



Inspection Report on

St Isan

**St. Isan Care Home
Newborough Avenue Llanishen
Cardiff
CF14 5YN**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

05/02/2020

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Description of the service

St Isan Care Home is located in a quiet residential area of Llanishen, Cardiff and is operated by Hafod Housing Association Ltd.

The home is registered with Care Inspectorate Wales (CIW) to provide accommodation, care and support to 42 adults who have personal care needs.

The Responsible Individual (RI) is Jonathan Harker who has strategic oversight of the service. There is a nominated manager who is responsible for the daily management of the home and is suitably qualified and registered with Social Care Wales. The manager was present during both visits.

Summary of our findings

1. Overall assessment

Overall, we found that opportunities for involvement in activities are not always available for some people to participate if they wish; consideration needs to be given to people who prefer to remain in their own rooms and people with cognitive impairment to promote well-being and prevent the risk of social isolation.

People relate well and have good relationships with staff that care for them. We saw warm interactions between care workers and people living at the home.

Personal care plans require review to ensure they contain the required information to assist staff in providing anticipated, responsive and appropriate care and support; and to ensure that reviews are undertaken when required.

People's health needs are not always understood by staff, timely referrals are mostly made to seek appropriate advice and guidance when needed. The home is supported by a range of visiting health care professionals to help ensure people receive the care they need to remain as healthy as possible.

1. Improvements

This was the first inspection of the service following re-registration under the Regulation and Inspection of Social Care (Wales) Act (RISCA) 2016. Therefore this area was not considered at this inspection.

2. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service and in areas where the care home is not meeting legal requirements.

These include the following:

- Hazards: Ensure all hazards are identified and removed throughout the home.
- Activities: Ensure a programme of activities is available which meets individual's needs (with specific reference to cognitive impairment).
- Documentation: Ensure personal care planning documentation is revised following incidents, falls or identified risks such as weight loss.
- Falls Management: Ensure appropriate auditing and monitoring systems are in place regarding falls management.
- Security: To ensure staff request the identification as required of people visiting the premises prior to entry to safeguard people living at the home.
- Notifications: Ensure notifications are made without delay as required by the service regulator. Regulation 60.

1. Well-being

Our findings

Overall, people relate well and have good relationships with staff that care for them. We saw warm interactions between care workers and people living at the home. It was clear fond relationships had been formed; we saw care workers promoted independence, where possible, and supported people to make choices at mealtimes. However, we saw instances when staff did not always interact with residents, which had a negative effect. This was particularly the case during busy times when there did not appear to be enough staff available. We spoke with the cook on duty who told us they had worked at the home for many years who told us about individual dietary requirements and the meal choices available, we saw good rapport between the cook/staff and people living at the home. People, therefore are mostly treated with dignity and respect.

People are not always supported to fulfil their potential and do things that matter to them and make them happy. We were told there are two activities coordinators employed at the home, however we saw some people appeared under stimulated and bored during both visits. On our arrival, at the second visit, we observed most residents sitting in the lounge areas with no activities or stimulation taking place.

Therefore, we looked at the home's statement of purpose which stated; "*The home has a full activities programme which is enjoyed by residents and their families, there are one to one and group activity sessions. St Isan supports residents with a wide range of physical and cognitive abilities the activities program is tailored to meet individual preferences*". At the time of the second visit, we did not see any activities being undertaken. The manager told us there were no activity staff available that day and care staff were encouraged to assist in any activities during this time. However, we identified that staff were extremely busy throughout the visits. We were told that activities at the home had included; visits from the hairdresser, visiting singers to the home, themed days for the rugby and singing and dancing which takes place in the lounge areas. We saw photographs and evidence of activities undertaken. However, we did not observe any activities taking place during the second visit.

Therefore, although we found people are sometimes stimulated and able to do things that make them happy further improvements are required.

