



## Inspection Report on

**Castlecare Specialist Services Limited**

**162 Cardiff Road  
Aberdare  
CF44 6UY**

**Date Inspection Completed**

18/01/2022

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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	24 February 2020
Does this service provide the Welsh Language active offer?	Working Towards. 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

Castlecare provides support for up to 10 individuals with learning disabilities/mental health needs. The Responsible Individual (RI) is David John Morgan. There is a manager working towards their management qualification who is overseen by a suitably qualified manager at the service who is registered with Social care Wales.

A person centred approach to care planning ensures people's outcomes are identified and met. Care staff are aware of safeguarding procedures and there are policies that aim to protect people from harm and abuse.

The environment is homely, well maintained and free from malodours.

Staff recruitment is safe and effective and sufficient staffing levels are in place. Current infection control measures ensure members of the wider staff team are compliant with Public Health Wales (PHW) guidance. Further work is required to strengthen RI oversight of the service and the statement of purpose. We expect the provider to take action to address this and we will follow this up at the next inspection.

## Well-being

People have positive relationships with care staff who treat them with kindness and respect. People we spoke with said they are happy with the care and support they receive; they feel listened to and are able to speak to care staff if they have any concerns or issues. People's bedrooms are personalised to individual taste and communal areas are spacious and comfortable. People told us they are able to make choices about where and how they spend their day.

The home has a consistent care staff team, which supports people to maintain positive relationships. Care staff appear confident and enthusiastic in their roles and know people's needs well.

There are systems in place to safeguard people from harm. The home is secure and visitors are expected to evidence a negative lateral flow test prior to entry and sign in. People living at Castlecare told us they feel safe as care staff consistently wear personal protective equipment (PPE) to prevent the spread of infection. Appropriate infection control measures reduce the risk of cross infection. The home carries out regular Covid-19 testing.

Recruitment measures ensure care staff working at the home have the right skills and approach to care. Staff have training appropriate to their role, and they understand their responsibilities to safeguard vulnerable adults and relay concerns to the management team. Staff are positive about the amount and quality of training and support they have.

The service promotes people's physical and mental well-being. Personal plans and risk assessments are person centred. Care staff know people well and can recognise signs of deterioration and seek advice accordingly from the relevant health professional. Feedback from people indicates they have good relationships with care staff members. The home communicates with health and social care professionals to make sure people remain as healthy as possible.

The service supports people's rights and choices. People's individual needs define their personal plan and goals; their care and support is adapted to suit them. The service asks people about their wishes, involves them in the planning of their care, and supports them to have meaningful outcomes. Staff are given the knowledge, support and time to be able to support and communicate with people effectively. People's needs and risks to safety and well-being are well documented.

We received good feedback about the standard of care; people and their relatives speak highly of the staff. Everyone we spoke/met with was complimentary of the staff and feel they provide a quality specialist service that meets their needs.

## Care and Support

Personal plans contain risk assessments that form the basis of the care and support that people receive. Personal plans outline people's outcomes and highlight people's strengths as well as providing care staff with instructions regarding care delivery. Communication needs and preferences are not always clear and reflective of local authority plans. Reviews are carried out within the required timeframe; however, although people using the service are involved in reviews, further work is required to document this in care records. We saw food diaries were completed; however, noted some gaps in these. This was discussed with the manager who told us that this would be raised with staff and auditing measures put in place to monitor this. Daily notes detailing people's support, activities and wellbeing are detailed and person centred.

People receive continuity of care from a stable care staff team. Care staff turnover is low and this promotes trust and familiarity. Care staff know the people they support well and are able to anticipate their needs and wants. There are consistent and appropriate staffing levels in place to meet the care and support needs of people living at the service. Care staff are supportive of each other and complimentary of the support peers and members of the management team provide. Care staff told us:

*'It's a good team'*

*'I really love my job'*

People experience warmth and kindness. We saw care staff treat people as individuals. People look relaxed and comfortable in the presence of care staff. Care staff speak in a friendly, caring and respectful way and people respond positively. People using the service told us:

*'All the staff are really good at their job'*

*'Staff take time to chat'*

*'I'm happy'*

Family of people using the service told us:

*'They [staff] go above and beyond'*

*'I'm really happy with the care provided'*

Good infection control practices minimise the risk of cross infection. There is an up-to-date infection control policy in place. Any visitors to the service are required to complete a lateral flow Covid-19 test. Visitors are also required to sanitise their hands and wear the appropriate level of PPE before entering the building.

