



## Inspection Report on

**Cantref Care Home**

**Cantref Care Home  
87 Brecon Road  
Abergavenny  
NP7 7RD**

## **Date Inspection Completed**

01/11/2023

**Welsh Government © Crown copyright 2023.**

*You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: [psi@nationalarchives.gsi.gov.uk](mailto:psi@nationalarchives.gsi.gov.uk)*  
*You must reproduce our material accurately and not use it in a misleading context.*

## About Cantref Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Cantref Homes Limited
Registered places	21
Language of the service	English
Previous Care Inspectorate Wales inspection	17 December 2021
Does this service promote Welsh language and culture?	This is a service that is working towards providing an 'Active Offer' of the Welsh Language

### Summary

People living at Cantref Care Home receive a good standard of care. People we spoke with were complimentary of the service. We found a relaxed atmosphere where people looked comfortable and well cared for. We saw genuine, warm, and positive interactions between staff and the people they support. People are offered regular activities and are supported to maintain relationships with their loved ones. Personal plans are individualised and give guidance for staff to follow. Staff receive regular training and supervision to enable them to perform their duties. Governance and quality assurance systems are in place. The management team are approachable and visible in the running of the service. The Responsible Individual (RI) visits the service on a regular basis. Arrangements are in place to ensure the environment is clean and safe. There is on-going investment in the environment to further enhance people's wellbeing.

## Well-being

People are encouraged to make choices that affect their lives. Individuals are given the opportunity to make everyday selections such as clothes to wear, where to spend their day, and food and drink options. Regular residents' meetings are held to give people a voice and the ability to contribute to how the service is delivered. A person-centred approach to care planning ensures people are at the forefront of the care and support they receive.

Individual physical and emotional needs are being met. The service works collaboratively with a range of healthcare professionals to support people living at the service. We saw evidence of referrals to support people as their needs change. The management of medication is safe and in line with the medication policy. People's likes and dislikes, allergies and specialist diets are known. The service had been inspected by the Food Standards Agency and had been given a rating of 5, demonstrating the service is rated as very good. People have opportunities to participate in regular activities and maintain relationships with friends and family.

People are treated with dignity and respect. Staff support people in a sensitive, respectful, and unhurried manner taking time to inform them how they intend to provide assistance. People have genuine and warm relationships with each other with smiles and laughter seen and heard. A personalised approach is taken by the service, with people's preferences acknowledged, understood, and acted on.

There are systems in place to help protect people from abuse and harm. Risks to people are assessed and their safety is managed and monitored. Character and suitability checks of staff to undertake their roles before providing care are completed. Care staff spoken with are aware of their responsibilities and procedures to report any concerns and have received safeguarding training. Deprivation of Liberty Safeguard (DoLS) authorisations are sought where people lack mental capacity to make decisions about their care and accommodation.

## Care and Support

Care staff are attentive and respond to people's needs providing appropriate levels of prompting and support, with genuine warmth and compassion. People look relaxed and comfortable in the presence of staff. Staff are compassionate and respectful and enjoy working at the home. We heard staff engaging individuals in conversation, using humour and encouraging others to join in. Staff have a very good knowledge of people and are, therefore, able to notice any changes quickly and respond promptly.

People told us *"I like living here"* and *"the staff are kind and caring."* We talked to visiting relatives and they told us that they believed their loved ones were receiving excellent care at Cantref. They felt that the staff and management were approachable and they had no concerns about raising issues. Comments included, *"I cannot fault the place"* and *"nothing is too much, I have no concerns about the care provided."*

Each person receiving a service has a personal plan which is individualised and detailed. Each plan covers the core areas of an individual's care and support and details how staff can support them safely. Plans are routinely monitored and reviewed which supports referral to other professionals as and when needed. Plans detail what is important to people, their likes/dislikes and preferences. People's aspirations and goals are known but not consistently included within their plans. Daily recording of care provided and supplementary monitoring charts are in place, giving important information about people's progress and identifying changes in care needs. Evidencing consultation and the involvement of people and their relatives in care delivery continues to be developed at the service.

