



## Inspection Report on

**Cartref Porthceri**

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

## **Date Inspection Completed**

20/03/2024

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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	24/04/2023
Does this service promote Welsh language and culture?	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 people with residential and personal care needs. This inspection was unannounced. There is a new 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. People live in an environment which is suitable for their needs. Activities and support in accordance with people's interests and wishes are carried out by care staff.

The management team and RI are visible and engaged in the day-to-day running of the service. Systems are mostly 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. However, we identified where some improvements are required regarding updating documentation following any identified changes. Improvements are also required in relation to the storage and administration of medication.

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 experience good relationships with care staff. We saw staff interacting in a kind and respectful manner throughout the inspection visit. Care staff responded promptly to people's needs and provided support and care when needed. We saw people are well-presented and observed people happy and content participating in various activities or spending quiet time alone. There are no activity coordinators employed at the home, on each shift care staff facilitate activities on an ad hoc basis. External visits such as singers, and various events are being carried out and we saw a schedule of activities planned for the coming month. People told us they feel happy living at the home and that staff are kind, caring and helpful.

People's individual needs and preferences are considered at the service. Documentation mostly supports the delivery of care and support, although any changes must be captured to ensure information is up to date and reflective of the needs of people living at the home. This serves to ensure care is person centred and continues to meet people's wishes and expectations. There is documented evidence in care files of support from other professionals such as GP, dietician, and optician. Improvements are required to the storage of medication and medication administration records (MARs). The manager told us this matter would be addressed immediately.

People are protected from harm and the entrance to the home is secure. There are two floors to the home each accessible via a passenger lift. People benefit from updated facilities at the home which has been carried out as part of a scheduled refurbishment. The home is clean and fresh throughout, evidencing an investment in an environment that reflects people's worth. Environmental arrangements for fire safety and general maintenance are in place. Care staff are up to date with safeguarding training which is supported by an up-to-date safeguarding policy. Mandatory training has been carried out and dates for future staff training planned. We will follow this up at the next inspection visit.

People have a good choice of meals to suit their nutritional needs and preferences. Kitchen staff have a good understanding of people's likes and dislikes. The service has a hygiene rating of five (very good) from the Food Standard's Agency. People's dining experience is overall a sociable time which people enjoy. The dining area is pleasant, and we saw people sitting spending time and chatting together or with relatives/visitors throughout the visit.

## Care and Support

Care staff know the people they support well and some staff told us they had worked at the home for many years. People's choices are promoted, for example regarding meal and snack options. We saw care staff interact with residents in a friendly and kind manner and show good knowledge of people's wishes, needs and how to respond to them. People are supported to spend time doing some meaningful activities provided by care staff. There are currently no activities coordinators employed at the home, however, we observed people happy and engaged in various activities during the visit.

People have access to health and other services to maintain their ongoing health and well-being. Information within people's care files showed referrals and contact with various health professionals. We saw these referrals were made in a timely manner. People receive their medication as prescribed, although we identified several areas that required improvements regarding the medication administration records (MARs) and the storage of medication. We saw that medication audits had been carried out; however, they had failed to identify the deficits and areas for improvement. We discussed this issue with the manager who told us the matter would be addressed immediately.

People's choices are promoted. Care staff show good knowledge of people's wishes, needs and how to respond to them. People receive appropriate person-centred care. Risk assessments and reviews require some improvements to ensure information following an incident/accident or any change is captured to identify vulnerabilities for the individual and set out ways to keep people safe. This includes, updating important information from visiting professionals to guide staff in supporting people with any additional care needs effectively. Furthermore, we discussed documentation regarding people's wishes for end-of-life care to ensure people's wishes are documented, respected and acknowledged especially in the event of an emergency situation. The manager told us this would be addressed immediately.

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 feel happy and safe living at the service. 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. The staff team told us they understood the importance of reporting concerns and that they feel able to approach the manager with any issues or concerns and feel extremely well supported. Care staff are visible, and we found there to be appropriate oversight of staffing arrangements.

The service promotes hygienic practices and manages risk of infection, such as cleaning schedules. The service has an infection control policy and procedures in place. Discussions with care staff confirmed they are aware of the infection control procedures, and we saw them wearing appropriate personal protective equipment (PPE) when appropriate.

## Environment

People are safe, the home is secure with a keypad system in place and visitors must ring to gain entry. The home has a visitor book in accordance with fire safety arrangements and visitor identity checks are undertaken on arrival. There are two floors to the home each accessible via a passenger lift. The home offers suitable accommodation for the residents and management has shown a commitment to developing and improving it for their benefit. When we spoke with people, they were complimentary about the home and told us *“It is very pleasant here, I couldn’t ask for more”* and *“my bedroom is comfy and clean, what more do I need really.”*

People have a sense of belonging. The home offers several small communal areas for people to sit and enjoy with others or spend time alone. Bedrooms are personalised with items of people’s choice and personal belongings. There is a pleasant dining area which we saw people enjoying spending time with others chatting or reading. There is good access and egress for people with reduced mobility living or visiting the home. We saw the gardens were maintained and people told us they enjoyed spending time outside in the warmer weather. The home has a ‘resident cat’ who carries out a daily ‘walkabout’ which provides a homely feel. People are cared for in a clean and homely environment and management oversees the home’s health and safety requirements. From our walk-around we noted window openings that may pose a risk to residents are secure.

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 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 files and staff files were stored securely in lockable areas. Various fire related checks are carried out and people have personal evacuation plans (PEEP) in place. There is a fire safety risk assessment and care staff receive training in fire safety and first aid.

## Leadership and Management

People can be confident that 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 conducts internal audits to monitor standards and practice. However, we highlighted where improvements are required to ensure any deficits are identified and addressed regarding medication records and care documentation. 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 confident management oversees staff training and supervision needs. We saw one-to-one supervision had been carried out but highlighted that some supervisions were not in date in accordance with regulatory requirement. Supervision provides each staff member with opportunities to discuss their performance, development, and any concerns they may have. Care staff benefit from learning and development opportunities provided and we saw evidence care staff had conducted mandatory training courses and additional training booked as/if required. There is a new manager in place who told us that all supervisions were scheduled to be carried out and updated within the next few weeks.

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/relatives can be confident that the home is operated with their best interests at the forefront of care provision. Mechanisms are in place to protect people. Documents set out and provide people with an understanding of the service they can expect to receive. People using the service and staff know who to approach if they have concerns and people have access to independent advocates if they wish should the need arise. The management team, work with external agencies and notify the Regulator of any incidents in a timely manner.

People benefit from the leadership and management in place to support the smooth running of the service. The RI spends time at the home and engages with staff, visitors and residents seeking feedback. We requested information relating to monitoring and we saw the recent quality monitoring visit dated 14 February 2024. The information demonstrated the RI undertakes formal monitoring as legally required.

Staff meetings take place on a regular basis for management and care staff. The manager and management team are visible and described by staff as *“extremely supportive.”*

The manager told us that all areas highlighted for improvement during the visit will be addressed immediately.

### 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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58	The provider has failed to ensure there is a safe robust process in place to ensure safe storage, and documentation in relation to the administration of medication.	New
36	The provider has failed to ensure appropriate supervision and appraisal is undertaken for all care staff employed at the service	New
21	The provider has failed to ensure care and support is provided in a way which promotes, protects and maintains the safety and well-being of individuals	New

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