



# Inspection Report on

**Rees House**

**Cardiff**

## **Date Inspection Completed**

04/06/2024

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## About Rees House

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Gofal Cymru Care Ltd
Registered places	6
Language of the service	English
Previous Care Inspectorate Wales inspection	<a href="#">4 May 2023</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 happy and remain settled living in Rees House. They receive continuity of care from a kind and dedicated care team. The range of training available to care staff is varied and extensive to meet the needs of people using the service. Since the last inspection we found an improvement in some care documentation. Individual personal plans tell care staff how a person wants to receive their care and support and appropriate risk assessments and safeguards are in place for those who need them. People's daily outcomes are consistently met, and they have opportunities to enjoy activities of interest to them.

There is a clear organisational structure with a management team responsible for the day to day running of the home. The responsible individual (RI) is accountable for the governance and quality monitoring of the service. Quality assurance activities are on-going, but the evidencing of auditing and monitoring require strengthening to fully meet regulatory requirements. Since the last inspection, we found improvements and positive progress in service delivery and the statement of purpose (SoP) reflects the service people receive.

## Well-being

People are protected from harm and abuse. Appropriate Deprivation of Liberty Safeguards (DoLs) are in place and care staff are fully aware of their responsibilities. The service provides care and support in the least restrictive way whilst keeping people safe, enabling people to be active and do things they enjoy. Most care staff are up to date with safeguarding and DoLs training.

People are involved in their day-to-day decisions, and care staff interact with people in a caring and sensitive way. The provider produces a service guide, which in part contains some easy read information. It is not always clear how new people and representatives access the service agreement to fully understand their rights and entitlements. People living in the home do not require care staff to communicate using the Welsh language. Their individual ways of communicating are well-documented and care staff are kind and considerate in the way they meet the day-to-day needs of people.

Ensuring people maintain relationships with those who are important to them is a strength of the service. Representatives told us *"I am always made to feel welcome when I visit the home."* When people are unable to have a face-to-face visit, the service provides them with full support to have daily telephone or video calls as part of their routines.

Most people live in a home which best suits their needs. Some areas are locked to keep people safe, and we found people have access to the outdoor patio area and the communal lounge and dining space of the home. The location of the home gives people lots of opportunities to enjoy the local area for walks and picnics and easy access to shops and cafes. Since the last inspection some repairs and maintenance are complete but not all, and there is not effective oversight of the environment. The home is not meeting the needs of all living there. To ensure the privacy and dignity of people the provider is taking immediate action to improve facilities, which we will fully consider at the next inspection.

## Care and Support

People are happy with the care and support they receive, and their representatives told us staff are genuinely caring and have people's best interests at heart. Personal plans contain details about their care and support needs, their preferences and personal goals. We found some people and their representatives are involved in reviewing their personal plan. Some visiting professionals told us they are not included in the personal plan review but are welcome to visit people and meet the manager.

The suitability of the service for new people planning to move to the home is robust and visits to the home and compatibility is documented. But we found documentation for emergency admissions incomplete.

People receive the right care at the right time. Care staff complete sufficient daily care records. Daily records tell us people receive support with personal care, getting dressed, and being involved in household tasks such as cooking and baking. Established care staff have a comprehensive knowledge about the people living in the home. People receive continuity of care which supports them to achieve positive well-being.

People receive support to be as active and as healthy as they can be. They access healthcare professionals and receive support to attend essential health appointments on a regular basis. There is an improvement of the oversight of records relating to health appointments. The service is a strong advocate for people who need support to maintain their well-being. We found good records relating to monitoring people's weight and some have achieved excellent outcomes in improving their health. Care staff cook fresh meals daily and people enjoy snacks and drinks when they want them.

Medication storage, administration and records are well managed. Care staff receive training to administer medication, but we found gaps in re-fresher training and competency records. Some specialist training to meet the health needs of people are not up to date. The RI is taking immediate steps to ensure all staff are up to date.

People receive support to manage their emotional well-being and care staff have clear guidance on how to meet their needs. The service works positively with people to work in the least restrictive way and provide suitable support to those with complex emotional needs.

## Environment

The service operates between two adjoining properties, which are independently accessed. The provider has recently completed maintenance work in the smaller house which is unoccupied at the time of the inspection. Since the last inspection the provider has completed some works within the home such as upgrading a bathroom and renewing the kitchen. But we found other areas of the home continue to require attention to meet the needs of people living there.

Daily records relating to cleaning routines and hygiene are complete and the home is free of clutter and obvious trip hazards. There are some areas which are locked and restricted to people to keep them safe, such as the medication room and kitchen. People access the kitchen with suitable support to help with meal preparation and baking activities.

Care staff complete regular monitoring of the environment and note items which need repair and any maintenance issues. The RI formally visits the home every three months and inspects the environment. Care staff complete other routine checks such as checking the water temperatures and equipment around the home. But we found action is not taken when issues are identified as part of the weekly audits. The quality monitoring and auditing of environmental checks are insufficient. This is an area for improvement, and we expect the provider to take action.

We found some areas of the home not suitable to meet the personal care needs of some people. The provider is taking immediate, positive action to make the necessary adjustments to ensure care is delivered with dignity and privacy.

People have easy access to the outdoor spaces and enjoy being able to use the paved garden. Maintenance of the outdoors spaces is on-going to make them a more pleasant and stimulating space for people. Raised beds for plants are available but not being fully utilised at the time of the inspection.

## Leadership and Management

There is a clear organisational structure and consistent day to day management of the service. Management is available to care staff, people and representatives. The RI regularly visits the service and speaks with people and staff, considers the environment and looks at care records. The RI completes a six-monthly quality-of-care review to inform the provider of how the service is performing. Records of RI visits do not fully meet the requirements of the regulations. Evidence relating to auditing and quality monitoring is not sufficiently robust. This is an area of improvement, and we expect the provider to take action.

Most documents relating to the safe recruitment of care staff are complete. All care staff have a current Disclosure and Barring Certificate (DBS) and those who are eligible are registered with Social Care Wales, the work force regulator. A few care staff hold or are working towards a relevant qualification for adult social care. Care staff receive supervision and tell us their learning and development is important to the service. The training available to care staff is extensive and covers core topics suitable to meet the needs of people using the service. The manager has oversight of when the training is due. But we found gaps in refresher and core training for several care staff, and some have not had an up-to-date medication competency check. The RI is aware and is taking prompt steps to ensure all training is complete.

Care staff tell us they feel supported by management and senior care workers provide guidance and mentoring. There remains a culture of teamwork and trust amongst colleagues resulting in a more consistent staff team. Representatives tell us team stability and seeing familiar faces in the home are important to people who use the service and supports their well-being. Representatives told us communication is good and they feel well-informed. External professionals told us improvements are needed in communication.

There is good oversight and management of concerns and complaints, and all representatives told us they feel confident in raising matters with the manager or RI. They trust the service to effectively address any concerns. The RI completes their regulatory duties, informing Care Inspectorate Wales of notifiable events and completing the annual return, which is a legal requirement.

### 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. 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
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8	The provider is not effectively monitoring the quality of the service to sufficiently inform service improvement.	New
6	The service provider is not delivering care and support to people with sufficient regard to the statement of purpose.	Achieved

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