



Inspection Report on

Kingsland House Care Home

**69 Kingsland Crescent
Barry
CF63 4JS**

Date Inspection Completed

04 April 2022

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About Kingsland House Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Forward (Wales) Ltd
Registered places	4
Language of the service	English
Previous Care Inspectorate Wales inspection	This is the first inspection under the Regulation and Inspection of Social Care (Wales) Act 2016
Does this service provide the Welsh Language active offer?	The service does not provide an 'Active Offer' of the Welsh Language. Currently there are no people living in the home that communicates in the Welsh language.

Summary

The service provider is also the responsible individual and manager of Kingsland House. They are based at the home and there is deputy arrangements in place when needed. The responsible individual (RI) is well informed and visible at the service. The RI needs to ensure that policies and procedures are up to date for staff to follow. The quality assurance needs to improve to sufficiently measure the quality of the service to identify and address any improvements required. Although staff told us they are well trained for their role there is a lack of written training information available. People told us that they are happy with the service they receive and have a good relationship with care staff. People live active lives and do things they enjoy and look forward to. We observed care workers being kind, caring and respectful to people. There are personal care plans in place to ensure people's outcomes are being met. People remain healthy as they receive good access to health care and medication. People are encouraged to share their views and preferences of how they like to be supported. The environment is suitable to meet people's needs but some health and safety improvements and service assessments are required. There is effective infection control arrangements in place.

Well-being

The service does not provide an 'Active Offer' of the Welsh Language. Currently there are no people living in the home that communicates in the Welsh language. There are a few staff that speak the Welsh language. However, if this is needed in the future the service provider will ensure that arrangements are made to accommodate the Welsh language.

People have a voice and the service supports their rights and choices. People are given the opportunity to meet each day to promote choice and raise any concerns. The service understands the value of supporting people to have access to stimulating social activities. People's individual needs inform their personal plan and outcomes. The service involves individuals and their representatives in the planning of their care, and supports them to have meaningful outcomes. People have good access to health services. The Responsible Individual (RI) intends to give individuals the opportunity to contribute to their review meeting to influence how they like to receive support, personal goals and their future aspirations.

People live in an environment that is personalised but requires better oversight of health and safety. People are encouraged to personalise their space. We found that there is a lack of safe systems in place to manage some health and safety risks. The home is secure and staff follow procedures to ensure visitors are safe to visit. There is effective infection control arrangements in place.

People can be confident that there is clear leadership of the home but some improvement is required. The RI is well informed and has oversight of the home. The care staff told us that the RI is approachable and supportive. However, we found that some key policy information required significant updating and the staff supervisions was of poor quality. Although care workers told us that they are well trained for their role there is a lack of written training information in place. Although, the RI is regularly monitoring the service, these reports failed to identify the areas for improvement for the necessary action to be taken.

Care and Support

People are involved and are given information to inform them what to expect from the service. However, some of the information requires further updating. The statement of purpose accurately reflects what people receive from the service. There is a service information guide but this should be in an easy to read format. There is a concerns process in place which is followed when needed. We found that people developed a good relationship with care workers based on trust, and they felt confident to raise a concern. Staff told us that the responsible individual (RI) acts promptly on any feedback and concerns. People are encouraged to voice their opinions and views through daily meetings with the people they live with and the care workers. People are empowered to decide on how they would like to spend their day, activities, social opportunities, meal preparation and any concerns they would like to discuss. The RI intends to formally seek the views of staff and other professionals in the near future which will inform the future shaping of the service.

People are supported by staff who are well informed to meet their personal outcomes. The majority of the care workers have worked in the service for some time. Therefore, people benefit from consistency and continuity of care and support. Care workers show respect and people feel valued. The service considers a wide range of information about people prior to them moving into the setting. Information is gathered from the person, relatives and relevant professionals and an initial support plan is developed. Personal plans and risk assessments inform care workers how people like to receive support and how best to meet their personal outcomes. The service works closely with specialist health care professionals. Although, regular reviews are taking place people are not given the opportunity to contribute to their review meeting to fully evaluate their personal outcomes and aspirations for the future.

People enjoy social opportunities and maintain relationships with family and friends. There is a vehicle available at the service which is used to support people to access further social opportunities and events. Also, people are a part of the local community and they have a local allotment which they all enjoy. Some individuals are supported to access work opportunities. People benefit from keeping in contact with family and friends through regular visits to the home and by using virtual technology.

