



# Inspection Report on

**Frederick House**

**The Frederick Residential Home  
Park Terrace  
Merthyr Tydfil  
CF47 8RF**

**Mae'r adroddiad hwn hefyd ar gael yn Gymraeg**

**This report is also available in Welsh**

**Date Inspection Completed**

**17 June 2022**

17/06/2022

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## About Frederick House

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Kestrel Care Ltd
Registered places	12
Language of the service	Both
Previous Care Inspectorate Wales inspection	11/12/2020
Does this service provide the Welsh Language active offer?	No. This is a service that does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify, or meet the Welsh language needs of people /children who use, or intend to use their service.

### Summary

People told us they like living at Fredrick House and feel safe. Relatives report people appear happy with the support they receive. Staff are compassionate and respectful and generally enjoy working at the home. Management is visible and engaged in the day-to-day running of the service, with policies and procedures in place help to protect people from harm or abuse.

The service has established systems to ensure the care and support provided at the home is of a good standard. People benefit from personal plans; however, these do not always reflect people's current needs. Reviews are not undertaken with the required frequency, with there being a lack evidence of consultation with people and relatives. The care provided is not always in line with people's plans and requires improvement. Up-to-date policies and procedures help to protect people from harm or abuse. The service meets their legal requirements in relation to quality of care reviews, Responsible Individual visits and notifications.

The environment is clean and homely and infection control measures appear of a good standard. Care staff are recruited following robust recruitment checks, they receive regular supervision and feel supported in their work. However, the medication room is not always secure and staff do not always receive all core refresher training appropriate to their role.

## Well-being

People are treated with dignity and respect. They can lead lives of their choosing, with their wishes and views respected. Care and support is person-centred. People can raise issues or make requests, and these are responded to. Where a person needs help to make their voice heard, people's families and representatives are encouraged to do this. The home has good relationships and lines of communication, with relatives telling us staff keep them informed and updated.

Overall, people are supported to be as healthy as they can be by getting the right care at the right time. People are supported to keep appropriately active, being encouraged to take part in activities. The home liaises with a number of external health professionals in order to refer any concerns and follow appropriate guidance. We saw evidence of correspondence with professionals. Personal plans document individual preferences and appear very person-centred. Personal plans were not always reviewed in time and were not always updated following a change in need. The care provided did not always follow people's plans. The meals provided are of a good standard with adequate portions and lots of choice. The home has a sufficient supply of personal protective equipment (PPE) and we observed staff using this as required.

There are systems in place to protect people from abuse and harm. Access to the home is restricted to authorised individuals. Overall, ongoing training ensures care staff are sufficiently skilled, but gaps in core training needs to be addressed. Up to date policies support good practice and assist staff on reporting a safeguarding concern and whistleblowing, should they be needed. Staff are up to date with safeguarding training and reported they feel confident that if they raised an issue with the manager, it would be responded to quickly. Recruitment is robust and regular supervision supports continued development. Incidents and accidents are logged, and appropriate actions taken by the service. The secureness of the medication room requires improvement to ensure people living in the home remain safe.

## Care and Support

We saw positive care and interactions between staff and people. Care and support was provided in a dignified and respectful manner and people appeared well cared for and appropriately dressed. We spoke to people who told us the home was “*lovely, couldn't want for anything*”, staff were “*great*”, and “*I get everything I need*”. One person told us “*You wouldn't get better in Buckingham Palace*”. People were able to lead lives of their choosing, telling us their wishes and views were respected. We viewed evidence of appropriate and timely referrals to health and other professionals.

People benefit from a balanced diet. On the day of inspection, we viewed a large delivery of fresh produce, with people telling us “*the food is lovely*”. A variety of options were on the menu, and people offered alternatives if needed. Dietary intolerances were understood and clearly displayed in the staff office. People have some opportunities to engage in activities. There is not a set activity planner in place, with activities being agreed day-to-day. We heard and read that some people would like to have more to do. We observed several people and staff playing a board game in an accessible format. A Queen's Jubilee event had recently taken place in the garden area. There are plans to have a more permanent covered area outside, so people can enjoy activities outdoors. We did not see documentary evidence of what activities people took part in, nor outcomes recorded in people's plans.

Personal plans are individualised; however, people cannot feel assured plans are accurate and up to date. The service is in the process of transferring personal plans onto an electronic system. Plans contained thorough information about people's lives and experiences. Daily recordings were well recorded, giving important information about people's progress and identifying changes in care needs. We did not see evidence that personal plans were reviewed at least every three months, or that the service provider involved the person or their representative in reviews. We saw care plans had not been updated following a change in need. We saw evidence that care was not always provided in accordance with personal plans. We advised the service these are areas of improvement, and we expect them to take timely action to address this.

The management of medicine administration is safe however, medication storage requires improvement. We observed the use of a recently new electronic medication system. This appeared robust and aided in safe administration of medication. On the day of inspection, the medication room door was left open and unattended (on more than one occasion). This was raised during our inspection visit. We advised the service this is an area of improvement, and we expect them to take timely action to address this.