Overall, people do not always have their care properly recorded. We saw that referrals were mostly made to relevant health care professionals in a timely way but improvements are required to care documentation to ensure all correct information is provided for staff and visiting professionals to enable correct care to be identified and provided. For example; we identified that a visiting professional had undertaken a visit to one resident which had not been recorded on the daily records by staff. People are offered a choice of healthy meals and we saw drinks and snacks being offered throughout the day. We observed the breakfast and lunch time meals being served and found the meal was well presented and enjoyed by those eating it. Some people would benefit from the dining experience being reviewed to enhance people's nutritional and fluid intake as we saw some people waiting for staff assistance. Further improvement is required to ensure that people achieve the best possible outcomes.

The home is warm and provides a comfortable environment for people. There are outside areas for people to enjoy in the warmer weather. However, we identified areas of concern which are discussed in the environment section of this report.

People are mostly safeguarded by the health and safety checks and measures at the home. The home was secure and safe from intruders. There were appropriate and useful policies and procedures to assist people to understand how the home operates

People are safe and protected from abuse and neglect.

2. Care and Support

Our findings

People do not always have accurate and up-to-date written information about them to help care workers to understand their care needs. We looked at four people's personal care files and found that referrals were mostly made in a timely manner to the relevant health and care professionals when needed. However, plans did not always provide staff with detailed essential information in relation to people's preferences, personal care needs and medical conditions in order to support staff to provide safe care. We looked at one resident's plan and found that they has sustained five falls in the previous few weeks. The file had not been revised to instruct staff on how to prevent further falls or any observations required to be carried out following the fall. We identified that falls and mobility risk assessments had not been updated. We saw documentation stating that one person was mobile using a walking aid, however, staff told us the person was not weight bearing and required the assistance of two staff for all transfers. Further documentation we looked at was disorganised with blank sections where a date or signature was required. We found people's needs are not always fully documented which could lead to poor outcomes for people living at the service.

In another person's file, we identified the person had lost weight over the previous few weeks but no risk assessment had been carried out. We saw that a referral had not been made to the appropriate health professional for appropriate advice or action to be taken. We discussed this issue with the manager who told us a referral would be made immediately. We saw that staff had not recorded the care delivered to one person in their daily records. We raised this with the manager who told us they would address this issue.

People do not always benefit from auditing and monitoring systems which help to ensure staff medication practice is safe. We examined the Medication and Administration Records (MARs) and looked at the arrangements for ordering, administering and storing medication. We found improvements are required. We identified gaps in the MARs where staff signature or codes are required. We saw the medication policy was due for review 10 September 2019 and we brought this to the attention of the manager at the time of the first visit. We also observed staff looking for the MARs during our visit to sign for medication that had already been administered. This concern was raised and discussed with the manager immediately. We found daily fridge temperatures to store medication were taken and were within safe range.

Overall, we found safe medication systems are not in place and require immediate improvements.

3. Environment

Our findings

St Isan offers its residents an environment which is comfortable and with various sitting and lounge areas throughout. Bedrooms are spacious and personalized to individual taste. The home has a rating of '5' from the Food Standards Agency (this means that the food hygiene standards were found to be very good).

People are mostly cared for in a clean and homely environment. However, the need for safety is not always anticipated. During our first visit on the 31 January 2020 we identified areas of concern.

These included;

- Substances at risk of causing harm if swallowed were (topical creams and cleaning products) stored in unlocked toilet rooms and bathrooms.
- One male fixed urinal unit which was leaking urine onto the floor. We requested this room be closed immediately.
- One toilet area which required an immediate deep clean.

In addition, we also advised that consideration needs to be given to the premises to ensure they are suitable for meeting the needs of people living with dementia, as no signs were in place to help people orientate around the home. For example; there were no signage on several toilet doors or these had fallen off and not been replaced.

We saw one bathroom contained items of clutter including; hoist slings, slide sheets, incontinence products, commode pots, mops and buckets which we requested be removed immediately. Furthermore, we identified that all bathrooms were locked and not accessible for residents to use if they wished. We asked the manager and deputy manager the reason for the locked doors who were unsure why they were kept locked. We advised that premises must have toilets, bathrooms and showers which are located so as to enable all persons to access them easily and safely. The deputy manager told us the matter would be addressed.

