



Inspection Report on

350 Cyncoed Rd

**Cyncoed Road
Cardiff
CF23 6XH**

Date Inspection Completed

3rd of July 2020

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Description of the service

350, Cyncoed Rd is operated by Heatherleigh Care Limited. The company was re-registered under the Regulation and Inspection of Social Care (Wales) Act 2016 on 19 September 2018. The home can now accommodate a maximum of five adults. A manager is appointed who is registered with the workforce regulator – Social Care Wales (SCW).

The company has nominated a person who has responsibility for the strategic and operational oversight of the service – the responsible individual (RI).

The service is located in the area of Cyncoed, Cardiff with shops and other community facilities close by. There is access to local public transport.

Summary of our findings

1. Overall assessment

People enjoy living at the home. There is a relaxed, family atmosphere which is highly commended by families of those living at the home. People who can identify things that are important to them are helped to achieve their goals, but it is unclear if all people are able to do this. Staff know people and understand the importance of non-verbal communication. The environment is nicely presented and people are consulted about the décor in their personal space. Improvements in care and support are required to ensure the safety and well-being of everyone at the home. Staffing levels vary and do not always support people's needs. The culture of the service does not always ensure the best possible outcomes are achieved for individuals.

2. Improvements

The timely submission of the six-monthly quality care review has been improved since the last inspection.

3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service and the areas where the service is not meeting legal requirements. These include:

- Care and support
- Duty of candour
- Medication
- Fire safety
- Infection control
- Care plans
- Statement of Purpose

1. Well-being

Our findings

People have some control over their day-to-day lives but look for guidance from staff. People are mostly supported to meet their goals and contribute to society. Assessments are in place to ensure people can choose where they live and identify what matters to them. They are supported by staff who know them well but their changing needs are not recorded on personal plans. Choices are limited at times due to staffing levels. People don't always recognise that they can make decisions without the permission of the manager. One person told us that the manager *"is strict, but helps me, and it's what I want"*. One person said *"staff don't tell me what to wear but give me advice"*. People are supported to develop relationships and to work. Individuals are consulted regarding the décor in their personal space.

People are mostly supported to be healthy, both physically and mentally. Health professionals are involved to support people but there are gaps in reviews or written guidance required for several individuals. Daily logs clearly record care and support being provided but these are brief. People who are non-verbal in communicating are understood by staff who recognise mood and other indicators of pain. Some people are supported to achieve goals to improve health. People are seen smiling and laughing and enjoying day-to-day routines. Families of people using the service say, *"They really look after her, especially when she was in hospital, carers stayed with her"*; and *"She was inactive before going to live at the home, now she's active, she goes out and has flourished"*.

People are not always protected from abuse. Policies and training give staff knowledge on how to keep people safe and how to report concerns surrounding suspected abuse and/ or neglect. There are indications that staff contribute to unintentional emotional and psychological abuse. Professional boundaries are crossed when staff tease residents and swear in front of them. People do not always have advocates or access to their social workers without going through the manager. People requiring hoisting have plans in place to tell staff what to do, but these are not supported by a qualified professional. The manager has written her own care plans that indicate one staff can hoist a person by themselves, this is against regulatory guidance.

2. Care and Support

Our findings

Plans are in place for each individual that outline their care and support needs as part of the admission process but reviews do not take into account the increasing needs of people using the service. Health professionals are consulted and involved with people in the service. Pain management for some individuals requires reviewing. Moving and handling plans need to be written in consultation with a professional to ensure the safety of people and staff. Two people require equipment reviews and one person's plan needs to show when a piece of equipment was introduced. Clear instructions for staff to know when to use equipment is sometimes missing. Records, including daily logs do not evidence the appropriate use of equipment, or reason why it has not been used.

Care and support is not always provided in a way which maintains good personal and professional relationships between individuals and staff. People using the service say "*the staff are lovely*" and "*they are like my family*", but people also look to the manager to approve anything they want to do. Staff tell us they like working at the home and love "*the girls; and like the way they smile and laugh when I interact with them*". People receive care and support from staff who know them well and understand the communication needs of individuals. Some staff report that professional boundaries are crossed when other staff tease residents and swear in front of them. Whilst maintaining friendly banter, care is required to prevent unintentional psychological and emotional abuse.

