



Inspection Report on

Calon Celtiadd

Port Talbot

Date Inspection Completed

20/10/2022

18th October 2022

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About Calon Celtiadd

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Celtic Care (Swansea) Ltd
Registered places	4
Language of the service	English
Previous Care Inspectorate Wales inspection	30th April 2019
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

People are happy with the care and support they receive at Calon Celtiadd. Care staff show a genuine interest in making sure people are well cared for and have a good quality of life. There are opportunities for people to take part in a wide range of activities and contact with family and friends is encouraged, to maintain relationships.

Staff are available in sufficient numbers and mix of skills to adequately provide support to people. Care staff receive appropriate training and supervision, and appraisal is conducted at the required frequency. Care staff are knowledgeable, respectful, and caring. Safety equipment is in place and health referrals are made when necessary to promote peoples' health and well-being. There are opportunities for people to take part in activities.

The service provider has developed systems to enable them to capture people's views and has good systems to develop person centred information. The management team have put checks and processes in place to keep service delivery under constant review.

Improvement is required with oversight and storage of medicines and notifying the regulator.

Well-being

People and their relatives are satisfied with the care and support provided. There is information available for staff to understand how to best meet people's care and support needs. People indicated they get on well with staff. Records show people are offered choices to make everyday decisions. The Responsible Individual (RI) told us they regularly communicate with people who live at the home and their families about what is important and how to best support them.

There are systems in place to protect people living in the home. Access to the home is for authorised persons only. Visitors are asked to sign when they enter and leave the property. Staff have training and are aware of their responsibility to keep people safe. Policies and procedures are accessible to staff to guide them. Recruitment processes make sure staff are suitable to work in the home before they commence employment.

People are protected from abuse and harm. Calon Celtiadd has a safeguarding policy in place and all staff receive training in the safeguarding of adults at risk of abuse. The Service Manager has a good understanding of the legal requirements and understands when a safeguarding referral needs to be made to the Local Authority.

People get the right care and support. Records show referrals are made to a variety of healthcare professionals such as psychiatrists and physiotherapists. This is confirmed by comments from visiting professionals who told us they are satisfied with the care at Calon Celtiadd.

People can do the things that matter to them when they want to do them. We saw there are a range of activities available which are meaningful to people. The home usually employs an activities coordinator, but this person recently left, and we observed organised activities taking place facilitated by care workers which was clearly being enjoyed by those taking part.

People live in suitable accommodation, which overall, supports and encourages their well-being. People's bedrooms contain personalised items of their choice and are suitably furnished. They have facilities which encourage their independence and enable them to have private time. The building is well-maintained and safety checks are completed when required. The environment is clutter free and hazards are reduced as far as possible.

Staff recruitment is safe and robust as pre-employment checks are completed prior to employment commencing. These checks are important as they determine a person's suitability to work with vulnerable people.

Care and Support

People can do the things that matter to them when they want to do them. We saw there are ranges of activities available, which are meaningful to the residents. Throughout our visit, we observed a number of organised activities taking place facilitated by staff in the home such as sensory stimulation and having their hair done or with people attending outside activities facilitated by staff. People were clearly enjoying themselves and indicated they enjoy taking part in a variety of activities such as the ones described above. The atmosphere during the day was relaxed and friendly, people are clearly happy in the company of the staff. Relatives mostly told us their family member is encouraged to stay active and to do as much as they can for themselves. This is reflected in people's records.

People are provided with the care and support they need. We examined a sample of care files, which contained initial assessments and care plans which are regularly reviewed. There is a care planning system in place providing support plans for all aspects of the individuals' physical, mental, and emotional wellbeing. This system relies on staff inputting good quality information which is reflective of the care and support being provided. The staff we spoke with had a very good understanding of people's needs, wishes and preferences. Referrals for advice and professional help regarding health services are sought as needed. This was confirmed by a visiting professional who stated, *"The staff team are excellent advocates in regard to ensuring that the residents have access to appropriate health care when needed and raise concerns on their behalf."* Monitoring of activities was sufficient with good information available to staff.

