

Inspection Report on

The Paddocks

Swansea

Date Inspection Completed

15/01/2024



About The Paddocks

| Type of care provided | Care Home Service |
|---|---|
| | Adults Without Nursing |
| Registered Provider | Accomplish group Itd |
| Registered places | 5 |
| Language of the service | English |
| Previous Care Inspectorate Wales inspection | 19 August 2022 |
| 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

The Paddocks in a small care home for male adults with mental health support needs. There is a new manager in post who is supported by an established deputy and dedicated care team. People receive a good standard of care in the service and have up to date personal plans in place that are very specific to their individual needs. People are encouraged to be involved in the development of their personal plans and their independence is promoted as much as possible. Care workers know the people they support well and feel valued in their roles. The provider has safe recruitment procedures in place for new staff and good support is offered to staff though regular training, meetings, supervision and appraisals.

The Paddocks is a very homely service and there have been and continues to be a lot of refurbishments taking place to ensure it continues to meet the needs of people living there. The service is clean and well maintained. The provider has good oversight of the service. Routine visits take place by the responsible individual (RI) to support the management and oversee how the service is performing, people and staff are asked to provide feedback to drive improvements in the service and all regulatory documentation and notifications are completed as required.

Well-being

People have a voice in the planning of their care and are encouraged to give their feedback to drive improvements in the service. Monthly meetings take place between people and their named keyworker where they can discuss all aspects of their lives, care, and hopes for the future. Personal plans contain good information about peoples support needs and their goals and ambitions. Corresponding risk assessments are also in place, and these contain information on how best to support people at different times of need. The monthly keyworker meetings infirm any changes needs to these documents which are updated as required. People are encouraged to give their views on the service and suggest improvements when the RI visits.

People are protected from harm and neglect. Care staff complete mandatory safeguarding training and those spoken with are aware of their responsibilities to safeguard the people they support. Personal plans are supported with detailed risk assessments. People who are lacking in capacity have appropriate Deprivation of Liberty Safeguards (DoLS) in place. The provider has up to date policies and procedures in place that are reviewed appropriately. There are security arrangements in place to maintain the safety of people in the service and to ensure people living in the external buildings are safe. The provider ensures robust recruitment checks are completed for new care staff. Care staff receive good training and support in their roles.

People's emotional well-being, physical and mental health is promoted. People lead active lives and regularly go out to do activities away from the service. Care workers know the people they support well and can recognise any changes in people's presentation and health to take appropriate action. There are good procedures in place to manage medication in the service. People are supported to attend routine medical appointments as needed and these are documented in care records.

There is good oversight of the service. The Paddocks in one of multiple services of a very large provider. There are many benefits to this for the service as there are teams of people involved in various aspects of the oversight of the service. This includes the RI, area and regional team managers, Human resources department, estates, maintenance, health and safety and more. This is good support for the management team who carry out multiple inhouse audits and produce reports for the provider. The RI supports the management team well and visits the service regularly. All required reports and notifications are completed in a timely way.

Care and Support

People are supported with up-to date personal plans of care that reflect their changing needs well. The service uses different care plan formats, depending on the needs of individuals. Mental health recovery support plans are in place which encourage people to develop their independence as much as possible. Specific care plans are in place to detail care and support needs of individuals who are already as independent as they can be, and how to maintain this. People have a named keyworker who know them well, monthly meetings take place with them and their personal plan, goals and general feelings in the service are discussed and recorded. Where possible people sign these documents to confirm their inclusion. Detailed risk management plans are also in place which notify care workers of the best way to support people at different times of needs. Personal plans and risk assessments are reviewed and updated to reflect any changes noted as needed.

There are good systems in place to maintain people's health and manage medication in the service. We saw medication is stored securely with temperature checks in place. Improvements are being made to the medication cupboard at present and we were told that a new made to measure medication unit was being ordered. The service carries out daily counting of each medication to minimise medication errors and address any issues in a timely way. Routine audits are also in place. We looked at two Medication Administration Records (MAR) and found these are completed accurately. Good records are in place for medication prescribed 'as required' (PRN), including detailed information regarding side effects to be aware of and actions to follow if observed. People are supported by care workers who know them well and seek prompt support if there is any deterioration in health. Good records of medical appointments and consultations were seen in care files.

