



# Inspection Report on

**Cartref Care Home Ltd**

**Cartref Care Home  
Henllan  
Llandysul  
SA44 5TD**

**Mae'r adroddiad hwn hefyd ar gael yn Gymraeg**

**This report is also available in Welsh**

**Date Inspection Completed**

07/03/2022

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## About Cartref Care Home Ltd

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	CARTREF CARE HOME LTD
Registered places	36
Language of the service	Both
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	Yes. This is a service provides an 'Active Offer' of the Welsh language. It anticipates, identifies, and seeks to meet the Welsh language needs of people who use, or intend to use their service.

### Summary

Cartref Care Home has experienced a significant Covid 19 outbreak (February 2022). As a result of findings from visiting health professionals the Local Authority have implemented monitoring and performance processes. Whilst working with outside agencies and professionals to respond to the outbreak there has been a negative impact upon some people's wellbeing.

People and their relatives whom we spoke with were complimentary about the care and support provided by a dedicated staff team. The service promotes the use of the Welsh language and culture, the Active Offer of the Welsh language this means being proactive in providing a service in Welsh without people having to ask for it.

There is a new management team in place who require further support to ensure regulatory requirements are met. The manager is currently working towards QCF level 5 and registration with Social Care Wales.

At this inspection regulatory breaches have been identified. The Responsible Individual is working with CIW to address these to ensure people's wellbeing and health goals can be fully met.

## Well-being

People are happy having chosen to make Cartref their home. We spoke with relatives who told us how their family members had specifically chosen the home as they knew it well, liked its strong links with the community, appreciation of the Welsh language and culture and the good reputation of the home. One person we spoke with told us they had specifically chosen the home above several others, and they are happy they have made the right choice. People make strong friendships within the home, either with new people or friends they knew from many years ago. The staff work hard to support, maintain, and encourage friendships and links with the wider community despite the restrictions of the past two years. Care workers have a good rapport and relationship with people and interact in positive ways, with good-humoured conversations. People can communicate in the language of their choice. Irrespective of outbreak restrictions they told us they like living at Cartref.

People are not able to choose where they spend their time, to move independently around their home or with whom they socialise. People we spoke with, care staff and the management team expressed their sadness regarding the negative impact steps to prevent the transmission of the infection were having upon them all. Individual person centre planning and risk assessments are required to help mitigate these negative outcomes. This will be followed up at next inspection.

Prior to and during the outbreak at Cartref people were not able to receive visits in line with Welsh Government guidance. The guidance provides advice on balancing people's rights with the risks from Covid-19. The management team are working closely with the local authority to ensure people's right to visits from family and friends can take place. CIW have requested a copy of the visiting policy this has not been received. We have since been informed Cartref will be communicating an updated visiting policy in line with Welsh Government guidance.

People personalise their surroundings in line with their interests and hobbies. However, the changes made to communal areas because of the outbreak is impacting upon people's wellbeing. These changes are unsettling people. Whilst people who can understand can appreciate the requirements around guidance and restrictions, they are upset by the impact upon their daily lives; *"I miss the pictures, I used to find them so interesting, it is so sad."* An extensive deep clean of the home means some areas are not accessible to people to use if they choose. The service did not feel homely as one care worker commented *"it is more like a hospital than their home"*. Individual risk assessments to support people are required to mitigate, as far as possible, these negative outcomes. CIW has provided the RI with the King's Fund audit tool to support a more appropriate environment for people who live with dementia. The RI has provided assurances all communal areas are fully accessible to people as they choose. This will be followed up at the next inspection.

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All the staff we spoke with talked positively about their work. Care staff are committed to providing quality care and support. During the inspection visit both care staff and the management team told us morale is low because of the impact of the outbreak. Personal care and support plans require further work to better inform care delivery and promote people's wellbeing. Whilst some improvements have been made since the last inspection, further work is required. This will be followed up at the next inspection.

Overall, people are safe and protected from abuse. The safeguarding policy and procedure are in line with current legislation and local safeguarding procedures. Care staff recognize their personal responsibilities in keeping people safe. They are aware of the whistleblowing procedure and are confident to use it if the need arises. However, the recruitment process is not consistently robust. This is a serious issue and a priority action notice has been issued.

## Care and Support

Wellbeing is promoted by all staff at Cartref. We observed interactions which are positive and friendly between people who live and work at the home. Relatives spoke highly about arrangements to celebrate birthdays and maintain links with their relative's community. We were told how much people enjoyed the food provided by the cook, who, "*goes the extra mile*". People's weight is monitored regularly. We saw food to celebrate St David's Day both looked and smelt appetising. All those we spoke with were particularly looking forward to this special day. They were only sorry restrictions meant celebrations were muted. Current restrictions mean interactions are brief because care workers are needed in different areas throughout the building. For example, a care worker is only able to focus on one person at lunch time and cannot involve others in discussions as they are seated so far apart and are unable to hear. When staff are with people, they understand their needs and communication preferences, which promotes interesting and enthusiastic discussion, but this cannot be maintained without staff involvement. CIW have been informed social distancing in the dining room and lounge has now stopped. We were told people are no longer being rotated to eat their meals in their rooms or in the dining room. We have also been told social activities are resuming. This will be followed up at the next inspection. From our discussions with staff they are passionate about the support they offer and deeply frustrated by the impact of the restrictions and the detrimental effect on people who live in the home.