Safeguarding measures help protect people from harm and abuse. Care staff told us they are aware of their safeguarding responsibilities and know the process for raising a concern

if they need to. Safeguarding and whistleblowing policies contain up-to-date information and are kept under review. Care staff are recruited safely and safeguarding training forms part of the services core training requirements. Deprivation of Liberty Safeguards (DoLS) are in place for those needing them. The manager makes renewal requests in a timely manner and there is clear oversight to ensure that there are no gaps.

Access to health services is good and the service liaises with relevant professionals to keep people well. Medication is stored appropriately and administered in line with the prescriber's recommendations. Medication administration records (MARs) are completed and include PRN (as required) medication. Medication files lacked a photograph of each resident and the manager addressed this.

## Environment

People living at the service have access to comfortable and well-maintained communal spaces that are free from malodours. They also have access to safe and accessible outdoor paved space. Designated outdoor covered smoking areas are available to those wishing to use them. People told us their rooms are decorated to their preference and contain items that are important to them.

Records show that utilities and equipment have regular checks and servicing by appropriate people. Fire safety maintenance are carried out and checks are in place; however emergency lighting and fire extinguisher checks, although carried out during a daily walk around, are not recorded in enough detail. Overall, personal evacuation plans are in place to enable care staff to understand the level of support people require in the event of an emergency. However, further work is required to ensure that these are completed on behalf of a service user, if they do not wish/are unable to be involved in the process themselves.

Medication and confidential information is stored securely. Regular environmental checks are undertaken, including the temperature of the medication room.

All occupied rooms we viewed had window restrictors in place. We saw one vacant room, which was undergoing renovations, did not have a window restrictor in place and the room was not locked. We discussed this with management who secured the room. The manager told us that they would prompt the maintenance person to ensure the room is locked when empty and remind staff to carry out a check to ensure that it is secure following works.

## Leadership and Management

Arrangements for governance and quality assurance generally allow the service to identify areas for improvement. The RI conducted some visits to the home where they discussed service provision with both care staff and people living at the home, along with analysis of any complaints, safeguarding matters or significant events. Issues with the environment have been identified and addressed in a timely manner. Further work is required to ensure that RI visits and reports are carried out at the frequency required. We expect the provider to take action to address this and we will follow this up at the next inspection.

Policies and procedures support people's overall well-being. We examined a selection of policies and overall found them to contain clear up-to-date guidance that is kept under review. The complaints policy contained some outdated contact information for external agencies and the RI assured us that this would be reviewed and updated. The medication policy had been reviewed and updated since the last inspection and now details PRN (as required) medication.

Care staff told us they feel supported in their roles and that regular supervision sessions are held, where they have the opportunity to discuss work matters and any issues or additional support they may require. We saw evidence of this in supervision records.

A robust recruitment process ensures care staff are suitable for employment. We looked at staff personnel records and saw care staff members are appropriately checked and vetted before starting their role. This is to ensure they are fit to work with vulnerable people.

The service is generally delivered in line with its written information. It has a Statement of Purpose that sets out its aims, values and explains how it will support people to achieve their personal outcomes. 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. We expect the provider to take action to address this and we will follow this up at the next inspection. We viewed a range of policies and procedures, which we found, overall, were up to date and fit for purpose.



### 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
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
74	Reg 74 report dated 7.1.22 highlights within that they are completed on a 6 monthly basis. Regulatory	New

	requirement is for completion on a quarterly basis.	
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.	New
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.	New
15	Personal plan (Regulation 15(3)): The personal plan must be prepared prior to the commencement of the service, or within 24 of commencement where Regulation 15(4) applies.	Achieved
16	Reviewing and updating personal plans (Regulations 16(1)-16(4)): Personal plans for all individuals must be reviewed at least every three months in consultation with the individual, their representative and the placing authority (where relevant).	Achieved
73	RI visits and oversight: The RI must meet with staff and individuals at least every three months and maintain evidence of the same (Regulation 73(1)-73(3)).	Achieved
74	RI oversight of the adequacy of resources (Regulation 74): The RI must report on the adequacy of resources available to provide the service at least every three months.	Achieved
35	Fitness of staff (Regulation 35(2)(d)): Full and satisfactory information and/or documentation for all staff in respect of each of the matters specified in Part 1 of Schedule 1 must be available at the service for inspection by CIW.	Achieved
	Reviewing the quality of care (Regulations 80(2)-80(4)): The quality of care and support must be reviewed at least every six months and include all of the matter specified under Regulation 80(3).	Achieved

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