



# Inspection Report on

**Cedar House**

**6-10 Llys Gwynfryn  
Neath  
SA10 7UB**

## **Date Inspection Completed**

17/11/2023

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## About Cedar House

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Accomplish group ltd
Registered places	14
Language of the service	English
Previous Care Inspectorate Wales inspection	23 May 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

Cedar House is a small care home service for adults with physical and mental health support needs. The service shares its location and parking facilities with another of the provider's services.

People appear content and settled in the service and are supported by dedicated care staff who understand their support needs. Up to date personal plans are in place that reflect people well and how best to support them at different times of need. There is a refurbishment plan in place to improve the environment, which is homely, but in need of some repair.

There is a manager in post who is supported by a deputy and senior care team. Care staff receive routine supervisions, annual appraisals, and regular training. The provider has recruited many new staff which should minimise the use of agency staff in the service which is impacting staff morale. The manager has good oversight of the service with routine audits in place. The Responsible individual visits the service routinely, supports the manager and seeks feedback from people and staff to drive improvements and regulatory reports are completed in a timely way.

## Well-being

People have a voice and are treated with compassion and respect. People are encouraged to be involved with the development of their care plans as much as possible. People have designated key workers who carry out one to one meetings with them to review their care plans. Personal plans are up-to-date and outline support needs of people well and detailed risk assessments tell staff how best to support people at different times of need. The RI speaks with people and staff to hear their feedback about the service and determine any areas in need of improvement.

People's emotional well-being, physical and mental health is promoted. There are good systems in place to manage medication in the service. Although there is a high level of agency staff in use at present, the senior care team know people in the service well and can recognise any signs of ill health in people and take prompt action. People regularly go out to the community and participate in activities within the service.

People are protected from harm and neglect. Care staff are recruited safely with background and police checks in place. The provider has an up-to date safeguarding policy in place. All care staff undertake safeguarding training as part of their mandatory training requirements. All those spoken with know how to respond to any concerns they have about people they support. Risk assessments in place assist care workers to support people effectively at different times. There are security arrangements in place in the service to maintain the safety of people in the service.

There are good procedures in place to maintain effective oversight of the service. The provider has many services and as a result there is a very large team of staff in place to assist with the oversight of the service. This includes a dedicated human resources department for staff recruitment, a health and safety department for environmental oversight and the RI who provides support for the manager. Regular visits from the RI take place and detailed regulatory reports are completed as required.

The provider does not provide 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). There are Welsh speaking people living in the service and where possible staff do try to use basic Welsh words in conversation. Welsh documentation is not currently required in the service; however, the provider is able to translate key documents into Welsh if required. Welsh speaking staff are prioritised, during recruitment.

## Care and Support

People and or their representatives are involved in the planning of their care where possible to ensure their care needs are met in a way that suits them. We viewed two care files and found both were up to date with current information and reviewed routinely. Specific support plans in place are focussed on people's goals and what they would like to achieve. These cover all aspects of daily living including communication, relationships, mental and physical health, appointments, medication, community access and activities. Detailed risk assessments correspond with these support plans and are also reviewed routinely. People's signatures in agreement of their support plans were seen where appropriate and on one-to-one meetings with key workers which take place routinely.

There are systems in place to safeguard people in the service. Care workers receive safeguarding training and those spoken with have good knowledge of their responsibilities and how to report concerns they may have about people they support. There is a safeguarding policy in place which is reviewed as required. Deprivation of Liberty Safeguards (DoLS) are in place and up to date for people who do not have the capacity to make decisions about their accommodation, care, and support. DoLS requests and any safeguarding concerns are notified to care Inspectorate Wales (CIW) appropriately.

People can do things that matter to them. During the inspection, many people were leaving the service to participate in various activities in the community either independently or with support. We were told this is a daily occurrence in the service and regular outings include going to the local shops, into town or down the beach. We saw people in the lounge looking at maps, doing a jigsaw and arts and crafts during the visit. Some people were also enjoying watching television in their own rooms.