The provider has arrangements in place to ensure medicines are stored and administered safely but records need to be strengthened and errors reduced. Medication is stored safely in locked cabinets. Administration records show that regular medication is given routinely. Errors in medication are recorded following regular audits. National Institute for Health and Care Excellence (NICE) guidelines are not followed as charts do not contain the required information which can compromise safety when administering medication. They also contain handwritten information which does not follow NICE guidelines.

Staff are not always following hygiene procedures. The current pandemic in the UK demands that care services provide care in line with Public Health Wales guidelines on infection control. Face masks are not being used in accordance with guidelines and checks for visitors to the home are not carried out. Incontinence products are seen being transferred from bedroom to bathroom without paying due regard to infection control policies.

A non-compliance notice is issued in relation to care and support as the service is not meeting its regulatory requirements across several areas. Details of this can be found in section 5 along with recommendations. The RI needs to ensure that the issues are addressed within the timescales identified.

3. Environment

Our findings

The environment was not inspected in detail as part of the focussed inspection but we note that it offers the people living there a comfortable, well-presented home. The newly decorated home has ample space and people using wheelchairs can be supported to move to different areas including the courtyard garden. Everyone has a good size single-occupancy room for private space. The manager ensures that people are involved in choosing how their room is decorated and can assist decorating if they wish. People have freedom to use the kitchen if safe to do so and can be seen making cups of tea and helping to make meals here. The home is located in a small community with shops which people are supported to access. A frequent bus service passes the home which some people access independently and given the support to learn the routes.

4. Leadership and Management

Our findings

The service provider has a statement of purpose (SOP) which is a document to provide people with information about the service, but this lacks key information. People cannot be confident of the level of support they will receive as the number of staff on duty by day or night is not recorded in the SOP. During feedback, the responsible individual (RI) agreed that this would be amended.

The service provider, through the RI, believes there is a culture of openness and transparency at all levels and potential conflicts of interest are managed, but CIW has concerns that this is not the case. CIW has received concerns from four people indicating they feel they cannot utilise the home's concerns and complaints process. The RI is not aware of any concerns raised through the complaints system. There is potentially a conflict of interest within the staff team as the manager has employed relatives within the home. Reassurances were given by the manager that professional relationships are being maintained, though two staff report this is not the case. It is recommended that the RI considers if they are meeting the duty of candour required.

The service provider has arrangements in place for monitoring, reviewing and improving the quality of care and support provided by the service, but this is not always effective in identifying areas controlled by the manager. Quality assurance reports lack depth and identification of actions. There is an experienced RI in position who shows passion about supporting people and also developing good relationships with them. They also acknowledged that identified areas for improvement raised by CIW appear to be down to complacency of staff. These areas fall under the control of the manager. Recommendations to the RI includes reviewing their oversight of the service and the staff team.

The service is not providing appropriate levels of staff to support people. When asked to show how the staffing levels are calculated, the manager did not provide this. An application to CIW to increase the number of beds at the home stated that three members of staff would be on duty by day. This is not happening consistently. Daily logs indicate that limited activities are offered and rely heavily on people entertaining themselves with TV, phones and DVDs. This is not appropriate for all. Handover books show the manager is directing staff to do activities when there is a third person on duty. Three members of staff tell us that rotas do not give a true reflection of staffing levels, usually indicating more staff than is available. The manager tells us that they are available to help out, we noted that the hours undertaken providing care are not recorded on the staff rota. Due to the impact on people, a non-compliance notice is issued as part of care and support.

The service does not always provides a safe, secure environment. Four members of staff express concern about management of an emergency evacuation. CIW has referred the concerns to the South Wales Fire Department to consider the number of staff on duty at night and fire drills. During feedback, the RI confirmed that the Fire Department has been in touch and the manager had responded.

5. Improvements required and recommended following this inspection

5.1 Areas of non-compliance from previous inspections

There are no outstanding non-compliance notices from the last inspection.

5.2 Areas of non-compliance identified at this inspection

A non-compliance notification has been issued. Details of this, the evidence to support this and timescales for actions to be taken by the service provider are contained within the non-compliance notification.

