



## Inspection Report on

**Innovate Trust Respite Service(Short Stay Service)**

**66 Hamilton Street  
Cardiff  
CF11 9BQ**

**Date Inspection Completed**

**2 February 2022**

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## About Innovate Trust Respite Service(Short Stay Service)

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Innovate Trust Ltd
Registered places	4
Language of the service	English
Previous Care Inspectorate Wales inspection	18 June 2021
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

Innovate Trust Respite Service (Short Stay Service) is a care home in Cardiff able to accommodate up to four individuals. According to its statement of purpose, it provides overnight and weekend sessional support to individuals with complex needs, a learning disability, physical disability, mental health needs and/or sensory needs.

The service is operated by Innovate Trust Ltd, a registered charity. The Responsible Individual (RI) who oversees the service's strategic operations is Karen Baker. There is a qualified manager in post who is registered with Social Care Wales.

People are happy with the care and support provided. People's independence, choices and participation is at the forefront of service delivery. There is good written information for care staff to follow about people's needs, preferences and routines. Care documentation is kept under regular review and people's needs and wishes are clearly recorded. The home is clean, welcoming and management oversee its health and safety requirements. There is good oversight of staff recruitment, supervision and training. Measures are in place to safeguard people and manage health and safety. There is good oversight of the service's performance and operations by the RI. The statement of purpose has been reviewed and updated since the last inspection.

## Well-being

People receive a service that is focused on promoting their choices, independence and involvement within the home and wider community. The service offers people a homely environment where they can access short stay respite. People are encouraged to undertake activities of their choice during their stay. The feedback we received from people or their representative shows the service is highly regarded and that people are central to the care they receive. We saw people access the service and it was clear that it was a home from home. Continuity and stability in the staff team supports people to have good relationships with staff.

Care documentation is clear, personalised, relevant and reflective of people's preferences and routines. Identified risks regarding people's care and support are considered and planned for. Care documentation is reviewed and updated regularly. Mechanisms are in place to promote safety and infection control, and reduce risks related to medication, accidents and injury and safeguarding.

The environment is homely welcoming, clean and tidy, with access to suitable indoor and outdoor communal space. Management oversee its health and safety requirements and take prompt action, where needed, to address safety issues. Internal audits and quality checks promote a safe environment.

Arrangements are in place for overseeing the delivery of the service and reviewing the quality of care and support provided, which includes seeking people's views. The provider has achieved three areas of required improvement from the last inspection; review of the statement of purpose, review of personal plans, and the RI's engagement with staff and service users as part of their monitoring of the service provided.

## Care and Support

Care workers at the service engage with people in ways they understand and provide support in an individualised way dependent on the person's wishes. An established staff team provides familiarity and continuity for people accessing the service. People's choices are promoted and they decide on the activities / support / meals during their stay. The service maintains good relationships with families and representatives and care staff support people to reflect on the outcomes achieved following their stay

There is good written guidance for care staff to follow. Care plans are kept under regular review. Prior to each stay an update of people's needs is carried out. Communication preferences are sought and recorded. Where appropriate people have positive behaviour support plans in place. People's plans record detailed information about their likes and dislikes and there is clear guidance for staff on how people choose to be supported. Risk assessments are in place to ensure people are kept safe whilst carrying out activities. Feedback we received and care records indicate people receive care and support in accordance with their needs.

There are appropriate medication storage and auditing arrangements. People have medication risk assessments. A written record regarding medicines administered is maintained and care staff receive relevant training. Care staff monitor the effects of medicines, where appropriate to ensure people's safety. A medication policy is present which provides good written guidance for care staff to follow.

People are safeguarded from the risk of harm and abuse. Care staff receive appropriate training. They know safeguarding and whistleblowing policies are in place and where to access them. People know whom to contact in the service if they have a concern. There are management arrangements in place to oversee incidents, complaints and safeguarding matters.

## Environment

This was a focused inspection so we did not fully look at environment however, we noted the following.

The home is clean, tidy and domestic. We saw there is an ongoing program of refurbishment. People have appropriate communal space to enjoy, including an accessible, enclosed rear garden area. Bedrooms are comfortable and decorated individually. People are mainly able to stay in their chosen rooms for their short break. The home is centrally located for people to access the city, public transport and parks.

Entry to the home is secure and COVID-19 safety arrangements are in place for visitors. The service maintains a record of visitors. There are appropriate measures for minimizing risks associated with cross-infection. Care staff receive relevant training and an infection control policy is present. Appropriate action has been taken following the last inspection to respond to an area identified as requiring improvement. The window restrictors have been repaired which improves the safety of people who use the service.

## Leadership and Management

This was a focussed inspection therefore this area was not inspected fully.

There is a manager in place supported by a team leader. The manager evidenced auditing and oversight of areas such as, staffing, documentation, incidents complaints and safeguarding matters. The home has experienced very limited use since the start of the pandemic in early 2020. At the time of the inspection, use of the home had increased, albeit still with reduced occupancy levels. The service's ethos and vision are reflected in its statement of purpose.

Arrangements are in place for overseeing the delivery of the service. A quality of care report we looked at reflects engagement with key parties. Outcomes are linked to driving improvement within the service. There is evidence of good oversight of resources for ensuring the service operates effectively and in accordance with its statement of purpose. The RI is present at the service and known to the people who access it. The three areas of improvement cited at last inspection have been achieved.

### 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
N/A	No non-compliance of this type was identified at this inspection	N/A
7	Reg 7(2): The service provider must keep the statement of purpose under review and, where	Achieved



	appropriate, revise it.	
16	Reg 16(1): The personal plan must be reviewed as and when required but at least every three months.	Achieved
73	Reg 73(1): There must be RI engagement with staff and individuals at least every three months.	Achieved
73	Reg 73 RI visits	Achieved
	Reg 57 Health and Safety	Achieved
	Reg 36 Supervision	Achieved

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