



Inspection Report on

Gardens Care Home

Neath

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

03/07/2023

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About Gardens Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Gardens Care Limited
Registered places	Four
Language of the service	English
Previous Care Inspectorate Wales inspection	22 October 2021
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

Gardens care home is a small service on the outskirts of Neath, offering a suitable service supporting people with residential needs. The home has a friendly atmosphere and people spoke openly and freely about their experiences. People told us they are happy. People have adequate personal plans and risk assessments in place to meet their needs. Care staff are supported by good supervision and appraisals. Care staff have received online training and know people well and understand their needs. However, improvements are needed to ensure medication is administered safely. The home is in need of some modernisation. The Responsible Individual (RI) has a plan in place to support the changes they feel are needed. People living at the service will be involved in the decoration and refurbishment of the service when it takes place. Improvements are needed in recruitment processes ensuring all relevant checks are carried out within regulatory timescales.

Well-being

People have a voice and are encouraged to make choices and are treated with dignity and respect. Wherever possible people are part of the assessment and planning process. People told us they are happy. We saw care staff are kind and respectful to people, engaging them in conversation about their activities for the day. There is satisfactory information available to support staff to meet their outcomes. People are supported to maintain relationships. The service actively encourages good communication with relatives. People, relatives, and documentation supports this.

People are protected from harm and abuse. The provider has an adequate safeguarding policy in place. We saw documentation showing a history of staff receiving online safeguarding training. Staff spoken with understand their responsibilities in reporting concerns. People told us they feel safe and are treated well. Staff recruitment and employment checks are not always carried out or within regulatory time scales.

Peoples emotional, physical and mental health is maintained. Some of the care staff have worked in the service for some time and recognise the signs of ill health. We saw people being supported to access health professionals and emergency services. We saw medication policy and procedures are not always followed. Documentation shows annual medication competencies are not in place. This was confirmed by staff. This is an area for improvement.

People live in suitable accommodation, which overall, supports their wellbeing. People's bedrooms contain personal items and are adequately furnished. There are some facilities available which encourage independence and allow people to have time alone. The building is in need of modernisation and areas do look tired. People could not access the kitchen as the flooring needs repair; however, this is being actioned by the Responsible individual (RI)

People are supported in a service with adequate management oversight. The RI visits the service weekly however, the policies and procedures seen were not reviewed regularly. The RI carries out audits and reviews, however we did not see documentation to support this. The quality-of-service reviews are carried out but need strengthening.

Care and Support

People are supported well, with satisfactory personal plans and risk assessments reflecting their needs. We saw the standard of care is satisfactory this is reflected in the responses for people, relatives and professionals. People told us; *"I have been here a while; I like it here. I like living here, staff make me food and drinks"*. Professionals told us they had observed good interactions between people and staff. Relatives have expressed their gratitude to the staff for the *"brilliant support"* in maintaining and supporting relationships.

The provider has mechanisms in place to safeguard people they support. We saw policies and procedures in place. We discussed with the RI the need for these to be reviewed on an annual basis, as we saw no evidence of this. Staff spoken with confirmed they are aware of the safeguarding process and their role and responsibilities in raising concerns. Staff told us; *"Protect the vulnerable, anything I saw I would approach my manager and expect her to follow this up"*. The training planner shows staff receive online safeguarding training regularly and this was confirmed by staff.

The provider considers a wide range of views and information to confirm their ability to meet the needs of the people they support. The service has a Statement of Purpose (SoP) a document which shows what people can expect from the service. The SoP has now been reviewed to include all areas of the service. A risk assessment is now in place to reduce the possible impact on people. The service has a satisfactory pre assessment process in place to ensure they can meet the needs and outcomes of people.

The systems for medication management needs strengthening. We saw the medication policy is not always followed. We observed secondary dispensing of medication during the inspection. This was brought to the attention of the manager who addressed it immediately. Staff do receive medication training; however, medication annual competencies are not carried out with staff. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

Whenever possible, people are supported to make choices about their day-to-day lives and are listened to. We saw people making choices about activities and food. People told us; *"I can't go in the kitchen the floor needs fixing, but I did go in to make drinks"*.

Environment

The property is a large Victorian building with some lovely features. However, it is in need of some modernisation and some areas look tired, specifically the kitchen, bathroom and shower areas. People could not access the kitchen as the flooring needs repair; however, this is being actioned by the (RI). People's bedrooms contain personal items and are adequately furnished. We observed a communal area regularly used and enjoyed by people with comfortable if dated furniture. People told us; *"Yes, I like to sit here (lounge) and watch the telly"*. I like cooking programmes and quizzes and I watch coronation street." People told us they visit the local community daily with staff and family. We observed people requesting and being supported to access local shops.

The service has measures in place to manage risk to people's health and safety. Safety records show that checks are carried out to identify issues, but these need to be strengthened. The manager told us water checks are carried out, but we saw no documentation to support this. Materials which have the potential to cause harm are stored securely, however the information on each product is out of date. We saw written records confirming the testing of electrical equipment and fire system. We looked at personal evacuation plans (PEEPS) for two people. Evacuations procedures are specific to the needs of the individual to ensure their safe evacuation if required. Routine servicing of utilities such as gas and electricity take place and certificates seen. There is no formal cleaning schedule in the service however this is being actioned by the manager and supported by the RI.

Leadership and Management

The provider has satisfactory arrangements in place to support the smooth running of the service. The RI is regularly involved in the service, completing visit reports and quality of care reviews. The review could be strengthened by clear actions for the manager and staff team to better facilitate quality care improvements. We saw policies and procedures in place but no evidence of updates and review. The manager showed a good understanding and knowledge of the people living in the service. There was an openness throughout the inspection by the team. Professionals felt the manager communicates well following advice given and support plans supplied. A Professional told us; *“The manager has a good presence at the care home”*.

People are supported by a service that meets their needs and by staff with the knowledge and skill to support them to meet their individual outcomes. The training plan and staff spoken to support this. However only a small number of staff are registered with Social Care Wales (SCW), the care regulatory body. We looked at four staff personal files and saw that pre-employment checks are not always carried out. In three personnel files viewed there was only one pre-employment verified reference in place for three individuals. The requirement is two and one must be from the previous employer.

Disclosure Barring Service (DBS) checks are carried out at the employment stage however some were not reviewed within regulatory timescales. This was later actioned by the manager. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

Staff are supported by routine supervision and appraisals. This was confirmed by documentation seen and through speaking to staff. Staff told us; *“I feel valued by the manager she’s helpful and accommodating with the rota, she’s amazing”*. The manager informed us the service is having difficulties recruiting, meaning the manager needed to step in to cover shifts and or use agency staff. However, the manager also told us; *“I am interviewing today so hopefully things will get better”*.

The provider has oversight of the financial arrangements and investment in the service. The RI assured us the service is financially sustainable to support people to be safe and achieve their personal outcomes. The RI told us of investment such as internal refurbishment of the sleeping in room to support the wellbeing of staff. However, we did not see any plans for the modernisation or refurbishment of the communal areas including the kitchen. The RI will provide plans once confirmed.

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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58	During the inspection we observed Secondary dispensing of medication. The manager confirmed the medication policy was not followed. Medication training is online one and a half hours of training with no annual competency assessments carried out.	New
35	Inspection showed the staff files do not hold the required information for the fitness of staff, 3 DBS certificates were out of date, one by several years. 2 of the 4 staff files show only one reference and the 3rd had a second reference which was not signed or dated. 7 out of 10 staff are not registered with Social Care Wales.	Not Achieved

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