## Environment

People are supported in a small home spread over three levels, located close to the town centre. The home is secure from unauthorised visitors. The home is clean, tidy and free from malodours. The communal area functions as a lounge and dining area. We spoke with people who told us they liked living at Frederick House. The home was well-ventilated, relatively cool, and comfortable. Rooms we viewed were individualised to their tastes and contained photos, decorations, and keepsakes, which promotes a feeling of belonging. We were told staff run decorative projects to make it feel homely. People are asked for their views for these projects. The large garden areas are used for one-off activities, such as the recent Queen's Jubilee celebrations, with plans to develop them to support greater access. There were sufficient bath and shower facilities available at the home. The upstairs bathroom area would benefit from a refurbishment, to bring it to a similar standard as the downstairs one. There were signs of progress and investment in the home since the last inspection, such as an updated downstairs bathroom, and also flooring within the home. A lift is in place for access between all levels.

The local authority food safety officer has recently issued a food hygiene rating of 1. This was discussed with the service provider. We are advised a full kitchen refurbishment is planned. A further list of ongoing upgrades to the home was provided to CIW and this will be followed up at the next inspection.

The home environment is generally safe. Substances hazardous to health are stored away in cupboards in line with COSHH regulations. There were no obvious trip hazards. Daily cleaning and laundry duties were being maintained. We saw fire exits were clear of clutter and obstructions. The home had fitted window restrictors in all bedrooms and bathrooms viewed. Maintenance records confirm the routine completion of utilities testing. The auditing and servicing of equipment is up to date and fire safety tests and drills are completed. Personal evacuation plans are in place so that staff understand the level of support people require in the event of an emergency and are easily accessible at the front entrance in an emergency. We found good infection control measures throughout the home and observed PPE used appropriately. A number of PPE stations containing hand gel, aprons and cleaning materials were in place.

## Leadership and Management

The service ensures staff are fit to work with vulnerable people. Staff files viewed shows appropriate recruitment arrangements and contain the legally required information. Staff do not start work until all their pre-employment checks are completed. New staff have access to an induction programme, and on-going training is in place for all staff. Staff told us they felt positive about their training, saying they feel competent and comfortable in their roles. However, some areas of staff training showed gaps in medication training. We advised the service this is an area of improvement, and we expect them to take timely action to address this.

Staff feel supported in their role. Staff feel the management team is supportive, specifically the Responsible Individual, who we were told is “*approachable*” and “*helpful*”. We were told they enjoyed working with residents and other team members. Turnover of care workers is low, with some staff working within the home for many years, which ensures continuity of care. Some staff told us they can at times feel rushed, owing to more people with complex needs at the home than previously. The manager told us staffing levels are kept under continual review and adjusted if needed. Staff have regular supervision to reflect on their performance, identify support they might require and discuss any issues. The service met all legal requirements about submitting notifications as we were informed of relevant events.

Appropriate governance, auditing and quality assurance arrangements are in place. Policies and measures such as for complaints, incidents, medication and safeguarding, are in place and have regular reviews and updates. These systems also help the service to self-evaluate and identify where improvements are required. The Responsible Individual, who also undertakes the manager role, appears to have good oversight of the service. The manager holds an NVQ level 4 qualification and is working towards completion of the required level 5 qualification. We evidenced that regulatory requirements of the role concerning three monthly service visits and quality of care review records were met.

The service provides good information to the public. The Statement of Purpose sets out the service’s aims, values, and delivery of supports. This has been revised to ensure it meets regulatory requirements. A written guide contains practical information about the home and the care provided.

We were told the home did not provide a service to people in Welsh at the time of the inspection, although could provide written information if needed, and had two staff who could speak Welsh.

### 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
	Regulation 44(4)(g) - The service provider must ensure the premises used for the provision of the service is free from hazards to the health and safety of individuals and any other persons who may be at risk, so far as is reasonably practical.	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
58	The door to the medication room was observed being left open and unoccupied.	New
16	Personal plans are not reviewed at least every 3 months.	New
16	Personal plans do not evidence the involvement of the individual, representative, or placing authority in any reviews.	New
15	Personal plans are not updated to reflect current needs.	New
21	Care is not being delivered according to the personal plan.	New
36	The majority of care staff are overdue medication refresher training.	New
	Reviewing the personal plan (Regulation 16(1): The personal plan must be reviewed, amended and developed to reflect changes to the individual's care and support needs, and personal outcomes.	Achieved
	Training staff (Regulations 36(2)(d)-(e)): All staff must receive core and specialist training relevant to the work they perform.	Achieved
	Deprivation of liberty (Regulation 31): An individual must not be deprived of their liberty without lawful authority, in accordance with the Mental Capacity Act 2005, Deprivation of Liberty Safeguards and supplementary codes of practice.	Achieved
	Management of medicines (Regulation 58(1)): Medicines must be stored and administered safely at all times.	Achieved
	Record of visitors (Regulation 59(2)): The service provider must keep and maintain a record of the names of visitors and the persons they are visiting.	Achieved

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