



Inspection Report on

Maesteg House

**Maesteg House Care Home
Aberdare Road
Mountain Ash
CF45 3PT**

Date Inspection Completed

02/11/2022

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About Maesteg House

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Maesteg House Care Home Ltd
Registered places	11
Language of the service	English
Previous Care Inspectorate Wales inspection	30 September 2022
Does this service provide the Welsh Language active offer?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

People living at Maesteg House experience good care and support delivered by an established team of care workers. People told us they are happy with the care and support provided and have positive relationships with care workers. Personal plans are clear and concise providing an overview of people's care and support needs. Risk assessments are in place to help keep people safe and there is a safe recruitment process helping protect people from harm and abuse. Care workers say they are happy working at the service and feel supported and valued as employees. We found improvements are required to ensure care workers are up to date with core training and for the provider to ensure policies and procedures are aligned with the most recent statutory and best practice guidance. At the last inspection we issued a Priority Action Notice as immediate action was required to remedy issues identified with the environment that could pose a significant risk to people, staff and visitors health and safety. Although some improvements have been made there are still a number of significant areas which have not been actioned.

Well-being

People living at Maesteg House are supported to have control over their day to day lives. Care workers know the people they support well and treat them with dignity and respect. Care and support is person-centred. This means the service considers people's personal outcomes. People and their representatives are involved in the care planning process to ensure such outcomes are identified. The home has good relationships and lines of communication with representatives who tell us staff keep them informed and updated. Documented evidence in people's personal plans show people have access to a range of health care professionals when they need it.

The service promotes choice so that people can do the things that matter to them. Arrangements are in place to ensure people maintain relationships with family and friends. Activities are on offer for those who wish to participate, and people are supported to maintain their physical and mental well-being. Regular meetings are held with residents where their views on service provision are obtained.

People are protected from abuse and neglect. Recruitment procedures are robust and care workers receive regular supervision. Care workers know the process for raising concerns and are able to recognise the signs of abuse, neglect, poor health and act accordingly. There is a safeguarding policy and relevant training is offered.

Further improvements are required to ensure the environment is safe and helps to support people's well-being. At the last inspection we identified a number of areas that pose a risk to people's health and safety. Some environmental improvements have been made since the last inspection. However, there are still a number of areas where no action has been taken to mitigate risks.

Care and Support

An experienced team of care workers provide a good level of care and support to people living at Maesteg House. Prior to admission the service conducts an assessment to ensure it can provide the required level of care provision. Following this a personal plan is developed using a person-centred approach. We examined several personal plans and found they clearly highlight people's personal outcomes and provide care workers with clear concise information on how to best support people to achieve their outcomes. Personal plans also contain risk assessments that highlight people's vulnerabilities. Regular reviews are held to ensure information recorded in personal plans is current and people are receiving the best possible care. We spoke to a number of people on the day of our inspection all of whom provided positive feedback. One person said, *"The staff are great, really nice"*. Another person told us *"I like all the staff. They're lovely. They never rush me to do anything"*.

People are supported to maintain optimum health by getting the right care at the right time. We saw documented evidence of correspondence and appointments with health care professionals in people's personal plans. Many of the care workers at the service have worked there for many years and are very familiar with people's presentation and can easily spot signs of deterioration and act accordingly. We spoke to a visiting nurse practitioner who told us, *"From a care perspective all people's care needs are met. Support staff are really friendly and approachable. There are no issues with hydration, dietary or skin integrity needs"*.

Support is available for people with medication needs. Care workers receive relevant training and there is a medication policy present. We saw medication is stored appropriately. Medication recording charts we viewed are filled in correctly which suggests people are receiving their medication in line with the prescriber's recommendations. Regular medication audits are conducted to ensure discrepancies are identified and actioned.

Infection prevention & control measures help minimise the risk of cross contamination. Care workers have access to a good supply of personal protective equipment they can access when needed. There is an infection control policy and care workers receive training in infection control and food hygiene. The manager told us staff routinely test for Covid-19 and isolate if necessary. There is a Covid-19 risk assessment in place. However, this needs updating to reflect the most recent guidance.

