



# Inspection Report on

**Cae Glas**

**Cae Glas Resource Centre  
Cardiff Road  
Pontypridd  
CF37 5AH**

## **Date Inspection Completed**

13/08/2024

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## About Cae Glas

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Rhondda Cynon Taff County Borough Council Adults and Children's Services
Registered places	39
Language of the service	English
Previous Care Inspectorate Wales inspection	6 September 2023
Does this service promote Welsh language and culture?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

### Summary

While people are treated with dignity and respect at Cae Glas, the service is not provided with sufficient care, competence and skill, with a number of improvements required across a range of areas. People are supported in a kind and compassionate way. The home environment is safe and suitable to help meet people's needs. The service has a well-run kitchen, providing a balanced diet and varied menu. Improvements are needed to systems to help protect people from abuse and neglect. Improvements are also needed around people's care and support documentation. People cannot be assured medication is managed safely. Some governance, auditing and quality assurance arrangements are in place, but have not been sufficient to identify and address where improvements are needed. Staff training, recruitment and support do not always meet regulatory requirements. Care staff told us while morale has been difficult, it is starting to improve and they enjoy working at the service.

## Well-being

People are treated with dignity and respect at Cae Glas. Care staff have up-to-date information on people's decision-making capabilities and what their preferences are. People told us they are happy with the service and can do the things they wish. Where people have difficulties making their own decisions, the service works with families, and has good relationships with relatives more generally, keeping them informed, updated, and involved in their relatives' care. Friends and relatives can visit when they wish. Deprivation of Liberty Safeguard (DoLS) applications are made where people lack mental capacity to make decisions about their care and accommodation, which ensures people's rights are upheld.

The service takes measures to support people to stay healthy, but improvements are needed around medication management and people's personal plans. Issues with people's health and well-being are reported and referred to the relevant health and social care professionals in a timely manner, with subsequent guidance acted upon. Personal plans are detailed, reviewed regularly, and reflect advice and guidance from external professionals. Not all people have plans in place. Not all people receive the support as directed in their plans. People receive their prescribed medication, but a number of improvements are needed around the management of medication.

People live in an environment which supports them to meet their needs. Cae Glas is a service for older people with residential care needs who experience dementia. Bedrooms are comfortable and personalised, with sufficient communal areas available. The home is clean and well-maintained, with the correct checks and servicing in place for utilities and equipment.

Improvements are needed to systems in place to help protect people from abuse and neglect. Staff understand their safeguarding responsibilities and how to report issues if they are concerned for a person's well-being. Staff feel confident if they raise an issue with the management team, it will be responded to. Incidents and accidents are logged, with actions taken by the service. Access to the service is restricted to authorised individuals. Staff do not have up-to-date safeguarding training, nor in several other core areas of care, with new staff having not completed induction training. Several policies and procedures are either not in place or are not up to date. Not all staff are registered with Social Care Wales. Staff have not been receiving regular supervision.

## Care and Support

People are supported in a kind and compassionate way. Interactions from care staff are calm, considerate and respectful. People appear well cared for and generally settled in their environment. People and their relatives told us *“it’s really lovely and clean”*, *“the staff are amazing – they can’t do enough”*, *“it’s marvellous”*, and *“people get very good treatment”*.

Improvements are needed around people’s care and support documentation. The service assesses a range of information before people move in. Personal plans are person-centred and contain detailed information about the type of care and support people need and how best to deliver this. Accompanying risk assessments are in place. Plans are reviewed regularly and updated following any significant occurrences or changes in need. Daily recordings and supplementary monitoring charts are in place, giving important information about people’s progress and identifying changes in care needs. We saw good evidence of multi-disciplinary working with external services, acting on recommendations and direction given. Personal plans are not in place for all people. Daily oral charts are not being completed routinely for all people, contrary to directions in their personal plans. These are among areas the service needs to address to improve the provision of the service more generally, which is discussed in the Leadership and Management section.

The service has a well-run kitchen, providing a balanced diet and varied menu. A variety of options are available, with alternatives offered if needed. Food appears appetising, with people praising the quality of food. People have drinks to help keep them hydrated throughout the day and are supported at mealtimes when required. Dietary needs and preferences are understood and available to kitchen staff.