During our first visit, we noted one fire door to be continuously 'beeping'. A visiting relative informed us the door had been reported faulty a few days previously. We requested that the door be repaired immediately. We found almost none of the files contained an up to date Personal Emergency Evacuation Plan (PEEP). We saw plans had not been reviewed following any changes to a person's mobility; several plans had the wrong room numbers for people living at the home and several had not been reviewed since 2017. Due to our concerns we requested the manager to produce a PEEP for every person prior to us leaving the premises. At the time of leaving all PEEP documentation had been appropriately implemented and reviewed for each individual living at the home. We also requested all staff be refreshed in suitable training by means of fire drills, practices and documentation held at the home.

This is to ensure safe evacuation in the event of a fire, of all persons living in the care home.

Based on our findings, this indicates that people are living in an environment where potential hazards are not always recognised, addressed and could compromise people's safety.

People can be assured that systems and equipment are serviced regularly. We saw that there were contracts in place to maintain servicing and arrangements for the management of clinical waste. We conclude that the service promotes the safe use of equipment.

4. Leadership and Management

Our findings

Overall, people can be confident they will be cared for by staff that have been appropriately and safely recruited. We saw procedures are in place for the safe recruitment of staff. We examined three staff files and saw there was a robust process for the recruitment of staff. Two files contained proof of identification, a Disclosure and Barring Service (DBS) check had been carried out prior to the commencement of employment, and two written references had been obtained with a full employment history, although we identified one file did not contain the required proof of identity and a further file did not contain the correct information for one member of staff who had recently changed roles. This evidences that there are generally systems in place to ensure that the staff employed are suitable to work in the care home and safeguard people although identified where improvements are required.

People can be mostly confident that management ensures staff providing care and support are able to meet residents' needs. We saw that mandatory training for staff was up-to-date and that additional training relevant to the needs of people living at the home was provided. We were told that most staff had undertaken online training and observed staff training being undertaken on our second visit. Discussions were held regarding staff having training in relation to; cognitive impairment, safety at the home and documentation. Whilst training/education systems are in place; there are improvements recommended, which the manager told us would be addressed.

We spoke with care staff who confirmed that the training they had met their learning needs and assisted them in their roles. We saw evidence that staff supervision records were not up to date. Supervision in this context refers to staff members meeting on a confidential regular one-to-one basis with their manager to discuss their performance, training needs or any concerns they may have. In one instance, supervision had only been carried out on the 8/2/2019 and 28/11/2019. The individual staff member had taken on a new role that required appropriate supervision and appraisal for the new role. We discussed this issue with the manager who told us they would address this issue immediately.

Staff told us, whilst they felt supported in their roles, they felt would benefit from additional staff at times to enable them to carry out the role effectively. We were told during busy times there was not always enough staff to care for people in a timely manner and that on occasion's people were left waiting for assistance. At peak times, several people did not receive the help and attention they needed. The manager told us that, on the day of our second visit, they were short staffed due to sickness and the activities coordinator was not working that day.

5. Improvements required and recommended following this inspection

5.1 Areas of non-compliance from previous inspections

This was the first inspection of the service following re-registration under The Regulation and Inspection of Social Care (Wales) Act (RISCA) 2016.

5.2 Areas of non-compliance identified at this inspection

During this inspection, we identified areas where the registered person is not meeting legal requirements and this is resulting in the potential risk of poor outcomes for people using the service. We have cited a non-compliance notice in relation to the regulatory areas below. . A notice has not been issued on this occasion as there was no immediate or significant impact for people living at the home, but we will consider this further at the next inspection.

