



Inspection Report on

Eriskay

Chepstow

Date Inspection Completed

21/07/2023

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About Eriskay

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Eriskay Residential Care LTD
Registered places	6
Language of the service	English
Previous Care Inspectorate Wales inspection	13 December 2022
Does this service promote Welsh language and culture?	The service does not provide an 'Active Offer' of the Welsh language. It does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

People are content, settled and receive support from care workers whom they know well. Care workers have a good understanding of people's needs and anticipate non-verbal communication. Feedback from the representatives of people living at the service is positive. Staff appear happy in their roles and feel appropriately supported.

We identified areas where the service needs to take priority action to meet regulations. These include improvements in the oversight and management of the service, improvements in written documentation, implementation of the whistleblowing policy, reporting of safeguarding events and ensuring there are sufficient numbers of staff employed/working at the service.

There has been limited progress in the areas for improvement identified at the previous inspection and these remain outstanding.

Well-being

People have some opportunities to do things that matter to them, although this can be limited by staffing levels. The service recognises the importance of promoting people's well-being and some improvements in the frequency of activities in the community have been implemented. Despite this, there are some restrictions in the frequency of activities due to ongoing constraints regarding staffing levels. Comprehensive records of activities are not in place. Written documentation of activities does not reflect the availability and frequency of all activities and the effects on people's well-being is not documented.

People appear content. We received positive comments from relatives about people's care and how staff are kind. Relatives told us they can visit the service whenever they choose, and they feel welcomed by staff. We observed people being supported with patience and in a kind and caring manner by care workers who they know well.

People are at an increased risk of harm due to the lack of effective oversight. The service is unable to demonstrate how concerns raised via the whistleblowing process are investigated and how people who raise concerns via this process are supported and protected. Safeguarding concerns are not always reported to the local authority safeguarding team or Care Inspectorate Wales (CIW). The safeguarding policy does not reflect Welsh legislation and requires updating.

Reports do not identify key areas where the service need to develop and improve, and improvements are not prioritised. Medication systems need strengthening to ensure people are safe. Oversight of the recruitment, supervision and training of staff requires further improvement. People are not always supported by enough staff who are suitably trained and supported. Personal plans need to be in place for all people living in the service and reviewed on a regular basis. The quality assurance systems which demonstrate there is sufficient oversight of the service requires action from the Responsible Individual.

Care and Support

People have developed effective relationships with care workers. Care workers are responsive, and we observed people receive support in a kind and caring manner. There is a natural familiarity between staff and people living at the home. Care staff we spoke with demonstrate they know people well, anticipate their needs and understand the individual ways people communicate. People are comfortable in their surroundings, sitting in communal areas or within their own personal spaces.

Since the last inspection we were told the frequency of activities has been prioritised. Although people are supported to access more activities outside of the service, ongoing improvement in the frequency of activities is required to further enhance people's well-being. Sufficient staffing levels need to be maintained to ensure people have appropriate opportunities to access such activities. The service has attempted to address staff recruitment issues identified at the last inspection. Although we recognise recruitment in social care remains challenging, it continues to be an issue at the service. Written activity documentation demonstrates, due to staffing constraints, trips into the community do not take place as frequently as required. We were told about activities provided at the service which had not been recorded. The service needs to ensure there is meaningful written documentation of all activities.

Personal plans are not always in place to ensure information is available to staff on how to meet people's care and support needs. We reviewed care documentation for four people. Personal plans had been completed in detail for three people and provide appropriate information on how they require support to achieve their personal outcomes. A personal plan for one person was not available. We were advised this was currently being updated, despite the individual living at the service for over seventeen months. We were provided with assurances completion of this personal plan would be prioritised. However, without a plan in place there is more likelihood of people receiving inconsistent care and support.

Daily care documentation is basic and does not fully record support is provided as detailed in personal plans. We saw regular entries of "*personal care given*" and "*regularly checked overnight*". A fall resulting in a significant injury to a person was not reported to the local authority safeguarding team and no record of the reason for not reporting this was available. Assurances were provided improvements would be prioritised. This is placing people's health and well-being at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

Reviews of people's personal plans does not take place at the required frequency. This was identified as an area for improvement at the previous inspection. Regulations expect reviews to be completed on a three-monthly basis. The service is unable to demonstrate reviews take place at the required frequencies, how people are involved in their review and systems for review are sustainable. This is an on-going area for improvement, and we expect the provider to take action.

Some improvements in medication systems have been put in place since the last inspection. However, further improvements in the oversight of medication practice are required to ensure people are consistently safe. Medication is stored securely. Medication administration records (MAR) sampled contain no gaps. Stocks of PRN (as required) medication has improved. Medication audits completed by management on a six-monthly basis contain some inaccurate information and states no one living at the service requires medication to be provided covertly (without their knowledge). One of the four personal plans we considered identifies the person requires medication to be provided covertly. On the day of inspection, we found medication which needed to be returned to the pharmacy was inappropriately stored and could pose a risk to residents. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

