



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru
Care and Social Services Inspectorate Wales

Inspection Report on

Cwmbran House Resource Centre

**Cwmbran House Day Centre
Five Locks Road
Pontnewydd
Cwmbran
NP44 1AP**

Date of Publication

Tuesday, 6 February 2018

Welsh Government © Crown copyright 2017.

*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.*

Description of the service

Cwmbran House Resource Centre is situated in Pontnewydd on the outskirts of the town of Cwmbran. The home is operated by Hafod Care Association. A nominated person, known as the responsible individual (RI), acts on behalf of the company. A registered manager was employed who was responsible for the running of the home; however they no longer work for the company. A person was appointed on 2 November 2017, who is now responsible for the day to day management of the home.

The home is registered to provide accommodation for up to 56 people aged over 65 years requiring personal care. Within the overall numbers of 56, up to 19 people over the age of 55 years with dementia/mental infirmity, may be accommodated within the designated dementia care unit known as Mountainside.

Summary of our findings

1. Overall assessment

People living at Cwmbran House and their relatives are generally happy with the care being delivered. People spoken with perceive they are well cared for. Residents are treated with respect and their health and well-being is promoted. Residents benefit from positive relationships with staff, who are generally familiar with their needs. A person has been appointed as manager and is responsible for the day to day management of the home. We saw evidence of people having access to specialist health and social care services. Opportunities for stimulation are provided. However, we identified that this is an area for further improvement.

At the last inspection we found that the home did not meet legal requirements in a number of areas. We considered this a serious matter and a non compliance notice was issued. As part of our enforcement process the registered person along with senior management attended a formal meeting with CSSIW. A self imposed embargo was put in place, where the home did not admit any new residents. This was lifted on 30 October 2017. At this inspection we saw improvement, as detailed within this report.

2. Improvements

At this inspection we noted improvements in the following areas: leadership and management, staffing levels/staff delegation, staff training/induction, management of medication, reporting of significant incidents to CSSIW, quality assurance and analysis of falls.

3. Requirements and recommendations

Section five of this report sets out where the registered persons are not meeting legal requirements and any improvements to be made. The service continues not to meet legal requirement in relation to staff supervision.

Further areas in need of improvement include:

- **Meaningful occupation:** The home should expand the range of stimulation offered to people, taking into account individual need, capabilities and preferences.
- **Active Offer:** People should have access to the service through the medium of Welsh, if they so wish. This should then be reflected in the statement of purpose and service user guide.
- **Environment:** The environment needs upgrading and refurbishment.
- **Call bell response times:** Response times should be analysed and investigated and any corrective action must be put in place.

1. Well-being

Summary

People living at Cwmbran House receive support which generally promotes their well-being. We received positive feedback from residents and their relatives. One family member told us: *"They go the extra mile"* and *"they provide the best possible care"*. People are treated kindly and respectfully and their care needs are understood by staff, where they are supported to maintain their health and well being. However we observed that people did not always have access to meaningful stimulation.

Our findings

People are treated kindly. We saw that residents responded positively to support offered. A resident told us: *"The carers are lovely"*. Observations throughout the day and feedback indicated that people were treated with respect. On the day of our visit the approach of staff was gentle and care was not rushed. Communication between staff and people using the service was friendly and caring. People experienced warmth and attachment and as a result appeared comfortable and at ease with staff. People were greeted when staff entered the room and we saw staff knocking on doors prior to entering people's rooms. Care was flexible, we saw people getting up from bed at different times throughout the morning. Residents' hair was groomed and their clothing was clean. We concluded that people receive care from a group of staff who treat them kindly, with respect where their dignity is promoted.

Guidance is in place to direct staff regarding how to support people living at the home. We were made aware that work was ongoing in order to update all documentation to a more individualised way of recording people's needs and the intervention they required. Within care files examined, we noted care plans were in place. We saw information which included 'what is important to me' and 'how best to support me'. People's social background, preferences, interests, likes/dislikes and medical conditions had been included. However we identified, within a person's plan of care, that they preferred to shower three times a week. Within the personal care records this was not evident. We discussed this with senior management and noted there had been a lack of communication between staff. We were assured that all staff would be made aware of the current situation. Care plans viewed had been subject to regular review. Senior management told us that people with high dependency needs had been referred for assessment. Consideration of the above, led us to conclude that people receive proactive, preventative care and their changing needs are anticipated.

