



Inspection Report on

Gardens Care Home

Neath

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

17/07/2024

Welsh Government © Crown copyright 2024.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context.

About Gardens Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Gardens Care Limited
Registered places	4
Language of the service	English
Previous Care Inspectorate Wales inspection	3rd July 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

People told us they are happy at Gardens Care Home. The service offers a range of daily activities for people to participate in. We saw people making good use of the space, doing things that matter to them. There are areas in the service where people can choose to socialise along with a further, quiet area where people can relax. We saw people being supported to access the local community and interactions between care staff and people were positive.

During this inspection we identified areas of non-compliance around infection control, health and safety, medication and care and support. These issues pose a significant risk to people's well-being and need addressing urgently. The provider has started implementing changes as a result of this inspection.

There is a long-standing manager at the service and the Responsible Individual (RI) visits frequently. Staff working at the service told us management were flexible and supportive. The manager and RI are approachable and are committed to addressing the non-compliance identified and improving standards.

Well-being

People live in suitable accommodation, which overall supports their well-being. We saw people were encouraged to do the things they enjoy and matter to them. We saw positive interactions between people and staff. The service has a busy communal lounge where people can socialise, as well as a quieter lounge which people can use to relax should they wish to. People's bedrooms would benefit from further personalisation, and we saw some bedroom furniture was damaged and needs replacing. The service needs to consult with people on their individual wishes and preferences in the way their bedrooms are furnished and decorated. People have facilities that encourage their independence with an accessible garden they can use freely, which is secure. People told us they like living at the service.

People are not always protected from potential harm. The service needs to make sure risks to people's health and safety are identified and reduced where possible. There are secure storage systems in place for medication, however medication is not always stored safely. This was immediately brought to the manager's attention on the day of inspection who quickly addressed it. Storage and Control of Substances Hazardous to Health (COSHH) is inadequate and measures to reduce risks to food safety are not consistently achieved. We discussed this with the manager and RI of the service on the day of the inspection, who have committed to implement measures to reduce these risks

Overall, people have a voice and are listened to. The manager regularly holds meetings with people where they are invited to give feedback and share ideas about the service. The RI makes themselves available to speak to people. However, improvements are needed to ensure that care is continually reviewed and adapted to people's changing needs in agreement with them and their family or representatives. This needs to be reflected in personal plans and corresponding risk assessments.

People are supported in a service where the RI is visible. The RI spends a lot of time at the service and staff told us they are approachable and supportive. The RI engages with people during their visits and completes quarterly reports with feedback obtained. The bi-annual quality of care review is also completed as required to drive improvements in the service where possible. The manager routinely completes audits of aspects of the service. However, shortfalls had not been highlighted and therefore not been addressed.

Care and Support

There are personal plans and risk assessments in place. We looked at two personal plans and saw they were reviewed monthly and involved people and their representatives as much as possible. Personal plans are not consistently written to reflect people's needs and aspirations. This is placing people's health and well-being at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

The systems for medicines management are poor. The service has a dedicated medication room and temperature checks are completed daily. Relevant policies and procedures are in place. However, we saw some medication was not stored safely. This was immediately brought to the manager's attention who quickly addressed it. Guidelines around 'as and when required' medication (PRN) need implementing, and medication trained staff need to familiarise themselves with the guidance. Medication Administration Record (MAR) charts are handwritten by the service which increases the risks of errors. We advised the manager to request printed MAR charts from the pharmacy to reduce the risk of error. Medication stock checks are carried out but need to be more frequent and robust. The medication policy does not adequately address the storage of medication. This is placing people's health and well-being at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue. The manager and RI are now taking steps to raise standards around medication.

We saw positive and supportive interactions between care staff and people. People spoken with told us they liked living at the service. We saw care staff engage people in activities they enjoy. There are activity planners in place which reflect people's interests. We saw people being supported to access the local community. People's cultural and communication preferences are respected, and opportunities sought to promote this.

There are mechanisms in place to safeguard people. All care staff complete safeguarding training and those spoken with demonstrated sufficient knowledge of their responsibilities. Care staff are aware of how to raise a safeguarding concern and told us the procedures they would follow. There is a safeguarding policy in place which is reviewed annually. Where required, Deprivation of Liberty Safeguards (DOLS) have been applied for and these were referenced in personal plans.

Environment

Care and support is not consistently provided in an environment that promotes achievement of personal outcomes. There are communal spaces where people can relax and socialise and we saw people make good use of them. People are able to freely access the garden and we saw people make use of this area. Since the last inspection, the communal lounge has been redecorated and new lighting and chairs are in place. The flooring on the ground floor has been renewed and the walls have been repainted. There are plans in place to renew the flooring on the second floor. Bedrooms are spacious but would benefit from some personalisation according to people's individual tastes and preferences. Some bedroom furniture is damaged and needs replacing. While no immediate action is required, this is an area for improvement, and we expect the provider to take action. The provider assured us they will repair or replace the bedroom furniture, and following our inspection, have consulted with people about the decoration of their bedrooms.

