



## Inspection Report on

**Cartref Porthceri**

**Cartref Porthceri  
91 Salisbury Road  
Barry  
CF62 6PU**

## **Date Inspection Completed**

24/04/2023

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## About Cartref Porthceri

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Vale of Glamorgan Council Adults and Children's Services
Registered places	30
Language of the service	English
Previous Care Inspectorate Wales inspection	<a href="#">[Manual Insert]11 April 2019</a>
Does this service provide the Welsh Language active offer?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies, and meets the Welsh language and cultural needs of people who use, or may use, the service.

### Summary

Cartref Porthceri Care Home can accommodate 30 residents with residential and personal care needs. This inspection was unannounced. There is a manager in place who is registered with Social Care Wales, the workforce regulator, in accordance with legal requirement. Marijke Jenkins is the responsible individual (RI) for the service.

People receive appropriate care and support from a friendly staff team. There are sufficient staff to provide care and assistance with suitable arrangements in place to cover any staffing shortfalls. People live in an environment which is suitable for their needs. Activities and support in accordance with people's interests and wishes are mostly carried out.

The deputy managers and RI are visible and engaged in the day-to-day running of the service. Systems are in place to ensure the quality of care and support are provided. Care documentation reflects the care and health needs of people living at the home.

The home environment is secure. People are consulted about the care and support they receive. Infection prevention and control; processes are in place to reduce the risk of infectious diseases being spread throughout the home.

## Well-being

People have positive relationships with staff and are supported to achieve their personal outcomes. Care and support is personalised to enable people to achieve their personal outcomes. People told us they are happy at Catref Porthceri and enjoy positive relationships with staff. Comments included *“staff are very good to us here”* and *“the food is good, staff are kind and helpful”*. Care staff are happy and enthusiastic about working at the service. Comments included *“I love my job here, we are supported really well by the managers here”* and *“we are a good team, we all work well together”*.

People are safeguarded and protected from harm. Care staff are trained in safeguarding and have policies and procedures to guide them. Appropriate recruitment checks are undertaken to ensure care staff are suitable to work with vulnerable people. There is a safe recruitment process. The service makes safeguarding referrals when required and notifies CIW of notifiable events in a timely manner.

The service is suitable for the needs of the residents and management ensure it is a safe place for people to work, live and visit. Management oversees the training and supervision needs of the staff. Team meetings take place specific to each worker's role. The RI demonstrates appropriate oversight of the home to ensure it operates safely and in accordance with its statement of purpose.

Whenever possible, people are supported to have control over their day-to-day life. People mostly follow their own routines each day with support and encouragement from the staff team. The care staff we spoke with were familiar with people's individual preferences and these are recorded in the care documentation. People told us their views and opinions are listened to and they can raise any concerns with the staff team or management.

Measures are in place to promote good standards of practice throughout the home. Management shows good oversight of incidents, accidents, complaints and safeguarding matters. A statement of purpose is present which reflects the service.

People are safe and receive appropriate care and support. Their wishes and aspirations are considered, and care staff demonstrate a friendly approach. Care documentation supports the delivery of care and support however, we identified some areas for improvement. People are encouraged to have visitors to the home and supported to stay in touch with important contacts.

## Care and Support

People have access to health and other services to maintain their ongoing health and well-being. Information within people's care files evidence referrals and contact is made with various health and social care services. We saw these referrals were made in a timely manner and whenever people's needs changed. Personal plans include details of people's personal preferences, we found these preferences are valued and respected by staff and management. We identified where documentation could be further improved this includes; ensuring staff signatures are present on all documentation completed by care staff and by recording the support provided to achieve personal outcomes.

Care staff interact with residents in a friendly and respectful manner. People's choices are promoted, for example regarding meal, drinks and snack options. Care staff show good knowledge of people's wishes, needs and how to respond to them. People we spoke with are happy with the care and support being provided. We spoke with one resident who told us *"I am very happy living here; staff are very kind"*.

Systems are in place to protect people who use the service. We saw people's body language and expressions indicated they felt safe and secure around the care staff who support them. People told us they felt safe and secure living at the service. Systems are in place to ensure people remain safe whilst promoting their independence. A safeguarding policy is available which informs staff of their roles and responsibilities in relation to protecting adults at risk from harm, abuse and neglect. Records we saw evidence staff have received up to date safeguarding training.