Some people have opportunities to engage in leisure and social activities to promote their emotional wellbeing. The service employs an activities coordinator. We saw notices advertising outside entertainers, a Christmas party and a hog roast for residents and staff. At the last inspection we identified that some people had been encouraged to pursue interests, however further work was needed to ensure that people achieved their full potential. At that time the registered manager told us that developments had been made and that the 'dementia lead' for Hafod had organised training for staff. Also the activities coordinator had been requested 'to further research one to one activities for vulnerable people'. The registered manager assured us that they would 'be working more closely

particularly in the dementia area in order to guide staff'. At this inspection we did not identify an improvement. Throughout our visit, we observed people sat in the lounge areas with television being the main activity. Following lunch we undertook a short observation of the interactions between staff and residents. We saw one member of staff talking to people about their experiences in the past. People appeared to be engaged and this resulted in further conversations between residents. However we noted that not all residents experienced this level of engagement. We observed staff to be busy supporting individuals and therefore there was often little time for more quality interactions with people to enhance their wellbeing. Additionally we saw staff sitting in communal areas with residents, where no interactions were taking place. The lack of stimulation was acknowledged by the newly appointed manager, who provided assurances that this was being addressed. We concluded that not all people benefit from having access to meaningful stimulation, so that they can enjoy fulfilled lives. We will consider this at the next inspection.

2. Care and Support

Summary

Residents receive support from a range of visiting health and social care professionals. We saw improvement in relation to staffing levels, the safe management of medicines and staff training.

Our findings

The home addresses people's health needs and maximises their general well-being. We saw that residents were registered with a local general practitioner. We viewed care documentation which provided evidence of involvement from health care professionals. This included visits from residents' general practitioners, opticians, social workers and community nurses. We were informed that monthly meetings with community nurses, are due to commence in December 2017. This evidences a proactive approach to people's health care needs. We conclude that people are supported to remain as well as they can be and are supported to access medical support as needed.

At the last two inspections we identified that the registered persons had not met legal requirements in relation to staff training and induction. At that time we were not satisfied that the registered persons possessed oversight of the learning and development of staff. We did not see evidence that all staff had undergone the necessary training, in order that they possessed the skills to meet people's needs. At this inspection we saw significant improvement in this area. A new induction process had been implemented which included mandatory training and followed the guidance published by Social Care Wales. Inductions were in the process of being completed in retrospect; going back three months to capture any staff that had not completed a robust induction. The registered person had access to monthly statistics of training completed, in order to provide an overview of what was needed. Statistics provided, indicated an improvement in staff training completed. Based on the information provided to us, we conclude that residents receive support from staff who possess the necessary level of knowledge and skill to care for them. Therefore the service is now deemed to be meeting legal requirements.

Medication systems are in place. At the last inspection we were not satisfied that safe procedures were in place in relation to the administration of prescribed medication. Therefore we issued a non compliance notice. At this inspection we noted that staff training had been undertaken, monthly audits had taken place on each unit and an additional senior care worker had been employed between the hours of 17:00 and 00:00 hours to support with the administering of medication. Additionally, staff were in the process of undergoing competency assessments, which included knowledge, observations and a numerical assessment. Secondary administering had ceased immediately, following the last inspection visit. Charts for the administering of topical creams were stored in people's rooms and were completed by care assistants. We considered a small sample of these charts and noted a significant improvement. However we saw some gaps in recording and directions for use (how often the creams were to be applied) had not always been documented within charts. We provided feedback to senior management relating to the above, who assured us they would address this. Our findings led us to conclude that safe medication procedures are in place, therefore the registered person is meeting legal requirements.

At the previous two inspections we identified that people did not always receive timely care. At that time we considered this a serious matter and issued a non compliance notice. At this inspection we observed the delivery of care throughout the day, sought people's opinions and considered staffing levels between 5 November and 2 December 2017. We were provided with information, which the registered provider utilised in order to have an oversight of staffing levels at any given time. The information included 'planned' staffing levels and 'actual' staffing levels. For each instance when the planned levels had not been achieved, information had been recorded in relation to why the shift was understaffed and what measures had been put in place. The primary reason was due to staff sickness. We were informed that measures are currently being put in place to improve staff absence levels.

Additionally we considered a sample of response times to call bells which exceeded five minutes. There was uncertainty whether the information was accurate. Therefore we recommend that the registered person analyse the data and make conclusions from their findings. Following this, if necessary, a corrective plan should be put in place. Based on the above we conclude that adequate progress has been made in this area and people receive the right care at the right time. Therefore the registered person is meeting legal requirements.

