary

People receive good care and support from a friendly and experienced staff team, who know them well and can anticipate their needs. We saw lots of positive interactions between care workers and people living at the service. There are lifestyle co-ordinators working at the home seven days a week, who engage people in activities and facilitate a community spirit, as well as spending meaningful time with people on an individual basis. Personal plans and risk assessments are easy to follow and contain relevant and up to date information. Referrals are made to external professionals in a timely way. The deputy manager has been promoted to the manager role in a smooth transition. There are several robust quality assurance measures in place, and the service is responsive to areas that are identified as requiring improvement.

## Well-being

People have opportunities and are supported to make choices about their day-to-day care. People move freely around the home as they wish, but we observed most people choosing to spend their time in the lounge and dining room together. There are options for all meals, however the kitchen staff also make specific meals and snacks at people's request, and accounting for their dietary needs. Residents' meetings are held to gain feedback from people on activities and food. There is a 'resident of the day' system to allow people individual attention to request any changes to their care or daily routine.

Substantial time and resources are available to engage and stimulate people throughout the day. Two enthusiastic lifestyle co-ordinators are employed to cover seven days a week, with an overlapping day where they both work together. On this day, they organise big events or take advantage of the extra person to take small groups of people out into the community. The home has their own transport or utilise public transport where they can. The lifestyle co-ordinators have an abundance of craft items, games, and puzzles. We saw them bringing people's preferred games out for them throughout the day. People's engagement with activities and events is recorded for additional feedback and to tailor future activities to people's preferences.

The service supports people to be as healthy as they can be. We saw evidence of regular contact with GPs and community nurses, as well as referrals to specialist practitioners such as speech and language therapists, occupational therapists, and the specialist dementia intervention team. Deprivation of Liberty Safeguard authorisations are applied for, and conditions included in people's personal plans. Medication is stored safely, and we saw it being appropriately administered and recorded. Medication audits are completed, and errors are responded to as part of good quality assurance processes.

There are systems in place to protect people from potential harm or abuse. We found care workers and management are competent to identify concerns and report them. There is a safeguarding policy in place for additional guidance if needed. Care workers we spoke to said they find the manager approachable and would discuss any issues with them.

## Care and Support

People gave positive feedback about the care and support they receive from care workers and lifestyle co-ordinators in the home. They told us: *“it’s very nice here”, “the staff are lovely”, “I like to stay in my room but go downstairs for my dinner. Most of the time the food is what I like, sometimes it’s not but that’s to be expected with so many people to please”*. A regular visitor told us: *“I love coming here. People seem to have good care; the staff can’t do enough for them. There’s always food and drink around. The home is always spotlessly clean”*.

The home uses an electronic care management system, which holds all personal plans, supplementary charts, and daily logs. Care workers input notes in real time using handheld devices. We found personal plans contained relevant and detailed information about people’s care needs and preferences, with associated risk assessments and management plans linked for ease of reference. Advice and guidance from external professionals is reflected in the appropriate plans. The system is easy to navigate and enables care workers access to all the information they need to provide the right care to people at the right time. Reviews are completed monthly as part of a ‘resident of the day’ approach, and the changes recorded on the electronic system. Accidents and incidents are inputted, and these are flagged so appropriate notifications are completed. Care staff told us that they had generally adapted well to using the electronic system and had good support from the manager when it was implemented. We observed practical care and support in place, such as suncream by the door outside, and people’s sun hats for them to pick up on their way out.

There are sufficient infection control measures in place. We observed personal protective equipment (PPE) being used appropriately for close contact care. Teams of domestic and laundry staff are employed, and we found the home to be clean and tidy. Processes are followed for safe and effective disposal of clinical waste.

## Environment

People live in an environment which enhances their wellbeing and helps them achieve their personal outcomes. The home is set over three floors, with stairs and lift access for those with mobility problems. There has been redecoration throughout the home, in communal areas, hallways and bedrooms, which give them a fresh, clean, and homely feel. Each floor has been given a street name, and people's photographs displayed in frames to help orientate them to their bedrooms. People have their personal belongings in their rooms. The dining room has a small serving area for people to help themselves to drinks or snacks when they wish. There is an outside space which, on the day we visited, was being used for chair activities in the sun.

The home is maintained to a good standard. Two maintenance workers are employed to complete regular monitoring checks and small repair or replacement jobs. External contractors are also employed to complete servicing and maintenance of facilities and utilities, such as mobility aids and hoists, the lift, and the fire system. People have personal evacuation plans in place, which detail the support they would require to evacuate in an emergency. Areas containing confidential information, or substances that may be hazardous to health, such as the medication room and laundry, are locked. Health and safety, and maintenance of the environment is included in robust quality assurance processes outlined by the provider.

## Leadership and Management

Staff enjoy working at the service and gave positive feedback about the recent transition of the new manager coming into post from being deputy. They told us: *“[manager] will be brilliant, there’s a really good feel here now”, “[manager] has got our backs, he’s a great support and we will do our best to support him”*. A new deputy manager and team leader had started in their roles a few days before our inspection visit. They told us that they were having time to familiarise themselves with people living in the home and their needs and were being well supported by a friendly staff team. There is a clear induction process for new staff to follow, signed off by the manager.

People are supported by staff who are safely recruited, well supported, and trained suitably for their roles. We sampled a selection of staff personnel files and found they contained all the required recruitment information and vetting checks. All staff members are currently working in the home with an up-to-date Disclosure and Barring (DBS) check. At the time of the last inspection, staff members were not receiving formal supervision, which is one-to-one time with their line manager to discuss their personal and professional development. During this inspection, we saw that most staff have had a supervision within the last three months, and a matrix is now in place to minimise risk of this lapsing in the future. The manager has a structure in place for supervisions and will audit these at regular intervals.

Staff wellbeing is prioritised. The service provider has implemented a staff wellbeing policy and there is wellbeing information, such as contact details for counselling services, in the staff room. In addition, there is a ‘health shield’ initiative in place, enabling staff to get financial help with eye tests and dental check-ups.

All staff members have completed mandatory training, and supplementary training relevant to the needs of people they support. There is an in-house trainer who meets regularly with the manager to identify the training needs of the team and plan when courses can be held on site to meet those.

There are robust quality assurance processes in place at the home to monitor and promote ongoing development and improvement of the service. There is a quality officer employed by the service provider to oversee notifications made by the home and identify patterns or trends. These also feed into detailed reports from the Responsible Individual’s monitoring visits and six-monthly quality of care reports. At the time of the last inspection, amendments were required to the service user guide to ensure it contained all the required information. During this inspection, we found that these amendments had been made.

### 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
36	The registered person is not compliant with 36 (2) (c) because care staff are not receiving regular supervision in line with the supervision policy.	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
19	The provider is not compliant with regulation 19(3) because the user guide does not detail the complaints procedure or information relating to the availability of advocacy services	Achieved

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