Sufficient staffing levels are in place to meet the care needs of people living at the service. Staffing levels are in line with those set out in the Statement of Purpose. Staff respond to requests from people in a timely manner and interactions are friendly and respectful. We witnessed staff responding rapidly to door alarms being triggered. Requests are made to the district nursing team for support and advice in a timely manner. Further work is required to ensure personal plans inform actions taken. We found the most recent information is not always recorded in the personal plan and risk assessments updated. Plans are reviewed but do not include detail, rather just a signature. As noted at the last inspection, information is held in different documents and is duplicated. Key information as to how people's aspirations and outcomes can be met needs to be accessible to all staff. Information about people's likes and dislikes, participation in activities is not consistently recorded. We discussed these matters with the RI (responsible individual). This will be followed up at the next inspection.

People cannot be confident medication is safely administered or stored in line with the medication policy or best practice. Staff we spoke with acknowledge they are aware they are not practising safe medication administration. Current practice is a risk to people's health and has been raised with the manager and RI to be addressed immediately. This is a serious issue a priority action notice is issued.

## Environment

People do not currently receive support in a homely environment. The RI has sourced an outside professional cleaning company to undertake a deep clean of the whole home. This has necessitated removal of all items, restricted access to certain areas, removal of items to orientate people around the home, bilingual signage, culturally relevant items, and plants. One person we spoke with is very happy that she can have flowers in her own room as this is important to her. The home is safe, warm and clean but staff and people, we spoke with did not like the current institutional feel of the environment. Bedrooms are spacious and personalised to reflect the occupant's taste and interests, with items such as ornaments, soft furnishings, photos, and items of furniture. Those we spoke with were very satisfied with their rooms. One person told us they particularly liked the large ensuite and the view from their window to the woodland. Discussions with the manager and responsible individual have informed CIW that the environment of the home will be restored to its previous homely feel.

People are safe from unauthorised visitors entering the building, as all visitors must ring the front doorbell before gaining entry. However, CIW staff were not asked to sign in/out. Current Public Health Wales guidance regarding visitors to the home was not followed on the day. Peoples' personal care records and confidential information are stored securely.

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. Electric and gas safety inspections are carried out within the recommended timeframes. A maintenance person ensures day-to-day issues are dealt with promptly as well as carrying out safety checks. However, risk assessments must be in place to ensure people's dignity and privacy is maintained when work is taking place in the home. CIW requested evidence of audits undertaken since November 2021 but have not received these.

## Leadership and Management

Oversight of the home, management team and staff to ensure a high-quality service requires improvement. The Responsible Individual is very visible within the home, being present on most days and always contactable. He is well known to staff and people who have chosen make Cartref their home. The required quarterly visits are completed and a quality of care report is completed. However, these need further detail to ensure governance and continual improvement where actions are identified. The new management team requires further support and oversight to implement change and to promote transparency. The correct procedures for submitting notifications to CIW in a timely manner are not consistently followed. CIW are not consistently notified of issues which impact upon the health and wellbeing of those living at Cartref. We have identified this is an area for improvement.

All staff and people we spoke with, told us the manager is approachable. We observed kind interactions between the manager and people. Relatives told us communication channels are good and they felt well informed about their loved one. Not all staff had confidence in raising issues because they felt their suggestions would not be actioned.

People cannot be confident staff always have accurate information and training to support best practice. Whilst there are policies and procedures in place some of these are not meaningfully reviewed, contain out of date information and are amended using tipex. The COVID policy is inaccurate, out of date and not reviewed. The medication policy is not being followed. There is no COVID contingency plan in place. This means care staff do not always have access to accurate evidence-based policies and protocols to support the safe delivery of high-quality care. These issues have been discussed with the Responsible Individual and is an Area for Improvement which we expect to be actioned.

CIW discussed with some staff training which they had recently completed. We saw evidence of training certificates in some staff files and saw eight care staff have completed online dementia awareness training. Some staff told us accessing online training is not always easy and therefore they were concerned their training was not up to date. As recommended at the last inspection a training matrix would enable easy oversight of training due or completed. CIW have requested a copy of the training matrix, but this has not been received. Staff we spoke with were unclear about the ongoing processes and requirements to register with Social Care Wales.

A review of staff files showed them to be well organised. Overall meaningful supervisions are taking place, which include addressing disciplinary matters. However, topics such as training updates and SCW registration should be discussed. Some supervisions are overdue. Recruitment processes are not consistently robust. As such there is a risk staff will be recruited to support people who are not suitable for their role. This is a serious issue, and a priority action notice has been issued.





### 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
58	Failure to administer medication in a safe manner in line with evidence based practice and service Medication policy .Failure to store medication safely.	New
35	Failure to evidence DBS are checked as per requirements , failure to check DBS update service, failure to hold 2 references for 1 staff member , failure to evidence competence and skill as supervisions out of date, failure to employ a manager whom is registered with SCW.	New

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
12	Policies and Procedure are not up-to-date and therefore do not effectively guide staff.	New
6	Short fallings in overall oversight and governance - specifically to ensure audits, reviews, supervisions, updates are taking place in a timely manner	New
15	Failure to provide information as to how people are able to achieve their personal outcomes , failure to supply sufficient information to support care staff to deliver day to day care, failure to update risk assessments in a timely manner with meaningful information following significant event/incident.	New
43	In response to the action plan complied by IPC team to support covid management meetings, there were a number of areas no longer accessible to people, as stated in the SoP.The lounge and dining room is laid out in order to maintain social distancing. Items to enable independent orientation around the home have been removed - including bilingual signage. The environment does not support and enable achievement of personal outcomes or promote wellbeing	New

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