



Inspection Report on

Kellis

**Berllanlwyd Street
Hengoed
CF82 8DE**

Date Inspection Completed

11 March 2022

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About Kellis

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Partnership of Care Ltd
Registered places	3
Language of the service	English
Previous Care Inspectorate Wales inspection	This is the first inspection under the Regulation and Inspection of Social Care (Wales) Act 2016
Does this service provide the Welsh Language active offer?	The service does not provide an 'Active Offer' of the Welsh Language. Currently there are no people using the service that communicates in the Welsh language.

Summary

People who live at the home appear happy, relaxed and content in their surroundings. They are positively supported to do things themselves, by a familiar staff team who understand their complex needs and behaviours. Personal plans are outcome focussed and regular reviews take place. People have access to appropriate health and social care professionals. Staff are caring, knowledgeable and responsive to people's needs. The Responsible Individual (RI) has a regular presence at the service, engages with people and reviews care delivery. There is a dedicated staffing team, who are supported and trained for their roles. However, recruitment practices require strengthening. Systems for managing people's medication require improvement. The home is warm and welcoming. The service provider needs to ensure the facilities are equipped appropriately. Health and safety measures within the environment needs further attention to ensure people are consistently safe.

Well-being

People's individual circumstances are valued. Personal plans reflect the care and support people require. We saw staff supporting one person to make a drink, encouraging and supporting them to complete the task independently. People are supported in a positive manner to make decisions about what they do and how they spend their time. Individual activity programmes are displayed and communication aids utilised to assist people in making decisions. Personal plans are developed to support people to achieve their desired outcomes and promote their skills and abilities. People benefit from relationships with familiar staff which are encouraging and friendly. Records of meetings between people and staff reflect people's wants and wishes are taken into consideration.

Access to essential services is sought in order to consistently promote people's physical and mental health. Monthly reviews of care take place to ensure clear oversight of people's health and well-being. The service links well with specialist health services. Referrals to external professionals are completed. We saw one person engaging in a bespoke therapeutic activity. This appeared to focus their attention, distracting them away from any potential anxieties. We saw staff supporting this individual to do this in a safe way. The staff member told us this supportive practice has been approved by a health specialist. Medication is regularly reviewed with the involvement of the prescriber. However, medication practices require strengthening to ensure people's overall well-being is consistently maintained.

The environment meets people's needs, however, improvements are required in order to consistently promote people's safety. The home is clean, and welcoming. Communal areas, including a conservatory allows room for people to relax and do things that is of interest to them. People's rooms contain items of importance to them and reflect individual taste and personalities. Medication is stored safely, however access to substances that have the potential to cause people harm needs close monitoring. The service provider must ensure all fire safety measures and window restrictors are in place in order to keep people safe. Improvements are required to ensure bathrooms/shower rooms and toilets have the essential equipment. This will support safe hygiene practices in the home and minimise the risk of cross contamination.

Care and Support

People are supported to do things themselves and individual routines recognised. A key worker system is in place which supports people in making decisions about their care and support providing them with opportunities to be involved in all aspects of daily living. We saw active support planning that identifies areas where people require more support and encouragement than others. Monthly reviews with people celebrate goals achieved and include photographs showing people enjoying activities and special events. We saw examples of a natural familiarity between staff and people living in the home. Staff we spoke with have a good understanding of people's needs and behaviours. Staff told us one person likes to have multiple choices displayed visually to support them to make a decision. We saw this reflected in their personal plan.

Improvements are needed to medication systems to ensure practices are consistently safe. Medication is stored securely in a locked cabinet. We were told the temperature of the room where medication is stored is monitored, however there are no records to reflect this. Medication is labelled with the date on opening. Stock checks of medication are undertaken. We sampled medication administration records (MAR's) for two people receiving support. Hand written entries on MAR's are not consistently counter-signed to ensure entries are accurate. MAR's are not completed in detail and do not always contain sufficient information. There is no protocol in place for medication that is required to be cut prior to administration. We discussed these issues with the manager who gave assurance they would contact the pharmacy to resolve this. We will follow this up at the next inspection.

People have access to appropriate advice and support when required to support their health and well-being. Records reflect referrals to external professionals are made and staff liaise with the relevant health and social care professional on behalf of the person. One person had a significant number of incidents over a set period of time. We did note advice was being sought from a health professional on ways to support this person during heightened times of anxiety. We saw there was a robust review of incidents at the end of the month. However, we found the risk assessment in the personal plan had not been reviewed or revised following such incidents. This would assist in identifying what support management strategies had worked best and what maybe could have been done differently. We found the use of anti-psychotic medication is reviewed on a regular basis by the prescriber.

