



Inspection Report on

Cae Eithin

Swansea

Date Inspection Completed

16/01/2024

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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	21 February 2023
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

Cae Eithin is a small care home for adult females with mental health support needs. Situated in a housing estate with a small enclosed rear garden and parking on the driveway. Cae Eithin is a very homely service which is very personalised to the people living and working there.

People are settled and see care staff and others in the service as friends and are happy with the support they receive. Personal plans are well written, and people can influence changes in them through regular meetings with their keyworker. Risk assessments are also in place to ensure people receive the appropriate support at times of need. People have active lives and are often out in the community doing things they enjoy.

Care workers are recruited, trained, and supported well. People have built up good relationships with the care team and manager. The manager is still relatively new in the role however feedback about them is very positive, they are visible in the service daily, approachable and know the supported individuals and staff team very well.

There are good systems in place for oversight of the service. The Responsible individual (RI) visits regularly to obtain feedback from people and staff and regulatory reports are completed in a timely way.

Well-being

People are listened to and have a voice in the planning of their care and support. Personal plans are specific to each person in the service and are reviewed routinely and updated to meet their changing needs. People have monthly meetings with keyworkers to voice their opinions on their development and set their own developmental goals. Personal plans reflect these discussions and detail people's support needs, their goals and ambitions. People are encouraged to give their views on the service and suggest improvements to the manager regularly and the RI when they visit.

People's emotional well-being, physical and mental health is promoted. People have active and busy lives and participate in numerous activities away from the service. There is a consistent and stable staff team in the service and care staff know the people they support well, recognising any changes in their presentation or health and take appropriate action. Medication is managed well in the service. Medical appointments both routine and as needed are documented appropriately in care records.

People are protected from harm and neglect. Deprivation of Liberty Safeguards (DoLS) are in place for people who are lacking in capacity to consent to some aspects of their care and support. All care staff have completed mandatory safeguarding training and have a good understanding of their responsibilities. Risk assessments are in place to correspond with personal plans with support methods to use at different times of need. There are security arrangements in place to keep people safe in the service. The provider has good oversight of maintenance in the service to ensure the property remains safe for people. There are good pre-employment checks in place to ensure care workers employed are suitable for the role. The provider has policies and procedures in place to ensure the safety of people in its services.

There is good oversight of the service. There are multiple auditing tools in use by the manager in the service to maintain oversight. The RI visits routinely and carries out audits of systems and speaks with people to obtain their views on the service to drive improvements. Being part of a large provider there are teams who take responsibility for different parts of the service, for example the human resources department is responsible for recruitment and ongoing vetting checks, the estates team oversee maintenance requests and so forth. Overall, the teams work well together to ensure all is as it should be in the service. Regulatory reports and notifications are completed as required at the right intervals.

Care and Support

People receive a service that is designed in consultation with them and considers their personal wishes, aspirations, and choices. People's care and support needs are documented on mental health recovery plans which focus on what people can do and how this can be built upon to increase their independence. People are encouraged to self-assess and set their own targets to achieve in a proposed timescale. We saw that these are reviewed with people on a regular basis with named keyworkers who they know well. Signatures of people are recorded where possible to evidence their involvement in the process, those spoken with confirmed this. People also have individualised risk management plans in place that gives care workers the information needed to recognise any signs of ill health and how best to support people at different times of need. We saw that these are also reviewed routinely, and updates recorded appropriately.

The service has safe systems in place for managing medication and monitoring people's health. Medication is stored securely within the office and each person has their own locked cupboard. We saw temperature checks take place daily to ensure medication is stored at appropriate temperatures. The manager explained that daily counts take place of medication which minimises errors. In depth audits also take place routinely. We viewed a sample of Medication Administration Records (MAR) and these were completed correctly with no errors visible. The provider ensures information is available for staff for all prescribed medication including those prescribed 'as required' (PRN). This gives the care team the knowledge to identify any side effects and any actions to follow if observed. The consistent and stable staff team in Cae Eithin means care workers know people very well and recognise early indicators of ill health. We saw prompt action and intervention support is sought as and when required and documentation in care files.