3. Environment

Summary

We did not fully focus on the environment on this occasion. The home continues to be in need of investment and refurbishment.

Our findings

At the last two inspections we reported that the home looked 'tired and worn'. Carpets and lounge chairs were stained and needed to be replaced. At this inspection, although the home was clean and tidy, we saw no overall change. We were told that quotations had been received for work to be completed. The laying of new flooring was imminent and blinds had been ordered. We concluded that people are not always cared for in an environment which is uplifting in order to achieve a sense of well-being.

4. Leadership and Management

Summary

At the last inspection we concluded that the registered persons had not always demonstrated that they acted with due diligence and had failed to ensure robust leadership and management. We identified that the registered persons had not met legal requirements in relation to a number of areas including staffing levels, medication management, training/induction, staff supervision, quality assurance and the reporting of notifiable incidents. We also required that residents were reviewed to ensure that they received care appropriate to their needs. At that time we considered these breaches a serious matter and issued non compliance notices. At this inspection, as detailed within this report, we have identified significant improvement in a number of areas. We now deem the service is meeting legal requirements.

Our findings

A person has been recently appointed who was responsible for the day to day management of the home. The newly appointed manager is visible, approachable and demonstrates an understanding of their responsibilities to ensure regulatory compliance. They told us about the perceived challenges and planned improvements within the home. Staff we spoke with were positive about the management and the support they received, informing us the manager *"listens and takes action"*. An action plan had been put in place on 5 October 2017, which had been updated in November and December 2017. We were told by senior management that they had a presence at the home, in order to provide on going support to the management team, whilst improvements were being made.

We saw evidence that management possessed an oversight of the care being delivered within the home. We were provided with information relating to oversight of falls and people's weight. We observed the deputy manager completing a morning 'daily walk around' to all units, in order to establish if there had been any significant events throughout the night and to ensure that the staffing levels were correct. We observed a further daily 'stand up meeting' at 11:00 hours which key staff attended. Within the meeting, information was shared relating to any changes in people's needs and overall wellbeing. We witnessed staff discussions regarding interventions that had taken place or were due to take place. Based on the above, we conclude that systems and processes are in place to provide oversight and review of the quality and standards of care provided.

Additionally, we saw further evidence of self evaluation which included internal audits of medication, care planning and falls. We reviewed the audit which considered the number of falls people had experienced within the home over a given period of time. We noted improvement in the analysis of information collected, in order to identify possible patterns or trends. Additionally a falls team meeting was held on 12 October 2017. We were told that unannounced visits during the night (known as spot checks) had taken place. We conclude that the management team works with residents, relatives and staff to improve the care and well-being of people living at the home. Therefore we conclude that the registered person is meeting legal requirements.

At the last inspection we identified that robust systems to monitor the quality of the service had not always been in place. At this inspection we viewed the last two quarterly auditing

visits which had been undertaken on behalf of the registered provider in August 2017 and November 2017. The November report included analysis of the service, identifying areas which needed improvement. Residents, relatives and a professional had been spoken with. However we noted that staff opinion had not been sought. This area of the visit can be improved further, in order to include more detail of people's opinion of the service. We conclude that the registered person is meeting legal requirements. However we expect to see on going improvement, which will be tested at the next inspection.

At the last two inspections we saw that although staff had access to formal supervision, this was not always a regular occurrence. Supervision in this context refers to members of staff meeting regularly with their line manager on a confidential one to one basis, to discuss their performance, training needs or any concerns they may have. At this inspection, we considered the supervision matrix and looked at a small sample of staff files. We concluded that not all staff had received supervision with their line manager in line with National Minimum Standards. The monitoring visit undertaken on behalf of the provider (November 2017) identified 'supervision of staff continues but not yet in accordance with regulation'. Based on what we saw we conclude that the registered person continues not to meet legal requirements. As we observed some improvement and have not identified immediate adverse impact on residents we have not issued a non compliance notice.