Fire safety checks including fire extinguisher, alarms and detection system checks are completed. Personal Emergency Evacuation Plans (PEEPs) are in place. We saw a recent fire drill had been conducted. We saw a fire safety risk assessment that had been reviewed annually by the manager and RI. The original assessment had been completed by a competent person. The original risk assessment is over five years old, and we have advised the RI to have a new risk assessment completed by a competent person. This is due to the change in building regulations along with a change in occupancy at the service. We have shared this advice with the manager and RI, who have agreed to have a new risk assessment completed. The RI will forward a copy of the home's new fire risk assessment on completion by a competent person.

Risks to health and safety of individuals are not consistently identified and reduced. We saw COSHH products not stored appropriately. We saw an additional overflow fridge and freezer in the laundry room which was being used to store food. Food temperature checks were not being taken from these. This is placing people's health and well-being at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

Routine servicing of utilities such as gas and electricity take place and certificates seen. The service is secure and there is a visitors' book in place. This is to ensure the safety of people is maintained and to comply with fire regulations. The service does not currently have a food hygiene rating.

Leadership and Management

There are oversight and governance arrangements within the service. The manager and RI are accessible and supportive. The manager works closely with people and staff daily and the RI visits the service regularly. We saw quality of care reviews which detail discussions with people, staff and family. We also saw reports of regular visits by the RI. Quality of care reviews and RI visit records do not highlight issues with medication, infection control or COSHH.

Staff are not consistently recruited and vetted appropriately. Whilst there are background checks in place to ensure staff fitness to work in social care, these are not sufficiently thorough. Disclosure and Barring Service (DBS) checks are carried out at the employment stage. However, we did see one DBS check was issued by a previous employer and needed to be renewed. The manager told us this had recently been applied for. Additionally, there were large gaps seen in employment history. While no immediate action is required, this is an area for improvement, and we expect the provider to take action. Care staff are registered with Social Care Wales (SCW), the workforce regulator, or are working towards this.

People receive care and support from a staff team who have appropriate knowledge and skills. We saw a training matrix which shows training completed by care staff. Overall, training is up to date and includes mandatory online and face to face courses. All care staff had received induction training which follows the social care Wales 'All Wales Induction Framework'. Care staff spoken with demonstrated a good understanding and knowledge of their roles and responsibilities. Care staff told us they are keen to attend extra training when offered, to further develop their knowledge and skills. The provider has recently secured practical First Aid training places with the local authority and has arranged for staff to attend.

The service has a committed staff team who feel supported in their roles. Care staff receive regular supervision and appraisal. These are detailed and focus on staff development. Team meetings are frequently held and meeting minutes show there is an emphasis on teamwork. Conversations are two way and there is an open and honest culture within the team. We spoke with care staff about their experience of working for the service. They told us "*Management are very understanding and flexible, I feel supported and valued*".

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
29	The service has not explored the least possible restrictive practice and has not involved the multi-disciplinary team in decision making around this practice. The service must involve members of the Multi-disciplinary team when implementing restrictive practices. Any restrictive practice must be detailed in the personal plan and kept under review.	New
57	During our inspection, we identified significant Health and Safety risks related to COSHH, and Food Safety. The action required is to implement a COSHH Cabinet designated for COSHH materials. Daily food temperature checks to be completed on all fridges and freezers where food is stored.	New
58	We completed a medication audit and found that medication was not consistently stored safely and medication management was inadequate. Action	Not Achieved

	required is to ensure the safe and secure storage of all medication, PRN guidelines to be implemented and staff to familiarise themselves with these, systems for medication ordering and stock checks need to be more robust. Medication policies to be reviewed and updated with information regarding storage of medication including controlled drugs.	
--	--	--

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
44	Bedroom furniture needs replacing and bedrooms decorated in consultation with people and to their individual preferences.	New
35	Gaps were seen in staff employment history and DBS checks not up to date. Background checks must be in place for all staff prior to commencing employment and staff recruitment information must be in line with regulatory requirements.	Not Achieved

Was this report helpful?

We want to hear your views and experiences of reading our inspection reports. This will help us understand whether our reports provide clear and valuable information to you.

To share your views on our reports please visit the following link to complete a short survey:

- [Inspection report survey](#)

If you wish to provide general feedback about a service, please visit our [Feedback surveys page](#).

Date Published 02/10/2024