Individual identified risks to people are known and actions are taken to reduce these risks. Deprivation of Liberty Safeguard (DoLS) authorisations are sought where people lack mental capacity to make decisions about their care and accommodation and need to be deprived of their liberty to keep them safe. Where there are necessary restrictions made in people's best interests to manage their safety; these appear proportionate.

There are robust systems in place for the management and storage of medication. Medication is stored securely and can only be accessed by authorised staff. Records show that care staff administer medication in line with the prescriber's directions and are free from gaps or errors. Care staff receive training in how to manage and administer medication. The service has an up-to-date medication policy in place. Management have effective oversight of the medicine management system.

## Environment

The premises, facilities and equipment are suitable for the provision of the service. The location, design and size of the premises are as described in the statement of purpose (SoP). The service provider has invested in ongoing renovations and updating of the environment. Updates include the installation of solar panels and a new call bell system to alert staff when assistance is required. All residents now have profiling beds, reducing risks of injury to both residents and care staff. Staffing facilities have been improved. Individual rooms have been redecorated based on people's preferences. Alongside ongoing replacement of flooring throughout the building.

People's wellbeing is enhanced by living in a pleasant, clean and homely environment. Individual rooms are decorated to individual tastes and contain photos, decorations, and keepsakes, which promote a feeling of belonging. There are sufficient toilet and bathing facilities available. Communal lounges, a conservatory and dining room provide people with an opportunity to spend time with others. There is access to outdoor areas providing people the opportunity to sit out in warmer weather.

The service has systems in place to identify and mitigate risks to health and safety. People live in a safe environment, with safety checks and maintenance of equipment being conducted on a regular basis. There are maintenance and repair arrangements in place. Records we viewed demonstrate routine completion of utilities testing. Fire safety tests and drills are completed. There were no obvious trip hazards and fire exits were clear. Personal emergency evacuation plans (PEEPS) are in place and provide guidance on how people can be safely evacuated in the event of an emergency. Substances hazardous to health are stored safely. Daily cleaning and laundry duties are in place.

## Leadership and Management

People can be confident they are supported by a provider that shows commitment to provide quality care and support. We found sufficient governance arrangements at the service. The Responsible Individual (RI) is based at the service several days each week and has good oversight of service delivery. There is a visible management team in place who are part of the day-to-day running of the service. The Statement of Purpose (SoP) and Welcome Pack sets out the service's aims, values, delivery of support, and has recently been updated. Policies and procedures, such as for medication and safeguarding, are in place. They give guidance to care staff, for example telling them what to do if they thought someone was at risk of harm. A complaints policy and procedure is in place, which is readily available should this be needed.

Internal systems and processes are in place to ensure the service delivers its aims and objectives effectively. The service actively encourages feedback from residents, their family and visiting professionals. Regular residents' meetings are held enabling people to have a say about the service provided. Quality assurance feedback questionnaires are compiled annually. Comments received include *"provide excellent care for the residents and always want the best for them"* and *"such a lovely atmosphere, a real home from home, the staff are so kind it has a real family feel."* A quality-of-care report was provided following inspection.

The service has robust and safe recruitment systems. Disclosure and Barring Security (DBS) checks are in place and current. There is commitment to ensuring all care workers undertake the qualifications required to enable them to register with the workforce regulator, Social Care Wales. Newly appointed care staff complete an induction programme which includes training and shadow shifts. Staff training records indicate they have access to a variety of training opportunities, and they have completed a good level of training. Care staff receive annual appraisals, regular supervision and attend frequent team meetings to discuss service delivery. Care staff feel valued and are passionate about their roles and enjoy working at the service. Staff told us *"I love my job and feel supported by the team and management"* and *"the values of the company are great."* Turnover of care staff is low, helping facilitate continuity of care.

### 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
------------	---------	--------



N/A	No non-compliance of this type was identified at this inspection	N/A
59	Proof of identity records for staff were not available.	Achieved
57	Regular fire evacuations and drills had not been completed.	Achieved

### **Was this report helpful?**

We want to hear your views and experiences of reading our inspection reports. This will help us understand whether our reports provide clear and valuable information to you.

To share your views on our reports please visit the following link to complete a short survey:

- [Inspection report survey](#)

If you wish to provide general feedback about a service, please visit our [Feedback surveys page](#).

**Date Published** 22/11/2023