Environment

People live in a welcoming and homely environment. The home is clean and tidy throughout. The décor in the communal areas is welcoming and we saw photographs of people living at the service displayed giving the environment a personalised feel. We reviewed a sample of quality assurance audits completed by management which demonstrates some oversight of the environment and systems are in place. People's bedrooms are personalised and contain items such as family photographs, televisions, technology to maintain contact with families and items of importance to them. Bathroom and kitchen areas are clean with cleaning records maintained. People have access to a large appealing garden area, and we were told people use these areas during warmer months. There are maintenance records in place which demonstrates the provider takes action to ensure the building is appropriately maintained. The service has recently had a new roof. We were told about plans to replace the living room carpet and repainting planned for this area; however, these were not recorded on the maintenance documentation provided. The service told us they were addressing the issues identified following a recent inspection completed by the Fire Service in May 2023. However, we were told they had been advised the recommendation regarding the installation of an approved automatic door closing mechanism on the kitchen door is not required as there is a battery back-up in place. This advice has not been put in writing and the service are not able to demonstrate they have been formally told this. The service needs to ensure there is sufficient written documentation in place to support decision making. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

Health and safety processes require improvement to ensure potential risks to people's health and safety is recognised and addressed. The property is secure and our identity and reason for our visit was appropriately checked and verified prior to admission being granted. Routine fire safety checks are completed, and staff are involved in regular fire drills. A fire risk assessment is in place and has been reviewed at the required intervals. Personal emergency evacuation plans are available and reviewed. Checks are completed by external contractors for oil and electrical safety. Lifting equipment is serviced as required. Overall chemicals or substances which could be hazardous to health (COSHH) which are stored in the kitchen area are appropriately locked away and not accessible to people living there. However, some cleaning chemicals are stored in the garage area which was unlocked.

Infection control processes in place are inadequate. A used catheter was found unattended in one of the toilets and only one of the bathrooms has a pedal bin in situ in order to support appropriate disposal of waste products. There is a risk of cross-infection, and we were provided with assurances these issues will be addressed. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

There is a whistleblowing policy in place at the service. However, where individuals have raised concerns via this process there are insufficient recordings of investigations completed and the safeguarding arrangements in place to protect the raiser are not clearly implemented. Safeguarding issues raised have not resulted in the local authority safeguarding team being made aware and CIW have also not been informed. This is placing people's health and well-being at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

Staff recruitment processes are not sufficient. We saw not all staff had enough employment references stored on their personnel files. Where gaps in employment histories are evident these have not been identified by the service and the service has not sought clarification on the reasons for the gaps. Improvements in the oversight of records held regarding disclosure and barring service (DBS) checks are required. One staff member's DBS has recently expired. Where staff members are registered on the DBS update service the service are unable to demonstrate management checks of the DBS certificate status take place annually. There is a lack of oversight of the arrangements for staff to register with the Social Care Workforce Regulator Social Care Wales (SCW). Some staff are fully registered with SCW, and others are appropriately working towards their registration. However, some staff who have been employed at the service for a number of years are not working towards their registration. The service has not taken appropriate action to identify the reason for this and to support registration takes place within appropriate timescales. Where staff have registered with SCW for a significant period, the service does not keep accurate records of checks completed to ensure staff have re-registered at the appropriate intervals required. This is placing people's well-being at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

Staff need to be appropriately supervised and trained to ensure they provide safe care and have opportunities to develop and improve. Information held regarding staff supervision demonstrates not all staff are receiving supervision on a three-monthly basis and the reason for this is not recorded. Where issues have been raised about the quality of support provided to individuals living at the service or about staff conduct, discussions are not documented as part of the supervision session. Not all staff are recorded as completing appropriate training or refresher training in a timely manner. One staff member did not have records to demonstrate they had completed any adult safeguarding training. For others their safeguarding training has expired, and refresher training has not been undertaken. This is placing people's health and well-being at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

The Responsible Individual (RI) visits the home on a regular basis and completes a report every three months as required by regulation. The RI also completes a quality-of-care review report on a six-monthly basis. However, this report does not include identification of key areas where the service needs to develop and improve. Therefore, prompt action is not

taken to address these issues. We considered information regarding concerns raised via the whistleblowing policy. Issues raised were not reported to the local authority safeguarding team and the reason for this was not clear. CIW had not been advised of the issues raised. Documentation available at the service is not easily accessible for inspection. On the day of our inspection the manager of the service was not available. Staff present during the inspection site visit are unfamiliar about where or how to access the information we requested. Improved systems need to be put in place to ensure information is accessible for inspection. This is placing people's health and well-being at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

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
26	The service have failed to ensure the local authority safeguarding team and CIW have been made aware of all issues which could be safeguarding in nature. Not all staff have received suitable safeguarding training or refresher training. The safeguarding policy available does not include Welsh legislation and needs updating.	New
65	Appropriate actions when concerns are raised via whistleblowing are not recorded. Concerns which are safeguarding in nature have not been reported to the local authority safeguarding team and CIW have not been made aware. There is a lack of recording about the support provided to people who report concerns via this process.	New
6	The governance arrangements in place do not adequately support the smooth operation of the	Not Achieved

	service to support individuals to achieve their personal outcomes.	
34	The service provider has not ensured that at all times a sufficient number of suitably trained, skilled and competent staff are deployed to work at the service, having regard to the care and support needs of the individuals.	Not Achieved

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
35	People need to be supported by care workers who have been appropriately recruited, trained and supervised. The service is unable to demonstrate effective systems are in place to ensure care workers employed at the service have had appropriate recruitment checks, undertake mandatory training and receive regular supervision.	New
16	16 (1) reviewing of personal plans.	Not Achieved
80	80 (1) quality assurance	Not Achieved
58	The service provider has not ensured arrangements in place for medication administration are consistently safe.	Not Achieved
57	The service provider has not ensured all the risks to the health and safety of the individuals are identified and reduced as far as reasonably practicable.	Not Achieved
60	The service has not submitted notifications to the regulator relating to the deprivation of liberty safeguards.	Not Achieved

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