



Inspection Report on

Coed Parc House

Port Talbot

Date Inspection Completed

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About Coed Parc House

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Orbis Education and Care Limited
Registered places	6
Language of the service	English
Previous Care Inspectorate Wales inspection	[Manual Insert] 07 November 2019
Does this service provide the Welsh Language active offer?	Not assessed.

Summary

The care staff at Coed Parc know people well and their care is compassionate and respectful. People feel safe and comfortable in their own personalised flats, they are safeguarded and they are making progress in their communication, life skills and their participation in activities. They are supported to identify and work towards achieving their personal outcomes and to have a presence in the local community. Health outcomes are generally positive, although some improvements are needed in relation to monitoring diets, weight gain and the provision of regular physical exercise for all people.

The home was fully staffed earlier in the year, however, there are now care staff vacancies and regular agency care staff are used by the service. Despite care staff's attempts to minimise the impact of low staffing levels, it does mean activities are cancelled or curtailed on occasions and not everyone is getting out into the community consistently. This is an area for improvement, and we expect the service provider to take action.

The home is safe and repairs are completed in a timely manner. Most flats have suitable facilities to promote independence and the service provider considers and tries out a range of resources to meet particular needs. Communal areas are comfortable and homely and the home reflects a positive value base.

Quality assurance measures are suitable. The Responsible Individual (RI) visits and quality of care reports evidence consultation, the identification of areas of shortfall and the required actions to respond to these gaps. Records show the manager responds to the identified actions to improve the home and positive feedback is received from professionals.

Well-being

People's rights are respected. The service provider regularly consults people about their service and responds to their feedback. People make choices on a daily basis about their clothes, food and activities and they also choose how their flat is decorated and furnished. Some people have advocates and the service provider conducts best interests meetings to ensure any decisions are clear and agreed by all relevant parties. Care staff respond to people in a dignified, respectful manner which promotes their rights.

In the main, care staff support people to be healthy. The majority of people are participating in activities they enjoy which promote their physical health, such as swimming and walking. Some people go out less regularly, they enjoy completing their favoured activities in the home, however, their engagement with regular physical exercise needs to be improved. The meal options are generally healthy, although chips are a regular feature in some people's diets and some are gaining weight. Care staff are responsive to people's changing physical and emotional health needs and they patiently support people to attend appointments.

Overall, people are safeguarded. People communicated to us they felt safe at the home and their individual house meeting records also confirmed this view. Care staff are trained in safeguarding and almost all the care staff we spoke to knew what to do if they had a safeguarding concern. The home is physically safe, repairs are completed in a timely manner and the manager is taking action to ensure all people have information to hand about what to do in the event of a fire. People see their family regularly and the manager responds to any concerns raised by family members.

The home is meeting people's needs. People like their own flats and decorate them to reflect their interests. Their privacy is ensured by suitable window coverings and they have facilities to practice domestic skills safely. The communal areas are homely and promote a sense of belonging and the garden area has suitable leisure equipment.

Care and Support

People are assured the service provider has suitable information in order to meet people's needs. On the whole, initial assessments contain the required information, however, the decision-making section needs to evidence why the service provider is able to meet people's needs. The information in compatibility assessments is quite generalised and would benefit from being more personalised to individual presentations. Personal plans contain comprehensive information about people's needs and risks and detailed guidance for care staff to be able to meet them and keep people safe. They outline the things people wish to achieve but progress is not consistently recorded or outcomes updated. Although personal plans are regularly reviewed care needs to be taken to ensure they are fully up to date to ensure consistency of practice.

People are supported by warm, compassionate care staff who know them well. We observed care staff responding with sensitivity and respect to people; they were able to interpret people's moods by their presentation and they knew and practised their preferred communication style and signs. Records and feedback from professionals are people are making progress with their communication and with care staff's support, the majority are regularly completing daily domestic tasks such as cleaning, laundry and preparing food. People are going out into the community, although the frequency of this can be affected by staffing shortages. People are enjoying drives in the car, some are shopping, swimming and having meals out and they are achieving a regular presence in the community and building relationships within it.