Overall, there are good systems in place to manage medication in the service and monitor people's health. There is a designated medication room on each floor in the service and we viewed these. Both were organised and tidy. Current medication is locked in trolleys with surplus medication in labelled locked cupboards. The room is locked when unmanned. We looked at Medication Administration Records (MAR) and found these are completed correctly with appropriate signatures in place. Medication is counted daily to minimise errors. Good records are in place for any use of medication prescribed 'as required' (PRN). Senior care staff responsible for medication in the service have been in post a while and know the people they support well. This enables them to seek medical advice promptly when any deterioration in health is recognised. Daily recording in the service has improved since the last inspection, concise daily recording sheets are now in place where all aspects of care be monitored quickly including fluid and nutritional intake and any medical intervention needed.

## Environment

The provider ensures individuals' care and support is provided in a location and environment promotes achievement of their personal outcomes. Cedar House has a large garden to the front adjacent to the shared car park with the provider's other service. There is also a smaller outdoor space to the rear of the building and outdoor storage units. There are some refurbishment works needed to the interior of the service, namely general painting and decorating and there are quite a few areas where plaster is missing from walls and door frames are damaged through accidental damage from mobility vehicles. Carrying out these works is already a priority in the service and refurbishment works have already been requested by the service manager. We saw the refurbishment plan which confirmed this. Despite this, the service is homely and welcoming. Each floor has a communal lounge and dining room and kitchen area. The main kitchen is on the ground floor. Bedrooms are personalised with en-suite facilities. The office is located on the ground floor and laundry room to the rear of the service, which is locked when unmanned.

There are good procedures in place to maintain the environment and mitigate risks to health and safety. The provider has maintenance books in place for all services to ensure daily, weekly, and monthly checks of different aspects of service are checked and maintained routinely, these checks include fire emergency exits and fire systems checks as well as general checks of the environment. We saw that these are up to date. Certificates are in place to evidence routine servicing of utilities in the service take place, this includes Gas, electricity, and Water checks. Cedar House is one of many services of the provider, where there is an external contractor in place to carry out maintenance in the service. These are requested by the service manager and once agreed, these works are carried out in order of priority. As mentioned previously the service have requested extensive refurbishment works and are awaiting confirmation and start date for this to commence.

## Leadership and Management

The provider has effective oversight of the service through ongoing quality assurance. There is a manager in the service who has been in post several years who is supported by a dedicated deputy and senior team. At the time of this inspection, there is a reliance of agency staff in the service which is being resolved by a recruitment drive where lots of new staff are being recruited. Staff morale is low at present due to the constant introduction of new staff. The management are aware of this and the need to improve morale whilst introducing the new care staff. The RI visits the service regularly and obtains feedback from people and staff during these visits. Dip sampling of files and documentation is also looked at during these visits and any improvements required noted on the RI quarterly form. We saw the recent bi-annual Quality of care review which gives a good overview of the service, celebrates the achievements of the service and any areas of improvement identified.

People have access to information about the service. There is Statement of Purpose and a guide to the service which reflects the service well so people know what they can expect to receive. We viewed a sample of the provider's policies and procedures which have been reviewed as required and updated to reflect any changes in legislation.

People are supported by a care team who are recruited appropriately, are trained, and receive routine supervision. We viewed four personnel files where good pre-employment, and recruitment checks were in place. This includes up to date Disclosure and Barring Service (DBS). Care staff receive routine supervision on a quarterly basis and annual appraisals as required. We viewed the training matrix and saw that nearly all staff (96%) are up to date with the provider's mandatory training which includes moving and handling, first aid and safeguarding. Almost 95% of staff are up to date with the service developmental training units which is specific to the people living in the service and includes mental health disorders and substance misuse. Feedback from care staff was very positive about the training they receive in their role. However, feedback about the level of support they receive was mixed, with some saying that this was primarily down to pressures of having fewer regular staff on duty and a higher use of agency staff. Comments include "*at the moment I do find we are under a lot of pressure, we have quite a bit of agency staff and they need time to settle*" and "*very stressful at the minute, more to do with staffing levels and agency.*" The manager is aware of this and hopes to improve staff morale in the coming weeks whilst integrating new care staff into the team.

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