People are supported to do things that matter to them and are protected from neglect and harm. One person went out during the inspection, and another was planning on going out later in the day. We saw people are supported to do crafts and activities that they enjoy and saw lots of photos in care files of what people had been doing in recent months. Family members are encouraged to visit, or people are supported to visit family routinely. All care workers in the service undertake safeguarding training and are aware of their responsibilities to report any concerns they may have about people. Appropriate Deprivation of Liberty Safeguards (DoLS) are in place for individuals who lack capacity to consent for some elements of their care and support. There is a safeguarding policy in place which has been reviewed to reflect the Wales Safeguarding procedures.

Environment

Cae Eithin is a very homely service which meets the needs of people. The service is one of many properties on a domestic housing estate and has its own driveway and enclosed rear garden. Since the last inspection a summer house has been built in the rear garden which provides an additional communal space to the service. The manager explained that it is currently awaiting damp proofing, electrical wiring and a form of heating installed so that it can be used year-round. There are ongoing plans to improve the service further which includes the installation of a new kitchen later in the year. People living in the service voted on the colour schemes for this. As well as this, there will be a separate utility cupboard installed for laundry facilities, and improved storage for chemicals hazardous to health which come under the control of substances hazardous to health (COSHH) regulations. The lounge area is also going to be painted and the office refurbished within the improvement plans. Bedrooms remain personalised and a lot of effort has been made to assist people to declutter.

The provider has good procedures in place to identify and minimise any health and safety risks in the service. The service has a maintenance book which was viewed. We saw daily, weekly, and monthly checks in the service are completed. These checks include fire safety checks, water temperature checks, visual environmental checks by the manager and more. There is a fire risk assessment in place which is reviewed annually. People living in the service are aware of the evacuation procedures in the case of an emergency. All utilities supplied into the service including gas and electricity are serviced as required and certificates are in place to evidence this. The provider has external contractors to carry out all maintenance procedures in order of priority as determined by the manager and RI.

Leadership and Management

Cae Eithin is one of several services operated by the provider. There are consistently good systems in place to oversee the service effectively through ongoing quality assurance and regular monitoring. The manager undertakes routine audits within the service which are overseen by the RI. During regular RI visits dip sampling of care and personnel files is undertaken, as well as checks on documentation in the service and speaking with people and staff to obtain feedback to drive improvements. The RI documents the outcome of these visits in their quarterly reports. We looked at the recent bi-annual quality of care review which celebrates achievements within Cae Eithin and an overview of the service overall and how it is performing. We viewed the service's Statement of Purpose (SOP) which continues to give a good reflection of the service and what it provides for people. We read a sample of the provider's policies and procedures and saw that these are reviewed routinely and updated as required to reflect any changes in legislation.

The provider has good processes in place to ensure care workers are recruited, supported, and trained appropriately in their roles. The provider's human resources department carries out effective background checks on all care staff prior to employment and we saw copies of pre-employment checks and references in place in personnel files. Up to date Disclosure and Barring Service (DBS) checks are also in place for care staff. We looked at two personnel files and checked supervision and appraisal records. Supervisions take place as required and we saw appraisals are also now taking place annually as required by the regulations. We looked at the training matrix and saw nearly all staff (97%) are up to date with the service's mandatory training which includes safeguarding, medication awareness and infection control. 87% of staff are also up to date with the service specific developmental training which includes active support, mental health, and autism awareness and much more. Feedback from care staff about working in the service and the support they receive was very positive, comments included *"the manager always ensures staff feel valued and listened to"*, *"We have an excellent manager and deputy"*, and *"It's an awesome job role, watching and supporting people we support achieve goals is something you can't put a price on"*.

There is good financial investment in the service. As mentioned previously, there are lots of plans for refurbishment in the service over the coming months. Staffing levels appeared appropriate on the day of the inspection to meet the needs of people. The service does not use agency staff and there is only one vacancy which is ongoing. Staff are happy to do additional hours until the vacancy is filled at present.

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

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