People cannot be assured medication is managed safely. Medication administration practices are contrary to the service’s medication policy and are managed differently in different parts of the service. Medication audits are not always recorded. We saw prescribed cream unattended in a communal bathroom. Recording charts for medication room temperatures are not always present. Multiple recording errors are present in the controlled drugs books. The correct documentation around the use of covert medication was not present. These are among the areas the service needs to address to improve the provision of the service more generally.

## Environment

People live in a suitable environment that supports them to meet their needs. Cae Glas is an older purpose built two-storey building. The service contains three different communities, one downstairs and two upstairs. It is clean, tidy, and free from malodours. Each of the communities are secure, with visitors required to sign before entry and upon leaving. A lift is in place for access between levels. Bedrooms are comfortable and personalised to how people want them. There are lounge areas throughout, where people can choose to spend their time undertaking activities and socialising. Sufficient toilet and bathing facilities are available. Communal areas are homely and tidy. One of the communities has been refurbished and redecorated, significantly enhancing the environment. There are dining rooms in each area. The kitchen facilities are appropriate for the home and achieved a Food Hygiene Rating of 5, meaning it is 'very good'. A garden area in the central courtyard of the home has seating and is available to use, with plans being explored to make this further accessible to people. The home is surrounded by well-maintained and attractive grass areas.

The home environment is safe. Window restrictors are fitted in all bedrooms and bathrooms viewed. Fire exits are clear of clutter and obstructions, with no obvious trip hazards more generally. Substances hazardous to health are locked away. Daily cleaning and laundry duties are maintained. Maintenance and repair arrangements are in place, with a maintenance person based at the service. Records confirm the routine testing and maintenance of utilities, such as gas, electric and water. The auditing and servicing of equipment is up to date and fire safety drills and tests are completed. Personal emergency evacuation plans are in place to inform staff of the level of support people need in the event of an emergency.

## Leadership and Management

People cannot be assured the service is provided with sufficient care, competence and skill. There are multiple areas where improvements are needed. The service has been without a registered manager for some time. The service has experienced high levels of staff sickness. We found these have impacted on the delivery of the service. Plans are in place for a new manager to begin imminently. We advised the provision of the service in general is an area for improvement and expect the service provider to take timely action to address this.

Some governance, auditing and quality assurance arrangements are in place, but have not been sufficient to identify and address where improvements are needed. The Responsible Individual (RI) undertakes the legally required three-monthly consultations with people and staff, and completes six-monthly quality of care review reports. Policies and procedures, such as for whistleblowing and safeguarding, are in place, but some policies are out of date and others required by regulation are not in place. Information provided to the public, such as the statement of purpose and service user guide, are out of date. The service does not make the required notifications to Care Inspectorate Wales (CIW) where DoLS applications have been made. These are among areas the service needs to address to improve the provision of the service more generally.

Staff training and recruitment do not always meet regulatory requirements. Staff files hold the correct recruitment information and evidence of required documentation, such as up-to-date Disclosure and Barring Service checks and proof of identity. Pre-employment checks take place, including references from previous employers. However, not all new staff have undertaken the required induction training. Not all care staff are registered with the workforce regulator, Social Care Wales. Training records show not all core areas of training have been provided to care staff. Care staff have not received appropriate supervision. These are among areas the service needs to address to improve the provision of the service more generally.

Care staff told us while morale has been difficult, it is starting to improve. We were told the lack of manager, high sickness levels and high use of agency staff have been the biggest contributors affecting morale. Despite this, staff speak positively of working at the service, telling us *"I enjoy it"*, *"it's a supportive team – we work well together"*, and praising the deputy managers as being *"supportive and approachable"*. The deputy manager told us staffing levels are worked out based on people's level of need. The rota showed target staffing levels were reflective of staffing on the day of the inspection. While agency staff are being used regularly, new staff have been recruited and the service aims to use the same agency staff as much as possible to aid continuity of care.

### 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
6	The service provider has not taken sufficient steps to ensure the service is provided with sufficient care,	New



	<p>competence and skill, having regard to the statement of purpose. There is a lack of oversight and compliance across a number of different regulatory areas. These must be addressed to evidence compliance at the next inspection.</p>	
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