

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

04/10/2022

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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	01/03/2022
Does this service provide the Welsh Language active offer?	The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.'

Summary

This focused inspection is to review the two open Priority Action Notices (PANs) around the safe administration, labelling and storage of medication and the checking and recording of Disclosure and Barring Service (DBS) clearances.

The PAN around the safe administration, labelling and storage of medication has been closed because practices have improved. Observations of medication administration, checking of the storage of medication and associated records confirmed this.

The PAN around the checking and recording of staff DBS clearances has been closed because practices have improved. Information sent by the manager and staff records read during the inspection confirmed this.

The environment within the service did not support people to achieve personal outcomes or promote their wellbeing. This was identified as an Area of Improvement in the last inspection. During a tour of the service and conversations with people the environment within the service has been much improved.

Policies and Procedures are not up to date was identified as an Area of Improvement in the last inspection. Reading of policies and discussions with the manager confirmed this has been improved.

Shortfalls in the overall oversight and governance was identified as an Area of Improvement in the last inspection. Reading of audits, reports, care records and discussions with the manager and RI confirmed this has improved.

Well-being

People receive care and support to meet their individual needs. Care workers have a good understanding of the people living in the service and interactions are caring. Care records provide a sense of the individual and are reviewed and updated regularly wherever possible with the individual or their representative. There are safe medication practices in place. Care staff are knowledgeable about the people they support

People can express their views about the service because the RI involves them and/or their representatives in their improved quality assurance audits. Information from internal audits enables the manager and RI to monitor and assess the quality of the service.

People live in an environment that supports their wellbeing. The improvements made enable individuals to orientate themselves around a more homely environment which is appreciated by people.

Care and Support

People can be reassured there are appropriate medication systems. During observations of the storage, administration and recording of medication safe practices were seen to be in place. This is supported by an updated medication policy which has been sent to CIW by the manager.

People's individual needs and choices are recognised and reviewed. Care records and risk assessments are being reviewed regularly. Care records demonstrate there is good involvement of health professionals in the care of people. Individual health needs are monitored and recorded. Choices of meals and beverages are readily available and offered.

Care staff have a good understanding of the needs of the people living in the service. They are able to give good details about people's history and their specific care needs. Interactions between staff and people are kind and caring and conducted in Welsh or English dependent on the person's preference. People we talked to told us they were happy with the care they receive including *"the carers are very kind"* and "the staff are lovely".

Environment

People live in an environment that better supports their individual needs and personal outcomes. During a tour of the service we saw pictures, paintings, wall decorations and ornaments are now being displayed within communal areas. There are bilingual signs throughout the communal areas to help people to orientate around the service. Social distancing seating has been stopped so people are better able to interact and chat with their friends which we saw first-hand. People told us the environment is much better including *"it's far more homely now", "it's my home again"* and *"it's much better now"*.

Cleaning routines are in place, and these are discussed during the morning staff handover meeting chaired by the manager. IPC stations are located within the service and staff are following the latest Public Health Wales Guidance.

Leadership and Management

People can be reassured there are governance arrangements in place. The RI is in regular contact with the service and has undertaken Regulation 73 visits since the last inspection. CIW have received copies of their reports, which demonstrates they speak to people, and staff as part of the visits to the service. Staff and people confirmed this with us, one said *"[RI] does speak to staff and residents when he visits"*. There are a number of audits undertaken within the service and these are monitored by the manager and RI.

People are cared for by staff who have had the appropriate checks and clearances and are being supported in their role. Information sent to CIW and reading of records demonstrate that care workers have a current valid DBS check in place. This is now being closely monitored by the manager.

Care workers are now receiving regular supervision. This has been corroborated by the care staff we spoke to and the staff records we read during the inspection. Policies and procedures are being updated and we have been advised by the manager she is working with a colleague from the provider's other service to ensure parity of policies and procedures.

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	
58	Failure to administer medication in a safe manner in line with evidence based practice and service Medication policy .Failure to store medication safely.	Achieved	
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.	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	
12	Policies and Procedure are not up-to-date and therefore do not effectively guide staff.	Achieved	
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.	Achieved	
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	Achieved	

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