The non-compliance relates to the following Regulation :

Regulation 21 – Standard of care and support

- (1) The service provider must ensure that care and support is provided in a way which protects, promotes and maintains the safety and well-being of individuals.
- (2) The service provider must ensure that care and support is provided to each individual in accordance with the individual's plan.
- (3) The service provider must ensure that care and support is provided in a way which:-
 - (a) Maintains good personal and professional relationships with individuals and staff
 - (b) Encourages and assists staff to maintain good personal and professional relationships with individuals.

5.3 Recommendations for improvement

In addition to the non-compliance notification we recommend that the service provider takes action within two month of the issue of the report to address the following areas :

- **Duty of Candour** - The RI needs to ensure that all concerns and complaints, whether verbal or written, are responded to appropriately and records maintained. When concerns or complaints have been brought to the attention of the manager but not resolved, staff need to be confident that they can approach the RI for a professional, impartial response, especially if it relates to the conduct of the manager.
- **Quality Assurance** – The RI needs to make more in-depth inquiries when gathering information to ensure the resulting report has substance. Reports must contain details of improvements required by the service and an action plan for this, giving dates for completion of projects or tasks.
- **Medication** – The provider needs to ensure that medication policy is followed, and information and recording on the MAR charts is in line with NICE guidelines.

- Fire Safety and Evacuation in the event of an emergency –The service provider must ensure all staff have the knowledge and competence to ensure safe evacuation of the building in the event of an emergency.
- Infection Control – The provider needs to ensure the current guidelines from Public Health Wales are being followed. It also needs to ensure that infection control procedures are followed when transferring soiled incontinence products between rooms.
- Personal Plans – The service provider needs to ensure personal plans take into account people's changing needs and to include the current abilities of people.
- Statement of Purpose – The provider needs to ensure that the Statement of Purpose clearly outlines the number of staff deployed to show guaranteed levels of support.

6. How we undertook this inspection

- A visit to the Care Home by CIW inspector, accompanied by Learning Disabilities social worker, duration of 2 hours, paying due regard to Infection Control during Covid-19 high community transfer rates. General observations.
- Reviewing documentation requested
- Reviewing photographs of documentation taken on the day of inspection.
- Consultation with two residents on the day of the visit.
- Observation of interaction between staff and all 5 residents
- Consultation with two family members, following the visit.
- Consultation with seven members of staff, following the visit.
- Consultation with members of the public.
- Consultation with professionals including social workers, occupational therapists and health professionals who support the people living at the service.

Further information about what we do can be found on our website:

www.careinspectorate.wales

About the service

Type of care provided	Care Home Service
Service Provider	Heatherleigh Care Ltd
Manager	Joanne Williams
Registered maximum number of places	5
Date of previous Care Inspectorate Wales inspection	16/07/2019
Dates of this Inspection visit(s)	03/07/2020
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	The service is not currently working towards the Welsh Language Standards
Additional Information:	

Date Published



Care Inspectorate Wales

Regulation and Inspection of Social Care (Wales) Act 2016

Non Compliance Notice

Care Home Service

This notice sets out where your service is not compliant with the regulations. You, as the registered person, are required to take action to ensure compliance is achieved in the timescales specified.

The issuing of this notice is a serious matter. Failure to achieve compliance will result in Care Inspectorate Wales taking action in line with its enforcement policy.

Further advice and information is available on CSSIW's website
www.careinspectorate.wales