- **Regulation 21 (1).** We found the registered persons were not compliant with Regulation 21 (1) of The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017. This is because they failed to ensure that care and support is provided in such a way which protects, promotes and maintains the safety and well-being of individuals.
- **Regulation 15 (1) (a) (c).** We found the registered persons were not compliant with Regulation 15 (1) (a) and (c) of the Regulated Services (Service Provider and Responsible Individuals (Wales) Regulations 2017. This is because they failed to ensure: (a) a personal plan for the individual which sets out how on a day to day basis the individuals care and support needs will be met and (c) the steps which will be taken to mitigate any identified risks to the individual's well-being.
- **Regulation 58 (2) (c).** We found the registered persons were not compliant with Regulation 58 (2) (c). This is because we found evidence robust arrangements were not in place to ensure regular auditing of the storage and administration of medication.
- **Regulation 44 (4) (g).** We found the registered persons were not compliant with Regulation 44 (4) (g). This is because we identified the home was not free from hazards to the health and safety of individual's so far as reasonably practicable. The registered persons should ensure all hazardous substances are safely and securely stored.
- **Regulation 44 (9) (c).** We found the registered persons were not compliant with Regulation 44 (9) (c). This is because we found the premises did not have toilets,

bathrooms and showers which are located so far as to enable all persons to access them easily and safely.

We expect the service provider to take action to rectify the above and we will follow this up at the next inspection.

5.3 Recommendations for improvement

- Hazards: Ensure all hazards are identified and removed throughout the home.
- Activities: Ensure a programme of activities is available which meets individual's needs (with specific reference to cognitive impairment).
- Documentation: Ensure personal care planning documentation is revised following incidents, falls or identified risks such as weight loss.
- Falls Management: Ensure appropriate auditing and monitoring systems are in place regarding falls management.
- Security: To ensure staff request the identification of people visiting the premises prior to entry to safeguard people living at the home.
- Notifications: Ensure notifications are made without delay as required by the service regulator.

6. How we undertook this inspection

This was the first inspection of the service following re-registration under The Regulation and Inspection of Social Care (Wales) Act (RISCA) 2016. CIW undertook a full inspection as part of our inspection programme. We considered all four themes; wellbeing, care and support, environment and leadership and management. Our visits to the home were unannounced and undertaken on the 31 January 2020 between 10:00 and 14:30 and 5 February 2020 between 09:45 and 17:00hrs.

The following methods were used to provide evidence for this inspection report;

- Consideration held by CIW about the service and records of notifiable events.
- Observation of daily life, care practices and interactions between care staff and people living at the home.
- Conversations with care staff, visiting relatives, kitchen staff and domestic staff.
- Discussions with people living at the home.
- Discussions with the manager and deputy manager.
- Observations made during the unannounced visits of the care home environment.
- Detailed examination of the care documentation relating to four people living at the home.
- Review of the accident/incident records.
- We used the Short Observational Framework for Inspection 2 (SOFI2). The SOFI2 tool enable inspectors to observe and record care to help us understand the experience of people living at the home.
- We looked at a copies of the staff meeting minutes.
- Detailed examination of three staff recruitment files.
- We examined relative/resident quality feedback.
- We looked at a range of documents relating to the running of the service which included; fire safety records, the statement of purpose, service user guide.
- We looked at the Medication Administration Records and the health and safety records.
- We examined the arrangement to review the quality of care provided.
- The following regulations were considered as part of this inspection.

The Regulated Services (Service Providers and Responsible Individuals (Wales) Regulations 2017.

Further information about what we do can be found on our website:
www.careinspectorate.wales

About the service

Type of care provided	Care Home Service
Service Provider	Hafod Housing Association Ltd
Responsible Individual	Jonathan Harker
Registered maximum number of places	42
Date of previous Care Inspectorate Wales inspection	This is the first inspection of the service following re-registration under The Regulation and Inspection of Social Care (Wales) Act (RISCA) 2016.
Dates of this Inspection visit(s)	31 January 2020 and 5 February 2020
Operating Language of the service	Both
Does this service provide the Welsh Language active offer?	This is a service that provides an 'Active Offer' of the Welsh language.
Additional Information:	

Date Published 03/08/2020

No noncompliance records found in Open status.