



## Inspection Report on

**Cae Eithin**

**Swansea**

## **Date Inspection Completed**

01/03/2023

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## About Cae Eithin

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Accomplish group ltd
Registered places	3
Language of the service	English
Previous Care Inspectorate Wales inspection	<a href="#">5 July 2021</a>
Does this service provide the Welsh Language active offer?	This service is working towards an 'Active Offer' of the Welsh language and documentation is available bilingually. There is currently no support staff able to deliver care entirely in the Welsh language should it be requested.

### Summary

Cae Eithin is a small, homely care home situated in Morryston, Swansea. The service provides support to female adults with mental health support needs and/ or learning disabilities.

People are settled in the service with some having lived there for many years. People have friendships with each other as well as with the consistent, supportive staff team. People receive care using a mental health recovery approach which involves them throughout where possible. Personal plans reflect the goals and ambitions of people, and these are updated routinely showing progression towards these goals. The care team know people they support very well and receive training regularly to keep them up to date with their skills and knowledge in their roles. Care staff receive routine supervision; however, improvements are needed to ensure appraisals are carried out annually.

At the time of this inspection the manager was on leave, however the deputy manager has worked in the service for several years and is well respected by people and the care team. The Responsible individual (RI) visits the service frequently and speaks with people and care staff to understand their experiences in the service and this is used to drive improvements.

## Well-being

People have a voice and are treated with dignity and respect. Personal plans are developed with people when possible and encourages them to pursue their own goals and ambitions. Routine reviews are carried out with people and their keyworker, and any changes reflected. The RI visits the service regularly and engages with people and care staff to understand their views and experiences of living/ working at the service and this information is then used to note any improvements or ideas that people may have for the service.

People are protected from harm and neglect. The current care team has worked at the service for several years and have built good relationships with people they support. All Care workers have completed up to date safeguarding training and understand their roles and responsibilities to report any concerns. There is a safeguarding policy in which reflects the Wales Safeguarding Procedures. There are good maintenance checks to maintain the safety of the environment in the service. Risk assessments are in place and substances or items hazardous to health are stored securely. The service follows the up-to-date guidance to minimise the risk of cross infection to people.

People's physical, mental health and emotional wellbeing is promoted. People are encouraged daily to go out into the community and spend time away from the service and do things they enjoy. Care workers supporting people know them well, recognise signs of ill health and seek additional support promptly. Medication management systems in the service are good.

The provider is working towards an 'active offer' of the Welsh language (This means being able to provide a service and documentation in Welsh without people having to ask for it). The majority of people residing in the service are fluent Welsh speakers, but at present, staff members are not able to fully converse with them in Welsh. Care workers are learning the language and documentation is available to people in Welsh. We discussed this with the deputy manager and when vacancies for staff arise in the future, the ability to speak Welsh will be prioritised.

There is good oversight of the service. The deputy manager has been in post for several years and has a good rapport with both people and staff and is well-respected in the service. The equally dedicated care team are content in their roles and feel supported and valued despite annual appraisals not being completed. There are good systems in place to monitor the service, with the RI visiting frequently, speaking with people, and completing the required regulatory reports.

## Care and Support

People are involved in the development of their personal plans of care as much as possible. We looked at two care files and saw a recovery-based care planning system in place. As Cae Eithin is a service that supports people with mental health issues, the care plans in use are mental health recovery tools where people are encouraged to follow a self-led pathway where possible to develop their independence in different ways. People have a named keyworker who supports them with this and have regular meetings with them to review their progress. Risk assessments are also in place for people, and these give care workers the best ways to support people at different times of need.

There are good systems in place for the management of medication in the service and to maintain people's health. There are locked medication cupboards in the office which is also locked unless manned. We looked at the medication file and saw Peoples' Medication Administration Records (MAR). we found these to be completed accurately with visible signatures in place. We saw that routine auditing of medication takes and routine medication counts in place to minimise the risk of medication errors. There is a temperature log in place to ensure the room remains a safe temperature to store medication and no gaps were seen in these records. Care workers and the management team know the people they support well and can quickly identify any deterioration in their health and seek medical or professional support as appropriate.