The service has systems in place for medicines management. People receive their medication as prescribed by staff who are trained in how to administer medication safely. We looked at the medication administration records (MARs) and saw they are appropriately completed. Fridge and room temperatures are recorded daily by care staff and we saw the medication room to be clean and well organised. The service promotes hygienic practices and manages risk of infection and we saw staff wearing appropriate personal protective equipment when required.

People have a good choice of meals to suit their nutritional needs and preferences. We saw the people enjoying the meals provided and observed a calm, social time for people to enjoy. The chef told us of people's dietary requirements and had a good understanding of people's likes and dislikes. The home has achieved a score of five (very good) food hygiene rating. We saw drinks and snacks offered throughout the visit. We saw care staff are readily available, attentive and recognise people's needs and how to respond to them. We observed people throughout the visit, sitting in the dining areas, chatting, carrying out various activities or enjoying quiet time in their bedrooms reading or watching TV.



## Environment

People are protected from environmental health and safety risks. There are two floors to the home, each accessible via a passenger lift or stairlift. The home offers suitable accommodation for the residents and management has shown a commitment to developing and improving it for their benefit. People can be confident that there are effective arrangements at the home that will protect public safety and minimise cross infection. There is oversight to ensure staff follow the correct infection guidance. We found call bell checks are carried out and call bells available throughout all areas of the home.

People have a sense of belonging. The home offers several small communal areas for people to sit and enjoy time with others or spend quiet time. Bedrooms are personalised with items of people's choice and personal belongings. There is a large dining area and garden areas which gives the home a pleasant feel and where people can enjoy spending time in the warmer weather. There is good access and egress for people with mobility needs. The entrance to the home is secure and visitors must ring to gain entry. The home has a resident cat which people enjoy, and which provides a 'homely feel'.

People are cared for in a clean and homely environment. However, we identified some areas for improvement which included communal items stored in bathrooms which we requested be removed. We saw hazardous items were not appropriately stored. We discussed these areas with the deputy managers who agreed with the findings and told us the matter would be dealt with immediately.

Management oversees the home's health and safety requirements. From our walk-around, we noted window openings that may potentially pose a risk to residents are secure. Staff carry out regular safety checks and people have emergency plans (PEEPs) in place. There is a fire risk assessment and care staff have training in fire safety and manual handling with all current training up to date. Environmental audits to ensure areas are clean and safe are carried out daily/weekly and any shortfalls addressed immediately.

We considered various records relating to health and safety, which evidenced the provider maintained effective oversight to ensure the environment was safe. We saw all safety checks in relation to gas installation, electricity and safety records were satisfactory and up to date. All confidential files including care and staff files were stored securely in lockable areas. Various fire-related safety checks are carried out and residents have personal emergency evacuation plans in place. There is a fire safety risk assessment and care staff receive training in fire safety and first aid.

## Leadership and Management

There is evidence of suitable service oversight and governance. The RI regularly visits the home and engages with individuals and residents. They demonstrate quarterly oversight of resources and we saw the recent quality-of-care review.

People can be confident management monitors the quality of the service they receive. Systems and processes help promote the smooth running of the home. Management oversees incidents, accidents, and complaints. The home carries out internal audits to monitor standards and practice. Daily handovers ensure pertinent information is shared between staff at shift handover. We looked at some key policies and saw they are currently under review. The statement of purpose describes the home and its facilities.

People can be assured that staff are competent to undertake their roles and there is a robust recruitment process. We looked at three staff recruitment files which were sent via a link from the Local Authority offices and noted they contained all the pre-employment checks required in respect of any person working in regulated services.

Audits are carried out to ensure the required information and/or documentation is present and correct. Management oversees staff training and supervision needs, and we saw one-to-one supervision in accordance with regulatory requirements. Supervision provides each staff member with opportunities to discuss their performance, development, and any concerns they may have, which is particularly important during this post pandemic period.

People have opportunities to express their views and lodge complaints. The home has a complaints policy in place and the written guide to the service informs people how to raise their concerns formally. Residents can be confident that the home is operated with their best interests at the forefront of care provision. We found regular auditing ensured residents health or any deterioration had been recognised and acted upon.

We were told that due to COVID-19 most training had been previously undertaken online but that face-to-face training has been recently recommenced which includes manual handling. At this time the manager was unavailable at the service, however staff we spoke with told us they are well supported by the deputy managers and they can approach them or the RI at any time with any issues or concerns. Staff meetings take place on a regular basis for management and care staff.



### 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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