Environment

At the last inspection we issued a Priority Action Notice as we identified numerous hazards that could present a health and safety risk to people, staff, and visitors. The standard of décor and furnishings throughout the home is poor and urgent improvements are still needed to address the identified issues.

Since the last inspection some improvements have been made in some areas. We saw evidence outstanding works on the electrical installation report have been completed and steps are being taken to action all potential issues identified on the fire risk assessment. Re-decoration of the home is due to commence this month and we were shown a detailed plan highlighting a breakdown of the works involved. Although some of the areas of concern identified at the last inspection have been addressed, there is still a significant number of areas outstanding which could pose a potential risk to people, staff, and visitors. These include the following:

- Damaged furniture in people's bedrooms
- Damaged flooring in various areas throughout the home
- Insufficient storage space
- Missing window restrictor
- Damaged radiator covers
- Missing handrail in toilet facilities
- Unsafe exterior walls
- Damaged furniture in garden
- Damaged drainpipe near entrance
- Damaged roof tiles

We discussed the environment with people living at the service and their representatives all of whom expressed disappointment with the state of the environment. One person's representative told us *"The quality of care is exceptional, but the environment is minging. The furniture is horrible. It needs renovating, modernising. It put me off at first"*.

Due to the ongoing issues with the environment, we have left the Priority Action Notice in place. We expect the provider to take immediate action to address the outstanding issues so that the home, its environment and its facilities are safe and helps support people's well-being.

Leadership and Management

The service operates a safe recruitment process to ensure care workers are suitable for the role. Personnel files viewed show appropriate recruitment arrangements and contain all the legally required information, including Disclosure and Barring Service checks, references from previous employers and employment history. Care workers commence work when all pre-employment checks are completed and have access to a structured induction programme.

Care workers have access to on-going training and development opportunities. However, improvements are required to ensure care workers are up to date with core training requirements. Care workers we spoke to told us the training they receive equips them with the skills necessary to provide good quality care and support. We looked at training records and found not all care workers are up to date with the services core training requirements. We discussed this with the manager and explained this was an area for improvement. We expect the provider to address this issue by the next time we inspect.

Care workers feel supported in their roles and enjoy working at the service. We spoke to several care workers who provided consistently positive feedback on the manager using words like “*Good as gold*”, “*Lovely*” and “*Really supportive*” to describe them. Care workers meet with the manager periodically for supervision and appraisal sessions. This gives care workers the opportunity to reflect on their performance, identify development opportunities and air any concerns they may have. Records relating to supervision and appraisal show care workers are receiving the regulatory required levels of formal support.

There are arrangements in place for governance and quality assurance. We saw evidence the service regularly consults with people and their representatives regarding care and support provided. This is done via annual satisfaction surveys. The Responsible Individual (RI) conducts three monthly visits and produces a quality-of-care report on a six-monthly basis. We viewed the last report and told the manager it needs to be developed further so that the services strengths and areas for improvement are clearly documented. The report does not reflect the extent of the poor condition of the environment and how the provider intends on resolving these issues. We would expect to see matters of this magnitude detailed in such reports highlighting clear actions on how issues will be resolved. Other written documentation we viewed included a cross section of the services policies and procedures, the statement of purpose and user guide. We found the statement of purpose and user guide are consistent with the service provided. A number of the policies and procedures we viewed including safeguarding and medication need updating to reflect current national and best practice guidance. We told the manager this is an area for improvement which we will review at our 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
44	The provider is not compliant with regulation 44(4) & 44(10). Environmental Issues we identified at inspection pose a significant risk to people using the service, staff and visitors.	Not 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
36	The provider is not compliant with Regulation 36(2)(d). This is because not all staff are up to date with their core training requirements.	New
79	The provider is not compliant with Regulation 79. This is because some of the services policies and procedures do not reflect the most current statutory and best practice guidance.	New

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