The provider has mechanisms in place to safeguard the people they support. We saw that people who are unable to make decisions about their care, support, and accommodation themselves have appropriate Deprivation of Liberty Standard (DoLS) authorisations in place. All care workers are up to date with safeguarding training and are aware of the procedures to follow and their responsibilities to report any concerns. The provider has a policy in place which has been reviewed to reflect the Wales Safeguarding procedures. The service is well-maintained and the garden to the rear is secure. People told us they feel safe in the service and one said, "*it's nice here, I like it and I feel safe*".

## Environment

The provider ensures the environment promotes the achievement of people's personal outcomes as much as possible. Cae Eithin is located in a residential housing estate and does not stand out from the other houses in the street. The service has its own vehicle and driveway and a secure garden to the rear. At the time of this inspection a summer house was under construction and the garden had been levelled and base laid in preparation for its installation. The service itself has a comfortable communal lounge/ diner downstairs as well as the kitchen, office, separate WC, and a bedroom. Upstairs there is a further two bedrooms and the main bathroom. One of the bedrooms has en-suite facilities. We found all communal areas to be clean, tidy and comfortable and people were relaxed spending time in them. Substances hazardous to health are stored in appropriate locked cupboards.

The service provider has procedures in place to identify and mitigate risks to health and safety. There is a maintenance file in the service and routine checks are carried out to ensure any risk to health and safety is minimised at all times. This includes daily weekly, and monthly checks in accordance with the company's policies and procedures. We found these checks to be completed and up to date with no gaps. We saw a second health and safety file which contains up-to-date certificates for fire safety and annual servicing checks on utilities in the service which includes gas and electricity. The provider has a maintenance contract with an external provider. Where maintenance requirements of the service are requested and then carried out in order of priority, decided by the management.

The service has good procedures in place for the management of infection control. Having recently recovered from a Covid-19 outbreak, we were asked on arrival to evidence a negative lateral flow test for Covid-19 and sign in the visitors' book. As everyone has now recovered from this, there was no longer a need to wear facemask in the service, however the service continues to work in line with governmental guideline changes and the providers infection control policy as required.

## Leadership and Management

There are arrangements in place for the effective oversight of the service through ongoing quality assurance. We saw in the visitors' book that the RI visits regularly, almost every month and where possible this is evidenced in their RI visit reports. These reports are detailed and include feedback from people and staff about the service and any issues raised are noted and improvements planned. Documentation in the service is viewed by the RI to ensure compliance and adherence to the companies' procedures. A bi-annual quality of care report is written by the service manager to provide an oversight of the service and what it does well, and any improvements identified. These reports are very specific to the service as it celebrates individual achievements and events for people supported. Services are delivered in accordance with the statement of purpose (SOP) and the providers policies and procedures which are reviewed routinely as required or to reflect any changes in legislation.

People have a dedicated care team who are recruited appropriately and feel supported in their roles. We looked at two personnel files and saw all required documentation for pre-employment, and recruitment checks are in place. Disclosure and Barring Service (DBS) checks are completed and updated as required. The training matrix was viewed and almost 100% of the staff are up to date on the providers mandatory training requirements which includes: first aid, infection control and fire safety. Additional completed training which is more specific to the needs of the people supported in Cae Eithin was also high at over 95% up to date. Care workers feel valued and supported in their roles, one said, *"I love working here it's really nice"*, and another, *"Doesn't feel like coming to work really as it's just really nice"*. We saw care workers receive routine supervision, however: annual appraisals have not been undertaken for some time. The deputy manager is aware of this and told us it was being prioritised. Whilst this has no impact on the well-being of people receiving the service, annual appraisals are a regulatory requirement therefore this is an action for improvement, and we expect the provider to address this by the next inspection.

There is good oversight of financial arrangements and investment in the service. We saw that the service is well maintained, and since the last inspection new furniture is in place in the lounge and dining room. Communal areas and the office have also been redecorated. Staffing levels appear appropriate to meet the needs of people, and people can go out with the required amount of support in place. Ongoing investment to improve the environment is also evident with the construction of a summer garden under way.

### 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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36	There are large gaps in time in the frequency of annual appraisal.	New
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