



Inspection Report on

Castlecare Specialist Services Limited

**162 Cardiff Road
Aberdare
CF44 6UY**

Date Inspection Completed

13/04/2023

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About Castlecare Specialist Services Limited

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	CASTLECARE SPECIALIST SERVICES LIMITED
Registered places	10
Language of the service	English
Previous Care Inspectorate Wales inspection	18 January 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 living at Castlecare appear happy. They benefit from person centred care and support aimed to help them achieve their personal outcomes. Interactions between care staff and people are positive with care staff having a sound understanding of people's care and support needs. People are encouraged to make daily choices and participate in activities they enjoy. Staffing levels are sufficient. Care staff feel valued and supported and are trained to meet the needs of the people they support. There is a safe recruitment process, however, improvements are needed to ensure staff are vetted by the Disclosure and Barring Service every three years as required.

The environment is maintained to a satisfactory standard and is comfortable, clean, and welcoming. There are a selection of communal areas where people can choose to spend their time. The Responsible Individual (RI) appears to have a good level of oversight which helps the service run smoothly. Policies and procedures are in place and help underpin safe practice.

Well-being

People enjoy positive relationships with care staff who treat them with dignity and respect. On the day of our inspection people appeared relaxed and content and told us they are happy living at Castlecare. We observed positive interactions between people and care staff throughout our visit. People and their relatives provided consistently positive feedback regarding care staff saying they receive a good standard of care and support, and they feel listened to. Care staff appear confident and enthusiastic in their roles and know people's support needs well.

The service promotes people's physical and mental well-being. We saw people have good access to health and social care professionals with all correspondence and appointments documented in people's personal plans. People are encouraged to participate in activities they enjoy. We saw people engage in educational and volunteering opportunities as well as engaging in general household tasks to help with the upkeep of the home.

People are protected from harm and abuse. Care staff are familiar with the Wales Safeguarding Procedures and are confident in their ability to raise concerns if they need to do so. There is a safeguarding policy and care staff receive relevant training. Risks to people's health and safety are thoroughly assessed and managed.

The environment helps support people's well-being. People are able to personalise their rooms to their preference. Communal areas are clean, comfortable, and well presented. Regular servicing and maintenance of the environment and its facilities ensures the home is safe. The home is secure from unauthorised access and confidential information is securely stored.

Care and Support

The service adopts a person-centred approach to care planning. Prior to admission an assessment is conducted to determine the level of support required. Following this, personal plans are developed in conjunction with the person and their representatives. Personal plans are detailed, outlining the best ways to support people to achieve their personal outcomes, along with information regarding people's history, likes, and dislikes. Risk assessments make up part of the personal plan and highlight areas of potential danger, along with strategies for keeping people safe. Routine reviews are conducted to ensure personal plans remain relevant. We saw evidence people take part in the review process. This is positive as it ensures people are involved in their care delivery.

People are supported by a staff team who are kind and compassionate. We witnessed care staff engaging with people in a warm, friendly manner. It was obvious care staff know the people they support well and are familiar with their needs and routines. People we spoke to provided positive feedback regarding the staff team. One person said, *"The staff are brilliant. I get on with all of them"*. Another person we spoke to told us, *"The staff are lovely. I have no complaints"*. People are encouraged to maximise their independence. Care staff support people to engage in activities they enjoy, as well as providing support to carry out day to day tasks such as shopping, cooking and other household chores. One person commented, *"I'm supported to look after myself"*.

There are secure arrangements in place for the storing, ordering and administration of medication. Medication is stored in line with best practice guidance. Regular medication audits help to identify discrepancies and action accordingly. The service has a good relationship with the pharmacy and people's medication is delivered on time. Care staff receive medication training to ensure they are sufficiently skilled. We looked at several medication administration records (MAR) and found they are completed correctly. This suggesting people receive their medication as advised by the prescriber.

Environment

The environment is clean, comfortable, and appropriately decorated. Staff working at the service follow a cleaning schedule to ensure standards of cleanliness and hygiene are maintained. There is a selection of communal areas which appear to be comfortable and well-maintained. There is also a gym people can use to keep fit. We viewed a selection of bedrooms which were personalised to people's preference. People told us they like their rooms, and they are always accessible giving people the opportunity for privacy if they need it. Some rooms have ensuite bathing facilities. People whose rooms do not have ensuite facilities have access to communal bathrooms which are clean and suitably maintained. There is a garden area with seating to the rear of the building. People can utilise this space for relaxing or participating in activities.

The environment, its facilities and equipment are subject to an ongoing programme of maintenance to ensure they are safe to use. We saw safety certificates are in place for utilities and fire safety features. Regular fire drills are held and every person living in the home has a personal emergency evacuation plan (PEEP) in place. This document contains information regarding the best ways of supporting people to evacuate the building in the event of an emergency. There are adequate infection prevention and control systems in place. There is an infection control policy, staff receive relevant training and have access to a plentiful supply of personal protective equipment.

Leadership and Management

People are protected by a safe recruitment process. However, the service must ensure staff are regularly vetted by the Disclosure and Barring Service. We looked at a number of personnel files and found all of the necessary pre-employment checks have been completed. There is a requirement for staff to be vetted by the Disclosure and Barring Service every three years. We saw some care staff's DBS certificates had expired. We explained this was an area for improvement. We would expect the provider to address the issue at the earliest opportunity.

Care staff enjoy working at the service and feel supported in their roles. Regular team meetings are held to discuss operational matters. Care staff receive the recommended levels of formal support where they get the opportunity to reflect on their performance and discuss development opportunities with the manager. Care staff commented positively about their work and the management of the home. They said, *"It's great working here. It's more like a family"*, and *"The manager is really approachable. I think she has a good perspective. She's assertive and gets things done"*.

Care staff receive training to equip them with the skills necessary for providing good quality care and support. We looked at the service's training matrix which shows all staff are up to date with their core training requirements. Care staff we spoke to provided positive feedback on the training they receive. We saw all staff hold a recognised qualification in care and are registered with Social Care Wales.

Constructive governance and quality assurance arrangements allow the service to reflect and develop. The manager is passionate about the service, knows supported people and the staff team well and has good oversight of service delivery. People are consulted on the service they receive and complete satisfaction surveys on a three-monthly basis. This is done during their personal plan review. The Responsible Individual is up to date with their specific duties including visits and quality of care reviews. We looked at the latest quality of care reports and found they accurately describe what the service does well along with making recommendations for improvements. We sampled a range of policies and procedures and found they contain up to date statutory and best practice guidance. We also looked at the services statement of purpose and user guide. We found these documents accurately describe services provided and contain all the required information.

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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35	he provider is not compliant with regulation 35(6). This is because not all staff working at the service have an up to date DBS certificate.	New
74	Reg 74 report dated 7.1.22 highlights within that they are completed on a 6 monthly basis. Regulatory requirement is for completion on a quarterly basis.	Achieved
80	Reg 80's sent x 2 by RI evidence that these are being carried out on an annual basis, not 6 monthly as required by regulations.	Achieved
7	The Statement of Purpose is not fully reflective of the current management arrangements and lacked detail around the management of challenging behaviours and clarity on shared rooms.	Achieved

Date Published 12/05/2023