



# Inspection Report on

**Coed Parc House**

**Port Talbot**

## **Date Inspection Completed**

08/10/2024

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## About Coed Parc House

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Orbis Education and Care Limited
Registered places	6
Language of the service	English
Previous Care Inspectorate Wales inspection	<a href="#">9<sup>th</sup> November 2022</a>
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 are supported to voice their wishes and work towards their desired outcomes. Choices are provided in all aspects of their day to day lives and a range of communication methods are used to allow people to express themselves. Ongoing assessments ensure people are supported in-line with their care and support needs and encouraged to be as independent as possible.

The Responsible Individual (RI) visits the service regularly and provides governance and oversight. Quality assurance systems evidence consultation with people living at the service, family members and professionals. Information is collected and analysed from a range of different sources and actions identified to drive improvement. Care staff are knowledgeable and have a good understanding of the people they are supporting.

The service provider currently has staff vacancies and agency care staff are being used regularly. Despite attempts to minimise the impact of low staffing levels, it does mean planned activities are not always being fulfilled. An area for improvement has been identified for continuity of care and we expect the service provider to take action.

The home is separated into six self-contained flats which are personalised to each person's taste. They are well maintained and provide facilities to encourage people to live independently.

## Well-being

People's voices are heard, and they are given choices which influence their day to day lives. They have access to an 'easy read' guide which provides important information on how the service will be delivered and opportunities available. A complaints procedure is easily accessible, and people are supported to voice their concerns. Care staff are attentive, kind and respectful and promote people's rights.

Multi-disciplinary and best interest meetings are conducted regularly, and relevant parties are consulted when decisions are made. People access advocacy services and are supported to express their views and wishes.

Monthly meetings provide people with a platform to make decisions in relation to the home and activities they would like to engage in. Independent living skills such as laundry and cooking activities are encouraged, and people are responsible for keeping their flats clean and tidy.

People are supported to engage in a healthy lifestyle and menus provide a choice of healthy meal options.

Care staff are suitably trained in administering medication. Effective medication systems are in place to store, monitor and record. Records reviewed are completed consistently by care staff.

Weekly planners are reflective of people's interests; however, they are not always kept under review and being followed. At times people are not fulfilling community activities reflective of their well-being outcomes due to insufficient support levels available. An area for improvement has been identified in relation to continuity of care and we expect the service provider to take action.

Care staff are trained in safeguarding and understand their responsibilities when raising concerns. Records reviewed demonstrate people are kept safe and safeguarding referrals are made when required.

The home is well maintained, and people are comfortable within their self-contained flats. Decorations are placed throughout the communal areas to celebrate seasonal events, and living areas provide space to engage in various household activities.

## Care and Support

Initial assessments are carried out prior to people accessing the service and outline how care and support needs will be met. Ongoing assessments are carried out regularly and consideration given to the suitability of the service. Risks are identified and mitigating measures are in place to support people to live in a positive environment.

Personal plans are written in the voice of the person and provide guidance on how people can achieve their desired outcomes. The plans are reviewed in-line with regulatory guidance and are co-produced alongside people, parents and social workers. Some information outlined in personal plans were no longer relevant and did not reflect current day to day activities. Further work is required to ensure plans are reflective of the delivery of care and support. Daily notes are completed consistently by care staff, however, do not always follow planned activities and they need to remain free from jargon.

Behaviour management plans provide step by step guidance to care staff when dealing with difficult situations and strategies to help people maintain a positive sense of well-being. Incident reports are detailed, and clear actions identified to ensure people are kept safe.

Risk assessments are developed for activities which could pose a risk, and mitigating factors promote people to engage in positive risk taking.

People are supported with their physical and emotional health needs. They are supported to attend regular appointments with GP's, opticians, dentists and specialist health services. Health profiles provide detailed information of people's ongoing health needs and are regularly reviewed.

Care staff are committed to supporting people to achieve their goals and aspirations. They are enthusiastic and we saw positive interactions suitable to the needs of people they are supporting. Care staff are knowledgeable and have a good understanding of their needs and daily routines. People are supported to visit family members and people who are important to them. One family member told us; "*Care staff are amazing, and the service is always looking to improve the delivery of care*".

Deprivation of Liberty and Safeguarding (DoLS) referrals are completed routinely, and assessments undertaken when people are being deprived of the liberties to ensure their safety.

## Environment

Each person lives in their own flat and personalised to meet their wishes. Bedrooms are well decorated, and photographs of family members provide a sense of belonging. Living areas include a TV, comfortable seating and plenty of storage. Each flat has a kitchen with suitable equipment to make meals and a small dining area where people can sit and eat. Bathrooms are kept clean, and items are available to promote a good sense of hygiene.

Various living rooms provide a space for people to spend time with others and engage in activities such as arts and crafts, games and movie nights. A large downstairs kitchen is where most meals are prepared, and people can engage in cooking activities. Cupboards are well stocked; foods are labelled once opened and temperatures are recorded. The hallways have decorations celebrating annual events and a seasonal board provides people an opportunity to display their artwork.

The garden is split into two and equipment is provided to meet people's sensory needs. A large area allows people to move freely, and benches allow people to sit outside on nicer days.

Fire safety systems are in place and an updated risk assessment is available. Personal Emergency and Evacuation (PEEP) plans are in place and in a format suitable for people's needs and understanding. Health and safety issues are raised within a daily audit and maintenance tasks are recorded and monitored. Control of Substances Hazardous to Health (COSHH) are stored securely.

A visitor's book is in use and our identity was verified on arrival.

## Leadership and Management

The statement of purpose (SOP) is reflective of the provision of the service and is kept under regular review. Information is readily available and personal plans, guides and safeguarding procedures are visually formatted for people's understanding.

The RI visits the home in-line with regulatory requirements and provides governance and oversight of the service. People, families and stakeholders are consulted, and reports provide analysis of care systems and processes. Actions identified are addressed by the manager between visits.

Quality of care reports are completed within timescales and consideration given to quality assurance systems. Lessons learnt and actions are detailed within the report and aim to drive improvement for people accessing the service. Team meetings are carried out monthly and focus on developments within the service. They are well attended, and the manager provides clear guidance in relation to care practices. Uniforms are encouraged within team meeting minutes; however, consideration needs to be taken to the service delivered and their suitability.

Care staff receive supervision in-line with regulatory guidance and told us they feel supported by the manager. Despite care staff's commitment to avoid low staffing levels, the home is reliant on agency staff to cover shortfalls. The service provider recognises the need to recruit care staff to address current shortages.

Sufficient checks are being carried out in relation to care staff and ensure they are safe to work within the home. Half of care staff hold relevant qualifications, and the remainder are working towards or have completed the All-Wales Induction Framework (AWIF). Training records are up to date and indicate a good level of compliance. Agency care staff are required to undertake a robust induction process and profiles detail relevant checks and training they have undertaken.

All care staff are registered or working towards their registration with Social Care Wales.

### 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.

### Area(s) for Improvement

Regulation	Summary	Status
22	Records reviewed are inconsistent and as a result of occasional staffing shortfalls people are not	New



	always fulfilling meaningful planned activities.	
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