There are good systems in place to ensure people are occupied and are protected from neglect and harm. During the inspection most people were being supported in the community. We saw records indicating people routinely went out, into town, to watch football, visiting family and more. Some people can leave the service independently however others require support. People who need support to leave the service have appropriate Deprivation of Liberty Safeguards (DoLS) in place. A DoLS is a legal procedure to protect people who lack capacity and are deprived of their liberty in care homes or hospitals. Care staff complete training in safeguarding and those spoken with understand their responsibilities to report any concerns they have about the people they support. There is a safeguarding policy in place which has been reviewed to reflect the Wales Safeguarding procedures.

Environment

The Paddocks is a welcoming and homely service that supports people to meet their personal outcomes. The service sits in its own grounds with lots of outside space available for people to enjoy and parking facilities. Railings are in place to assist those with mobility issues. During the inspection a new fence was being erected in the garden. Builders were also working within the main building where the existing bathroom has been converted into an en-suite bathroom for one of the bedrooms and a separate toilet for staff use. We saw another ensuite bathroom has also been refurbished into a wet room since the last inspection. These changes have been prioritised by the provider to ensure the service continues to meet their needs of people and changes to their mobility. We saw that upgrades are also in progress for medication storage in the service Communal areas are nicely decorated and furniture is in good state of repair. Bedrooms are personalised and people can influence and choose in their décor etc. one person's room is currently being refurbished and they told us they picked the new colour scheme. The main building has three bedrooms al with their own toilet and washing facilities and there are two separate flats on the property which are used to further promote and develop independence of people.

The provider has good procedures in place to identify and minimise any health and safety risks in the service. We looked at the maintenance book where all daily, weekly, and monthly checks are completed, no gaps were seen. These checks include environmental checks by the manager, fire systems, water temperature checks and more. We saw the fire risk assessment is reviewed annually and every person living in the service has their own personal evacuation plans which they have read and understand- this is evidenced on the form. Routine servicing takes place on utilities in the service, i.e., gas and electric etc and certificates are in place for these. The provider has maintenance procedures in place with an external contractor who respond to requests in priority order once agreed by the provider. We saw that annual Health and safety audits are carried out by the provider and any actions needed are addressed at appropriate time scales.

Leadership and Management

People are supported by a care team who are recruited, supported and trained appropriately in their roles. As The Paddocks is one of many services, the provider has a human resources department who are responsible for recruiting care staff appropriately. We looked at two personnel files and found all documentation required in place for safe recruitment. This includes previous employment references and up to date Disclosure and Barring Service (DBS) checks. Care workers and the management team receive regular supervision sessions and annual appraisals. We saw the training matrix and saw that most staff were up to date with the provider's mandatory training requirements and service specific developmental training. Gaps seen were mainly for staff new in post or those who have left and not yet removed off the system. Feedback from care staff about working in the service was positive, comments included "I feel very valued here, we all work well as a team" and "it's one of the best places I've ever worked".

The provider has good systems to oversee the service effectively through ongoing quality assurance and routine monitoring. In house audits are carried out by the management team in the service and logged into the providers software system. The RI visits the service regularly and during visits double checks the management audits and carries out further checks on documentation and dip sampling of care and personnel files. The outcome of these is recorded in the RI quarterly reports. People and staff are encouraged to provide feedback about the service during these visits also to seek their views and drive improvements. We saw the recent bi-annual quality of care reports and saw within this a good overview of how the service is performing and celebration of achievements. The service's Statement of Purpose (SOP) has recently been updated to reflect the change of manager in the service and it continues to give a good reflection of the service and what it provides for people. We viewed a sample of the provider's policies and procedures which have been reviewed and updated to reflect any changes in legislation where required.

There is good financial investment in the service. During the inspection as previously mentioned, there was a lot of maintenance and refurbishment work taking place in the service. Staffing levels meet the needs of people, and some were being supported in the community with appropriate staffing ratio's during the inspection. The service no longer uses any agency staff, so continuity of care has improved.

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

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