Environment

People benefit from a welcoming and homely environment. The home is clean and tidy throughout. There is a main lounge, kitchen/dining area and conservatory. We observed people spending time in different parts of the home. One person was relaxing in the conservatory having some quiet time. Communal areas are in the process of being redecorated and we were told people are involved in selecting their preferred colour schemes. Bedrooms are personalised and contain items such as family photographs, pictures and items of importance to them. The flooring in one bedroom requires replacing to ensure its fit for purpose. We found the upstairs shower is out of use. External areas are well kept. We were told there are plans for a sensory area in the garden to be developed for people to access in warmer months.

Systems in place to ensure toilets and bathrooms are appropriately equipped require improvement. We note cleaning schedules are completed in detail and on a regular basis. Kitchen and bathroom areas are clean and fresh. However, we note there are no paper towels or alternative means of drying your hands available in the shower room/toilet on the first floor. This increases the risk of cross contamination. Further, a communal hand towel was being used in the downstairs bathroom/toilet area. Improper hand drying can contaminate hands that have been washed. Hand sanitisers are not freely available throughout the home. There are no appropriate bins available inside bathroom/shower room or toilets for care staff to remove contaminated Personal Protective Equipment to minimise cross contamination. The laundry area is based in an outbuilding. We saw soiled laundry in tied sacks stored in a hand operated bin directly next to an overflow chest freezer. Four out of six care staff have received up to date infection control training. We notified the provider that they were not meeting legal requirements and we will follow this up at the next inspection.

People are supported in an environment where improvements are needed to health and safety processes to ensure their safety is maintained. The entrance to the home is secure. Cleaning chemicals that have the potential to cause harm, are stored in a locked cupboard. However, we did note on one occasion the keys were left in the lock of the cupboard door. We saw records of servicing for gas and electrical safety. Window restrictors are in place, however, restrictors in one persons' bedroom are not robust or tamperproof. All staff have been not involved in a fire drill in the last 12 months. We found fire checks are completed, however routine checks on fire doors have not been recorded and we observed the door leading into the kitchen was wedged open and did not have an appropriate self-closing device. We reviewed a fire risk assessment completed by an external contractor in May 2021 with 23 actions recommended. The associated action plan provided to CIW had not been updated. A legionella risk assessment has not been completed by an approved contractor. CIW were assured this has been arranged to be undertaken in April 2022. We will follow this up at the next inspection.

Leadership and Management

There are arrangements in place for the oversight of the service. The RI completes monthly visit reports and records engagement with people living and working at the home. This includes observation of staff practice and an overview of service delivery. The manager told us they receive very good support from the RI. A quality of care review dated December 2021 reflects a comprehensive review of service delivery has taken place. An audit process to review areas of service delivery is in place. The statement of purpose (SOP) sets out the vision for the service and how this will be achieved. The SOP requires updating to consistently reflect the current managerial arrangements in place.

CIW do not always receive a regulatory notification of events as required in a timely manner. The provider has made requests to the supervisory body in relation to deprivation of liberty safeguards which had not been reported to CIW. Following our inspection the provider has submitted these reports to the regulator. The information guide is in an appropriate format for people using the service, however this and does not include information on the availability of advocacy services and sufficient detail on how to make a complaint. Following the inspection CIW received assurance this has now been completed. However, this further information now needs to be shared with people using the service and any representatives where appropriate. We will follow this up at the next inspection.

Mechanisms are in place for staff support and development, however records relating to safe staff recruitment require strengthening. Regular team meetings are held to share information and keep staff informed. Staff receive regular one-to-one supervision with their line manager. One member of staff told us they receive very good support in their role. Records show staff receive regular supervision and spot checks on their performance. Staff files contain application forms, although full employment histories are not always accounted for. A recent photograph was held on one staff file but not on the other. Contracts of employment are in place. DBS checks are completed, however references are not always obtained as required. Relevant identification is not always held on file. Training records indicate staff have completed mandatory training in the majority of subjects appropriate to their role, although refresher training is required in some areas. This will be followed up at the next inspection.

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
58	Arrangements in place to administer medication were not consistently safe.	New
57	Health and safety processes in place are not robust	New

	to ensure people's safety is consistently maintained.	
35	Full and satisfactory information or documentation was not available for all persons employed at the service with regards to Part 1 of Schedule 1.	New
19	The information guide does not contain details of how to make a complaint or the availability of advocacy services.	New
60	The service provider had not notified CIW of events as required.	New
44	The toilets, shower room and bathroom was not appropriately equipped to maintain satisfactory standards of hygiene.	New

Date Published 11/04/2022