People maintain their health and well-being. People benefit from a choice of meals that are healthy and nutritious. Records show that people access a wide range of health care services to monitor and support people with their health. We saw that any health concerns are promptly identified and actioned to ensure people receive the right support and intervention at the right time. There are safe medication systems in place and staff are adequately trained and confident in their role. Some people are supported to manage their own medicines, if safe to do so. There is a medication policy in place but this requires further revision in accordance with good practice guidelines. Records show regular audits of medication to ensure the management of medicines are monitored.

Environment

People are living in a homely and welcoming environment. Communal areas provide opportunities to socialise and dine with others. Their bedrooms are personalised to their individual tastes. People told us they chose when they rise in the morning and how they want to spend their day. People are actively involved in the running of the home and their independence is promoted. The service provider has a refurbishment plan in place for the redecoration and updating of the home. People will be consulted about the decoration and their individual preference.

The service has a good standard of cleanliness and hygiene. When we arrived at the home the care worker followed procedures to ensure the visit was safe and testing undertaken. We saw that care staff had access to a sufficient supply of personal protective equipment (PPE) to manage infection control in the home. All care staff are trained in infection control and there are robust cleaning arrangements in place. Substances hazardous to health are mostly stored safely but this should include all products. The infection control policy and covid-19 information in place requires further updating to reflect current guidance.

People can be assured there are systems in place to maintain the safety of the environment, but some improvement is required. We found that there are safe recording and monitoring arrangements in place to manage water temperatures, food safety and fire safety. Care staff told us that repairs are identified and promptly addressed. People have a personal emergency evacuation plan specific to their individual support needs in case of an emergency. We found that audits failed to identify that some key assessments are not adequate such as the fire assessment, legionella and asbestos in accordance with current guidance. The environment could pose a risk to people as some building materials must be removed and all window restrictors replaced. This was immediately addressed by the service provider.

Leadership and Management

The responsible individual is also the manager of the home. Care workers told us that they are supportive and approachable. The RI has a good understanding of the staff team and the people that live in the home. The six-monthly quality care review report has been completed but fails to identify the service improvements found at inspection due to the lack of analysis. People are given the opportunity to give their views about the service they receive. However, the report does not show how people's views have been listened to, or how their views have influenced changes in the service. The service provider intends to formally consult with staff and other professionals in the near future. There are deputy management arrangements in place in the absence of the RI.

People are protected by safe staff recruitment arrangements, but some improvement is required. The staff personal files show that employment checks are undertaken before they commence the position in the home. The service provider must ensure care workers are provided with a contract of employment when they commence their position.

Staff feel that the manager is approachable and supportive. Although, we found that care workers receive regular opportunities for a supervision meeting with the manager, the information did not enable them to reflect on their practice and identify areas for further development. Care staff do not always receive annual appraisals to reflect on their performance and support needs. Although care workers told us they receive regular training for their role, we cannot be certain as there was no training list available at the time of inspection.

People cannot be confident that official information will be stored in the home in accordance with the regulatory requirements and data protection. We found that some information is not available in the home as the service provider is collating the information to inform the quality care report. The documents included, fire risk assessment, personal emergency evacuation plans, service provider quality assurance reports and the safeguarding policy. This information must not be taken from the premises and is to be made available at all times.

Policies and procedures are in place to give care staff information and guidance. The information is accessible to staff, and they told us they receive the opportunity to read these as a part of their induction to the service. However, a few documents should be updated in accordance with current guidance. These documents include, the service admissions policy, covid-19 guidance, covid-19 risk assessments, infection control policy and the medication policy. Care staff are trained in the safeguarding procedures, and they understood their responsibilities to protect people from harm. However, we found that the safeguarding policy was not available at the service for the staff to follow. The service provider assured us that this would be immediately addressed.

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
12	The service provider must ensure that policies and procedures are kept up to date for staff to follow	New
16	People to have the opportunity to contribute to their review meetings to influence how they like to be	New

	supported and their personal aspirations for the future	
36	Staff to receive meaningful supervision and an annual appraisal to help them reflect on their practice and identify areas for development. The service provider must have up to date training information available to identify when refresher training is required for care staff to fulfil their role and requirements	New
57	Service provider must ensure that the premises complies with current guidance to mitigate risk to people	New
59	Information must be secure and kept in the home at all times	New
80	Service provider to ensure the quality care report is detailed enough to assess, monitor and improve the quality and safety of the service	New

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