Overall, care staff support people to achieve good physical and emotional health outcomes. Records show people are attending routine health appointments and those with more specialised health professionals. Care staff are attentive, they respond to emerging health needs and they persevere in their support to engage people in physical exercise. People's levels of physical exercise vary and creative approaches are needed to engage those who are more reluctant to take part. Some people choose healthy meal options, however, the offer of healthy meals is not always consistent and some people experience significant weight gain. Records show care staff respond to people's distress in line with their personal plans and low-level interventions are almost always used. The service provider acknowledges the frequency of debriefs has been affected by staffing shortages and the use of inappropriate language at times in records needs to be addressed.

People are safeguarded. Care staff are trained in safeguarding, almost all know their safeguarding responsibilities and action is taken to address any gaps in knowledge. DOLs (Deprivation of Liberty) assessments are up to date and best interests meetings are held to ensure any action taken is respectful of people's rights. There have been very few

safeguarding referrals since the last inspection and people regularly see their families who advocate for them.

Care staff are trained to administer medication and almost all medication administration records are accurate. The inaccuracies are in relation to PRN (as needed) medications which are partly recorded but are not fully reflected on the medication administration sheets. Infection control measures are implemented when risks in relation to covid re-emerge. Care staff follow the infection control policy, our temperature was taken on arrival and a negative covid test was requested.

Environment

The home is suitable for people's needs. Each person has their own flat which they decorate to reflect their personalities and interests to a degree which they are able to tolerate safely. They contain photographs of their family; some have comfortable soft furnishings and their favoured belongings such as books, DVDs and puzzles. People choose their décor and the communal areas contain people's art work and photographs of them happily taking part in activities, which promotes a sense of belonging. The corridors have posters and information which promote safeguarding, good practice and the values of the home.

Most areas of the home are clean, however, some toilets need to be cleaned more thoroughly and some bathrooms had mould. A communal bathroom smelled strongly of urine and the RI advised this was due to be refurbished within the next few weeks. Some bathroom floors are stained around the toilet area and the service provider assured us this will be addressed by either replacing the floor or by use of a specialist steam cleaning tool. The purchase of a specialist, easily cleanable sofa by the service provider means odours are eradicated in a living room area. People's privacy is protected, some by the fitting of specialist blinds within the windows. The chest of drawers in the communal area needs replacing and the RI needs to ensure the mood room is free of any potential hazards at all times.

Overall, the home is safe. Records show fire safety checks are carried out regularly at the required frequency and almost all issues identified in the checks are addressed quickly. Fire drills are held regularly, however, the time of the drill and a record of specific people taking part is not recorded. The manager advised they maintained an overarching record of staff's participation in fire drills to ensure compliance. Although the manager took action previously to address people's non-participation in fire drills, this has not proved sustainable. The manager is taking action to ensure each person has robust and suitably formatted information about fire evacuation put in place in their flat.

Leadership and Management

The service provider ensures suitable information is made available for the service. The statement of purpose is up to date and overall the service we saw reflected it. People have visually formatted copies of their personal plans and their guide to the home and safeguarding information is displayed in a suitable format within the home.

People are not assured there is at all times a sufficient number of suitably qualified, trained and experienced care staff to meet their needs. Approximately a third of the care staff team are qualified, just under a third are enrolled on a suitable training course and the remainder are in the process of completing their Social Care Wales induction. Earlier in the year the service was fully staffed, however, recent rotas show a significant number of days where the numbers of care staff are not meeting the commissioned levels to enable people to meet their well-being outcomes and to be safe. Team leaders are regularly in the numbers and the committed care staff team attempt to reduce the impact of the shortfalls as best they can. Activities, however, are cancelled on occasions and people are not always going out into the community in line with their activity planners. There is a significant use of agency care staff, whose profiles are not sufficiently robust to assure the provider they are suitable to work at the service. The service provider needs to ensure agency care staff are up to date with the training required for their role.

There is a positive culture in the team of care staff. They report feeling valued and supported by their manager and of working well together with an aim to improve people's quality of life. Team meetings evidence an open, transparent dialogue and managers are providing clear guidance regarding practice issues.

The service provider ensures suitable arrangements to monitor and improve the service. The RI makes regular regulatory visits where people, care staff and other stakeholders are consulted and checks are made on a range of service provision areas. The reports of the visits show actions are followed through from one visit to the next. The quality of care report presents information in relation to consultation exercises and provides a balanced representation of progress and areas for improvement within the service. The feedback from families and stakeholders is positive and complaints are dealt with satisfactorily.

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
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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N/A	No non-compliance of this type was identified at this inspection	N/A
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