350, Cyncoed Rd

**Cyncoed Road
Cardiff
CF23 6XH**

Date Published 01/09/2020

Leadership and Management	Our Ref: NONCO-00009548-TSPC
Non-compliance identified at this inspection	
Timescale for completion	Various. See - Action to be taken (below), with some actions required immediately.
Description of non-compliance/Action to be taken	Regulation number
<p>This is because the service provider</p> <p>(a) Has not ensured that care and support is delivered in a dignified and respectful manner to promote well-being, and has not ensured that support is given in a way that encourages and assists staff to maintain professional boundaries.</p> <ul style="list-style-type: none"> • <u>Action required immediately</u> by the RI to address staff and confirm professional boundaries. The RI needs to ensure residents do not experience abuse of any type, including unintentional emotional and psychological abuse. • <u>Action required within two months.</u> The RI through the management and leadership of the service needs to ensure there is a culture of respect and this is maintained. <p>(b) Has not evidenced the staffing levels required and has not provided staffing levels in line with the application to CIW to register for an increased number of residents, compromising safety and well-being of people.</p> <ul style="list-style-type: none"> • <u>Action required within one month.</u> The service provider, through the RI, needs to evidence they have calculated the number of staff required using recognised tools, providing a copy of this to regulators. The provider needs to ensure the number of staff on duty are accurately recorded on rotas. They need to ensure that there is sufficient numbers of staff on duty so that the health and safety of people in the service, or staff giving support, is not compromised. There needs to be adequate staff to provide support for people to be involved in activities and this must 	<p>Regulation 21 – Standard of care and support</p> <p>(1) – The service provider must ensure that care and support is provided in a way which protects, promotes and maintains the safety and well-being of individuals.</p> <p>(2) – The service provider must ensure that care and support is provided to each individual in accordance with the individual’s plan</p> <p>(3) The service provider must ensure that care and support is provided in a way which –</p> <p>(a) Maintains</p>

be evidenced through daily logs.

(c) Has not provided moving and handling care plans in consultation with qualified professionals. The manager has written her own care plans that indicate one staff can hoist a person by themselves which is against regulatory guidance.

- Action required within one month. The service provider through the RI needs to ensure that care plans for moving and handling are written in consultation with professionals, paying due regard to the health and safety of people and staff.
- Action required immediately. The service provider is required to ensure two staff carry out all hoisting activities until such a time that a review of moving and handling care plans can be carried out by qualified professionals and confirmation of required staffing levels are established.

(d) Is not providing care plans with sufficient details to inform and enable staff to provide care and best possible outcomes for individuals.

- Action required within one month. The service provider needs to ensure that personal plans for people are detailed so that there is no ambiguity around the care that needs to be provided, by how many staff and how frequently. Care plans also need to identify what action to take when the written directives cannot be followed.

(e) Is not recording the use of prescribed equipment.

- Action required within one week. The use of specialised equipment that is prescribed to improve the well-being of people must be recorded. This must show frequency and any reason for not following directives. The records must be used to inform professionals of the effectiveness of the equipment. Professionals must be contacted with without delay if the service feels that the equipment is ineffective or detrimental to the person's health or well-being.

good personal and professional relationships with individuals and staff

(b) Encourages and assists staff to maintain good personal and professional relationships with individuals.

Evidence and impact on people

- i. Care and support is not delivered in a dignified and respectful manner. Professional boundaries have not been maintained. The impact on individuals has been witnessed and reported by three staff, where other staff have teased people, causing upset, or staff have used inappropriate language in front of people.
- ii. Staffing levels are not in line with the application to CIW to register for an increased number of residents as evidenced on current rotas. The impact of this on people includes reduced level of support and opportunities for people to be involved in activities. This is evidenced through handover books, daily logs, people telling us of their activity experiences and staff raising concerns about staffing levels. The care plans instruct staff to move and handle people by themselves, though the manager insists there are plenty of people around to call on - this is not always true, especially between the hours of 21:00 and 08:00 overnight, and on weekends where rotas evidence only two people on duty during the day.
- iii. Moving and handling care plans have not been written in consultation with qualified professionals. The manager provides CIW with moving and handling plans she has written herself that indicate one staff can hoist a person. These directives are against regulatory guidance for health and safety and conflict with training provided for all staff.
- iv. Personal plans do not contain sufficient details to inform and enable staff to provide care and best possible outcomes for individuals. We see this in care plans where equipment and pain relief medication is required. There is impact for those people who have specialist equipment and for those who require effective pain management as the plans do not contain sufficient detail for staff to be sure they are providing the best possible support to achieve the best possible outcomes as staff remain unclear on actions they need to take.
- v. There is no record of use of equipment for people in the service. The manager was unable to present CIW with relevant records when asked. For one person equipment had been in place for at least a year. There was no evidence of a review of equipment to ensure effectiveness. Staff told CIW that the equipment is only used sometimes but couldn't give details when. The impact for the individual is that professionals cannot work towards improvement of posture and reduction of pain without this evidence being presented to support regular reviews.