



Inspection Report on

Shillings Care

Cardiff

Date Inspection Completed

23/11/2023

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About Shillings Care

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Shillings Care Limited
Registered places	4
Language of the service	English
Previous Care Inspectorate Wales inspection	22/11/2022
Does this service promote Welsh language and culture?	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 and their relatives told us they are happy with the service and level of care and support. People have the opportunity to provide regular feedback formally and informally. Care staff told us they enjoy their jobs and receive regular support from the manager and the Responsible Individual (RI). The Responsible Individual is very visible in the service and understands people's needs. We found records do not evidence the information needed to keep people safe. There is limited evidence of good oversight of the service and the people living there. We found systems and processes in place to monitor the service are sometimes ineffectual. Swift improvement is needed to ensure the provider can record, identify, analyse and address any problems safely and quickly.

Well-being

People, relatives, and professionals told us they are happy with the care and support provided. People can regularly feedback to the RI. They have positive relationships with care staff and appear comfortable talking to them. They are treated with dignity and respect by those staff who support them. People have access to family members, representatives, and professionals to support them in making important decisions and ensure their voices are heard. People's plans provide some overview of their care with some sections providing a good level of detail regarding their likes and dislikes. However, we found plans do not clearly identify people's individual health needs placing them at risk. People are supported to attend health appointments. Medication is administered appropriately to ensure people's health needs are met. We saw people doing the things they told us they enjoy. Care staff told us how they support people to do the things they want to do. They are responsive to people's needs.

People are safe and protected from abuse and neglect. Care staff receive regular support through discussion and supervision. Care staff know how to raise concerns with the manager. People, their relatives, and professionals have confidence in the management team to respond to any concerns appropriately. Accidents and incidents are mostly recorded. Sound analysis of information may prevent further risks to people. Records need to include better detail about specific health needs and risks. This would ensure new staff or visiting professionals understand individuals' specific needs.

People and relatives told us they are happy with the environment. More decoration, such as photos being hung on the wall, or coloured walls chosen by people, would give a sense of ownership and homeliness. People have access to the required equipment. Checks are regularly carried out by the service but better oversight and record keeping is required for the overall environment. This specifically includes health and safety matters and fire checks, so any concerns can be swiftly addressed.

Care and Support

People, relatives, and professionals told us they are happy with the care and support at this service. People appear to have good relationships with those that care for them. Care staff communicate well with the people they support and appear to understand their needs. Care staff talk to people with dignity and respect. We saw regular choices are offered. People have an 'About Me' document which provides a good level of information about the person, their likes and dislikes, but personal plans only provide a basic overview of the person's health and care needs.

Some sections of the plans do not include important information which care staff and professionals would need to know to provide the correct level of care and support. Plans do not detail how people want and need to receive their care especially regarding important health needs. There is limited information for staff to understand what to do or who to contact if there was a specific concern regarding people's mental health or general health. We found there to be a lack of risk assessments regarding people's specific health needs. This remains an area for improvement, and we expect the provider to take action to address this.

Medication is appropriately locked and stored and records show these have been managed appropriately by care staff. Care staff receive annual refresher training in medication and the RI told us that medication competencies are completed but could not evidence this. The RI assured us that these would be appropriately recorded and evidenced in future. We saw people are supported to attend health appointments with their doctor, district nurses, social workers, and physiotherapists, However, these are not consistently recorded. The RI has taken action to address this since our inspection.

People have representatives to support them in making important decisions about their life. We found that best interests' meetings are planned with professionals when people have a big decision to make about their life.

Since the last inspection, Personal Emergency Evacuation Plans have been put in place. We found these lacked in detail. The RI informed us that these documents have been updated to include detailed information about how the person would evacuate the building in a safe way. We saw most accidents and incidents are logged to enable oversight; the management team are implementing a system to ensure this can be done consistently.

