



Inspection Report on

Garthowen

**Garthowen
Llandysul
SA44 4UD**

Date Inspection Completed

06/07/2022

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About Garthowen

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Achieve together Ltd
Registered places	8
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	Working Towards. The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

People are supported by a dedicated and committed staff team, who know them well. However, we have issued a Priority Action Notice (PAN) because there are not enough numbers of staff on duty to support people in line with their needs. The staffing levels are putting people and staff at risk and we have issued a PAN and expect the provider to ensure people's safety and well-being are protected.

The environment meets people's needs and they can personalise their own rooms. The provider is in the process of upgrading the service.

The provider's oversight is not sufficient, and we have issued a PAN because the staffing levels do not support people to achieve the best possible outcomes. The Responsible Individual visits the service in line with the regulations, but we have identified their reports as an area for improvement. We expect the reports to evidence more detailed discussion with people, and/or their representatives and staff to improve the quality of service.

Well-being

People are safe and protected from harm and abuse. Support workers know their responsibilities to report any safeguarding concerns and would take the action necessary to make sure people are properly safeguarded.

The physical environment contributes to some degree to people's well-being as bedrooms are personalised and well maintained, but other parts of the home and gardens would benefit from some additional cleaning, maintenance and repair. Some new furniture has recently been delivered and new windows have been ordered.

Staff do not always feel valued or supported by the managers but do consider they have a good team of support workers. Staff feel the staffing levels have negatively impacted the service in recent months but remain committed to the people they support. Supervision records are maintained but care workers do not always consider the supervision process is robust and an accurate record of discussions had.

There are some opportunities for people to do things that are important to them but staffing levels have meant people have not always been able to do the things they enjoy away from the home. Staffing rotas are not always accurately maintained and are not a true record of staff available for work. Support workers are working long and excessive hours, which is putting them at risk of making mistakes and becoming fatigued. People are not being supported to achieve their health and well-being outcomes and a full assessment of staffing levels is required.

Governance arrangements and oversight of the home lack rigor. People do not have a voice in reviewing the service because the RI does not consult with them and/or their representatives with sufficient detail. The RI visits the service in line with the regulations, but these visits are ineffective and have not picked up on safeguarding issues raised by staff. There is no clarity on whether people receive their contracted hours of individual support. Support workers tell us they are often in the position of one staff, instead of the required two, providing personal care. This is potentially unsafe for both the person and the worker and is not in-line with their support plan.

Care and Support

People are supported by workers who are warm, friendly and patient. There is a genuine fondness for people, and staff told us *“the people we support are absolutely lovely. It’s like a family”*. We saw some positive interactions with staff telling one person they looked *“beautiful”* when they came into the lounge. However, the number of staff on duty each shift means people are not always able to do things they enjoy, such as swimming, karaoke, attending a day service, etc. During the inspection, one person was going to a health appointment and chose to combine this with going out for lunch. Support workers feel that with additional staff they will be able to assist people to do more things away from the home. People can do some things they enjoy in the service, for example sensory activities, watching DVDs and baking.

The manager is confident people receive the hours they are assessed as needing and told us this is allocated by ‘head office’. However, support workers said they do not have enough staff to meet people’s health and well-being needs. One told us *“It’s a nightmare because you’re doing the best you can with not enough staff and I feel we’re letting people down”*. Plans do not provide evidence of how and when those one to one, or two to one hours of support are offered. Daily records are informative, but do not always evidence care is offered in accordance with the support plans. For example, one person’s plan states they like a shower every other day, but the daily records do not provide evidence the person is offered support with this. However, another person’s support plan states they enjoy cooking and we were told they had done some baking the previous week.

People’s physical health needs are generally met and they attend health appointments. Medication is reviewed and the records show people receive medication in accordance with their prescriptions. However, moving and handling is not always carried out safely. Two care workers have been identified as needed to help one person to safely mobilise, and whilst there are always two staff to use the hoist, personal care is often delivered unsafely by one care worker due to staffing shortages. Care workers are often in the position of carrying out this aspect of the person’s care alone as they consider the risks of not doing so are too high for them and the individual. People are not always able to choose the time they go to bed or get up, although care workers do feel people enjoy spending time in their room.

The provider does not ensure care and support meets the needs of individuals or supports them to achieve health and well-being outcomes. We have issued a Priority Action Notice (PAN) and expect the service to be staffed according to peoples assessed needs.