Policy, procedure, and application of hygienic practices are in place to reduce risks of infection. Staff demonstrate an understanding of infection control and the use of personal protective equipment (PPE). Staff wear appropriate PPE and follow correct procedures. The home is clean and tidy. Staff maintain appropriate standards of hygiene and cleaning schedules are in place with oversight from the manager. Oversight and auditing of infection control measures are in place. The home has sufficient stocks of PPE and there are PPE stations in various areas throughout the home.

Improvement is required with safe systems for medicines management. There is a medication policy and procedure in place with audits completed by senior staff. However, there is a need for a more robust medication audit to be implemented to ensure it identifies mistakes and appropriate action is then taken. Medication administration record (MAR) charts are accurate. The medication trolley was not secured but was in a locked room when not in use. Storage of controlled drugs needs to improve to be secure. The medication room temperatures are consistently checked daily to ensure medication is stored at the correct room temperature. We discussed this with the manager who agreed to address this as a matter of priority. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

Environment

The accommodation is clean and comfortable and benefits from good quality decor and furnishings. We saw people sitting in the lounge, sitting in the comfort of their bedrooms, relaxing or asleep in bed. There is a secure outside garden area which ensures people have access to external grounds which are accessible, suitable, safe, and properly maintained. The systems of monitoring and auditing, which inform a planned maintenance schedule and renewal programme for the fabric and decoration of the premises are sufficient.

Arrangements are in place to ensure risks to people's health and safety are identified and dealt with. We discussed with the manager the oversight of health and safety which is being further developed with regular audits of the environment already taking place. Maintenance records show equipment is regularly serviced to make sure people remain safe. People's personal records are held securely and access to the home is monitored by staff to help keep people as safe as possible. Materials that have the potential to cause harm were organised and secure.

The laundry room is well organised and has a single entry and separate exit. Appropriate systems based on a supported living model were in place and all laundry equipment was in working order. There is a storage area for household waste and clinical waste bins.

Leadership and Management

The service provider has governance arrangements in place to support the smooth operation of the service. Arrangements for the oversight of the service are in place, such as systems for assessment care planning, monitoring and review to enable people to achieve their personal outcomes. The service is provided in line with the objectives of the Statement of Purpose, which is regularly reviewed. We saw policies and procedures are in place and updated but the Safeguarding Policy would benefit from reviewing and updating considering Wales Safeguarding Procedures.

Improvement is required with notifying the regulator Care Inspectorate Wales (CIW) where there are concerns and significant events affecting individuals. No notifications had been received by CIW in 2022, however, during our inspection we identified a notifiable incident. We discussed this with the manager who agreed to address this as a matter of priority. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

Measures are in place to ensure people are happy with the quality of the care and support. Records show the RI, visits the home regularly and meets with people who live there and staff. Quality of care reviews of the service take place regularly and identify any areas for improvement. Regular audits of the service make sure any issues are identified and addressed in a timely way.

The service provider has oversight of the financial arrangements and investment in the service. The RI assured us the service is financially sustainable to support people to be safe and achieve their personal outcomes. The RI told us of plans to *“continue to develop the environment as required and needed. General maintenance will continue.”*

There are sufficient numbers of staff on duty to safely support and care for people. Records show there is a mixture of experienced and new staff available and this was seen during our visit. The sample of staff supervision and appraisal records seen by us show they were conducted at the required frequency. Staff files are well organised. We were shown a training matrix, which includes mandatory courses as well as other courses. The staff training matrix needs updating to ensure staff are completing all the training required.

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
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	People cannot be assured of safe storage of medicines. Ensure medication cabinets and medication trolleys are secured to the wall when not in use.	New
60	The provider is not compliant because they failed to notify the regulator of an outbreak of infectious disease (COVID-19) at the service in March 2022.	New

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