Care staff told us people enjoy going for walks, arts and crafts and watching quizzes on the TV. Relatives told us that the service are very good at supporting people to go out. The RI told us how people enjoy going to the beach and to a local farm, we saw some pictures to evidence this. One relative said they regularly receive photos to update them on what their loved one has been doing that week.

Environment

People and their relatives told us they are happy with the environment. A relative told us that staff and management are “*extremely welcoming*”. The home appeared to be clean though some areas required further cleaning. The RI has taken action to address this. The kitchen was clean and well organised. The service scored a rating of five from Food Standards which is the highest score possible.

The RI told us that that feedback has been sought from people and they are happy with their environment. Relatives told us of plans to make their loved one’s room more personalised by putting pictures up on the wall. We saw some pictures in the kitchen of people enjoying days out in the local community. Pictures of care staff with their names are also on display for people to be able to identify staff members on duty that day. Staff receive mandatory training, and this includes health and safety. The provider’s policy is to undertake annual refresher training, but this has not been achieved. The RI is taking action to address this.

People have access to the equipment they need to help them move safely. The provider has recently installed a stair lift to support those whose bedrooms are upstairs. The RI has developed a risk assessment for this. We saw fire safety checks in place but the provider needs to take care to ensure checks by professionals are carried out periodically as required and these are recorded. The RI regularly visits the service however we found limited evidence of records to show oversight of health and safety and environmental matters, such as audits.

Leadership and Management

The RI is very visible in the service. We received good feedback from people, relatives and professionals regarding the service and the RI. The RI completes regular formal visits to the

service to gain feedback from people and care staff. A quality-of-care review is completed by the RI. This document does not clearly review information such as training, recruitment, audits, safeguarding, complaints and accidents and incidents. Records could be strengthened by including an analysis of important events and information. This would help identify patterns and trends and enable the provider to set clear goals for the service on how improvement will be achieved. Some measures are in place to maintain oversight of the service. We saw audits are regularly completed. However, we found little evidence to show that these have aided in identifying and embedding improvements. We found systems and processes in place to monitor the service are sometimes ineffectual. This is an area for improvement we expect the provider to address.

We found record keeping and the calibre of those records that are available are poor and do not include important information regarding the person, their needs, health and well-being. This could be unsafe and cause harm to people if incorrect or changing information cannot be shared with professionals, existing and particularly new care staff. We found wound care recording poor or missing, and professional visits and risks had not been recorded properly. There is lack of governance in relation to health and safety. There are poor systems to aid management oversight. This is placing people's health, safety and well-being at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

Care staff files are well organised and show that care staff are appropriately recruited. We saw all care staff have completed a Disclosure and Barring service check to show they are safe to work with vulnerable adults. Care staff received mandatory training in areas such as safeguarding and health and safety, however staff require refresher training in line with the provider's own policy. The RI told us that evidence of regular competencies would be recorded. There is a consistent care staff team and staff told us they feel well supported in their roles through supervision and meetings and they enjoy their job.

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
59	Records in relation to health care and support needs are poor or missing. Poor record keeping in relation to health and safety and limited evidence of records to support management oversight. Provider is required to keep and maintain records.	New

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
8	There are ineffectual systems in place to monitor the service and identify improvements required. These systems are required to ensure that a quality service is being delivered and action is taken when necessary.	New
15	Personal plans do not contain detailed information about a person's needs and risks associated with these needs. There is no information available on who to contact should conditions deteriorate and no standalone risk assessments in regard to identified risks.	Not Achieved
20	A person living at the service had not received a copy of the service agreement.	Achieved
35	Pre-employment checks are not being completed prior to staff coming into contact with people using the service. Some staff do not have staff files in place and required information missing from staff files in place.	Achieved
36	The service has not provided staff specific training required to meet the needs of the people they care for.	Achieved
57	No Personal Emergency Evacuation Plan in place when inspection took place.	Achieved
58	Blister packs of medication were not stored correctly when inspection took place.	Achieved

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