At the last inspection we identified that CSSIW had not always been notified of significant events in accordance with legal requirements. The reporting of notifiable incidents ensures that people receive support from a transparent service. At this inspection we viewed a sample of incidents and were satisfied that the thresholds for reporting had been met. We conclude that people receive support from a service which reports significant events, as necessary, to appropriate agencies. We are satisfied that the registered person is meeting legal requirements.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

| | |
|---|--|
| <ul style="list-style-type: none"> • Reg 18(1) (c) (I) The registered persons shall having regard to the size of the care home, statement of purpose and the number and needs of residents, ensure that the persons employed at the home receive training appropriate to the work they perform. | <p>18 (1) (c) [i] We are satisfied that legal requirements are being met.</p> |
| <ul style="list-style-type: none"> • Regulation 13(2) The registered persons shall make arrangements for the recording, handling, safe keeping and safe administration of medicines received within the care home. | <p>13 (2) We are satisfied that legal requirements are being met.</p> |
| <ul style="list-style-type: none"> • Reg 18(1) (a) The registered persons shall ensure that at all times suitably qualified, competent, skilled and experienced persons are working at the care home, in such numbers as are appropriate for the health and welfare of service users. | <p>18 (1) (a) We are satisfied that legal requirements are being met.</p> |
| <ul style="list-style-type: none"> • Regulation 10(1) The registered persons shall having regard to the size of the care home, the statement of purpose, the number and needs of the service users, carry on or manage the care home with sufficient care, competence and skill. | <p>10 (1) We are satisfied that legal requirements are being met.</p> |

Areas of non compliance from previous inspections where non compliance notices were not issued

Staff supervision (Regulation 18(2))

At this inspection we were told that staff supervision was not up to date. Based on what we were told we are not satisfied that the registered person is meeting legal requirements. As we identified improvement, received assurances from senior management that measures are being put in place and have not identified immediate adverse impact on people receiving the service, we have not issued a non compliance notice.

Quality Assurance (Regulation 27)

At this inspection we are satisfied that the registered person is meeting legal requirements.

Notification of significant incidents (Regulation 38)

At this inspection we are satisfied that the registered person is meeting legal requirements.

5.2 Areas of non compliance identified at this inspection

No new areas of non compliance were identified at this inspection.

5.3 Recommendations for improvement

- Meaningful occupation: The home should expand the range of stimulation offered to people, taking into account individual need, capabilities and preferences.
- Active Offer: People should have access to the service through the medium of Welsh, if they so wish. This should then be reflected in the statement of purpose and service user guide.
- Environment: The environment needs upgrading and refurbishment.
- Call bell response times: Response times should be analysed and investigated and any corrective action must be put in place.

6. How we undertook this inspection

This was a focused inspection undertaken in order to test the non compliance identified at the last two inspections, which were completed on 24 May 2017/12 June 2017 and 15 August 2017/11 September 2017. Two inspectors carried out an unannounced visit to the home on 6 December 2017.

We used the following sources of information to formulate our report:

- Consideration of the inspection reports and non compliance notices issued following the last two inspections.
- Observations of daily routines and care practices at the home.
- Conversations with residents and their relatives.
- We sent questionnaires to residents, relatives, members of staff and visiting professionals. At the time of writing this report we had received completed responses from six residents and four members of staff.
- We considered any information shared within the safeguarding of vulnerable adult forum.
- Discussions with the regional lead for Torfaen and Cardiff (Hafod), the newly appointed manager, the deputy manager and members of staff.
- Examination of documentation stored at the home including people's care plans.
- Observation of meals being served.
- Review of the analysis of numbers of staff on duty for the period 5 November 2017 to 2 December 2017.
- Consideration of information provided in relation to staff training, staff supervision sessions (staff meeting with their line manager on a one to one basis) and staff induction.
- Consideration of any complaints received since the last inspection.
- Quality assurance and auditing systems in place.
- We used the Short Observational Framework for Inspection (SOFI2). The SOFI2 tool enables inspectors to observe and record care to help us understand the experience of people who cannot always communicate with us.
- Consideration of the action plan; put in place following the last inspection.

Further information about what we do can be found on our website www.cssiw.org.uk

About the service

| | |
|---|----------------------------|
| Type of care provided | Adult Care Home - Older |
| Registered Person | Hafod Care Association Ltd |
| Registered Manager | Darren Ball |
| Registered maximum number of places | 56 |
| Dates of previous CSSIW inspection | 15/08/2017 & 11/09/2017 |
| Dates of this Inspection visit | 06/12/2017 |
| Operating Language of the service | English |
| Does this service provide the Welsh Language active offer? | No |
| Additional Information: This is a service that does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people who intend to use their service. We recommend that the service provider considers Welsh Government's More Than Just Words follow on strategic guidance for Welsh language in social care. | |

No noncompliance records found in Open status.