Plans are up to date and detailed with a personal profile; people’s likes; dislikes and how they communicate. Consideration has been given to whether people require a DoLS

(Deprivation of Liberty Safeguards) assessment. However, they do not detail how people are supported in line with their specifically allocated one to one or two to one time. Care records provide evidence of staff making real efforts to engage with people. One person was off their food and staff went the extra mile to get them their favourite meal. Some of the language used is not always a good reflection of person centred support, with words like *"toileted"*; *"showered"* and *"was got up"*. Our observations of interactions between workers and those they support were friendly, caring and reflect the comments made by staff about how people *"are loved"* by them. Some support workers find the plans helpful and some said they do not have time to read them. Support workers know people well and know who and what is important to them.

There is an understanding of the importance of good nutrition. Care workers know what people like and dislike and meals are offered based around this. Lunch is informal and when we asked what was on the menu, staff's response was *"whatever people want"* which shows respect for people as individuals. One person's support plan states they like spicy food and an appropriate meal was offered to them.

Environment

People live in a service which is suitable for their needs. Bedrooms have been decorated in the person's choice of colour and decorated with ornaments; photographs and other items of importance to them.

Access to the service is controlled by staff. Visitors are required to ring a doorbell which is answered by staff. They are also required to show evidence of a valid negative lateral flow test (LFD). People can move freely throughout the service as most areas are kept open. As well as their bedrooms, people can spend time in the lounges or dining areas.

Support workers maintain the environment as well as supporting people. Some areas need a more thorough clean and parts of the home would benefit from some refurbishment and repair. New windows and flooring are on order, but the date for this work to be done is not yet set. The garden area is private and secluded, but some maintenance work is needed to enable people to enjoy these spaces. Some general housekeeping is needed as cupboards in the clinical room are being used for non-clinical items.

The kitchen has been recently refurbished and appears clean and well equipped. It was awarded a rating of one (major improvement necessary). This assessment took place before the new kitchen was fitted and the provider has requested a further assessment. It appears clean and well equipped.

Leadership and Management

The providers oversight of the service is inadequate. Issues raised by staff to CIW and safeguarding were not identified by the RI or managers. The provider does not ensure the service meets peoples' needs because there are not enough staff. We have issued a PAN and expect the provider to improve their oversight of the service.

The provider does not have enough staff on duty to keep people who live and work at the service safe or support them to achieve their outcomes. Staff numbers have an adverse impact on support workers' ability to carry out their duties safely and effectively. Examples include unsafe Moving & Handling practices by one support worker when there should be two and people are unable to do important activities away from the service. A support worker told us *"The people we support are absolutely lovely but it's not fair because they don't have a good quality of life at the moment because of the lack of staff"*. We have issued a PAN and expect the provider to ensure sufficient staff are available to safely meet people's needs.

Staff files are well organised and evidence the provider has a safe recruitment process. Support workers have supervision, and the records indicate staff can discuss their work-life balance as well as their performance. Support workers said that is the case at some supervisions but in others they are handed a completed form and asked to sign it without any discussion, feeling unable to challenge this. Training records show a high level of compliance with mandatory E:Learning and face to face training is due to resume following the easing of COVID-19 restrictions.

Governance processes are inadequate because the RI does not consult with people and/or their representatives and staff in sufficient detail when they visit. A support worker told us *"I used to talk to the old RI but I wouldn't even know who they are now"*. Staff told us some work in excess of sixty hours per week and at times over twenty four hours shifts without a break. They told us they did this because they feel obliged to and because they are committed to the people they support and each other. The rotas confirm this and that on several occasions the service operates with only two support workers. The rotas are not an accurate record of the availability of staff in the home. The manager is recorded as being at the service from Monday to Friday even when on annual leave. The manager told us the on call duties are shared between themselves and a senior carer, but the rota shows the senior carer is on call most days and this was corroborated by staff who said their first port of call is the senior, who they find helpful and responsive.

The RI has implemented an action plan following a safeguarding meeting to address issues at the service. However, we have identified this as an Area for Improvement and expect the RI to conduct thorough Regulation 73 visits and involve people, and/or their representatives and staff.

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
6	Staffing numbers are putting people who live and work in the service at risk. the provider has taken action following staff raising concerns with CIW and safeguarding	New
34	The service provider does not ensure that at all times a sufficient number of suitably qualified, trained, skilled, competent and experienced staff are deployed	New
21	The provider does not ensure that care and support is provided in a way which protects, promotes and maintains the safety and well-being of individuals.	New

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
73	Regulation 73 visits are completed but in sufficient details	New

Date Published 12/08/2022