



# Inspection Report on

**Mariam House**

## **Date Inspection Completed**

23<sup>rd</sup> March 2022

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## About Mariam House

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Gofal Cymru Care Ltd
Registered places	3
Language of the service	English
Previous Care Inspectorate Wales inspection	<a href="#">01/11/19</a>
Does this service provide the Welsh Language active offer?	Working Towards. The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

### Summary

The service has made improvements since their previous inspection. We found that records have improved and that systems for monitoring asbestos and legionella are now in place. People appear happy living at the service and are supported to be independent. We saw good systems in place that encourage the persons achievement goals and personal outcomes. However, due to staff shortages and the impact of the Covid-19 pandemic on recruitment, there are some areas regarding monitoring of health and safety equipment and systems that needed improvement. Management addressed this promptly following the inspection. Management and the Responsible Individual (RI) need to ensure they maintain oversight of the services quality and identify issues in order to provide the appropriate improvements and recommendations.

## Well-being

People and their families told us they are happy with the service. People are supported to be independent and make their own choices. People access the community on a regular basis and enjoy doing things that matter to them. Advocacy is available to people and we saw this is promoted within the service. People are free to access all areas of their home and outside space is also available for people to use. People live in an environment that best supports their needs but also one which is homely and personal to them. People's well-being has been prioritised especially since the Covid-19 pandemic. Staff sickness and issues with recruitment could have impacted people and the service as a whole.

People's best interests are considered on a regular basis. We saw appropriate records to show mental capacity is assessed and considered as well as the implementation of the deprivation of liberty safeguards. The least restrictive measures are considered to enable people's independence and positive risk taking. Professionals are regularly involved where appropriate, to ensure a multi-disciplinary team approach is used. The RI regularly visits the service and gains feedback from people; surveys are also carried out to capture peoples' feedback. The manager and the RI have identified the need to increase key worker meetings to ensure people have the opportunity to share any issues on a regular basis. This will ensure people's voices are heard.

People appear to hold good relationships with care staff and talk to them openly. People have access to important contact details and policies and procedures, which are also available in an easy read format. Complaints and safeguarding policies provide key information for people to use. Care staff have the appropriate recruitment checks to ensure they are fit to work with vulnerable people. Care staff receive mandatory training and understand how to report concerns to managers.

## Care and Support

Daily records are accurate and up-to-date. These explain what the person has done during the day. An activity planner outlines what tasks and hobbies the person likes to do. People choose to attend the gym independently, go shopping in town or enjoy going to bingo. People told us they enjoy accessing the community. People complete their own clothes washing and independently prepare meals. We saw people are free to move around their home as they choose. Records could be strengthened by including more personalisation and detail regarding the persons overall emotional well-being.

Personal plans include a good level of information. There are detailed records in place which enable care staff to understand people's mood and possible triggers of stress. Key details about the person's health and needs are included within the person plan. Meaningful personalised documents are also included, this focuses on matters such as how the person wants their life to be, their structure, routine, and personal goals. Risks are appropriately assessed. Positive risk taking is considered and the least restrictive measures are implemented for people. Professionals are regularly involved in meetings to ensure a multi-disciplinary approach. People's capacity is assessed, and best interest are regularly reviewed with the appropriate professionals. People and their families told us they are happy with the care and support provided.

People speak openly with care staff. We saw other professionals are involved with peoples care such as nurses and social workers. Reviews are completed in line with regulation, but we could not see evidence to show the person is involved in this. We also found that paper records had not been updated with the most recent review. The manager assured us that staff have access to the online system which includes the most up to date and reviewed documents.

## Environment

People appear comfortable in their home and surroundings. We saw people access the community and do so on a regular basis. People's rooms are personalised and very individual to them. People's needs are individually risk assessed and their environment meets these requirements. People have personal evacuation assessments, which are regularly reviewed.

The service completes regular checks on the environment. We saw that care staff complete weekly checks on fire systems and the general environment. Managers told us they oversee checks, and that senior manager also conducts health and safety checks within the home. However, we found that fire extinguishers had not been checked since 2020. The service took action to address this, and this has since been rectified. Water temperatures checks are not always at the required temperature in line with the services policy. Management took action to address this and assured us that this sink is only used by care staff. Records have since been updated to ensure that they reflect what action has been taken if a high temperature is noted. In addition, managers told us that the maintenance person would review this particular water outlet. Legionella and asbestos checks are now in place, and this is an improvement since the previous inspection.

## Leadership and Management

We saw managers are present within the service and know the people they support well. Managers support by providing direct care as well as overseeing the service. The service has had to prioritise care and people's well-being at times since the covid-19 pandemic. This is because the service has had difficulties with recruitment.

Care staff feel well supported by the manager and can raise any issues with them directly. Care staff records show that they are recruited in a safe way. Disclosure and barring service checks are completed as well as employment references. These ensure that care staff are safe to work with vulnerable adults. Care staff complete an induction, probation, and shadow shifts to ensure they feel competent within their role. Staff feel supported by the service and the RI. We saw that recently staff have received supervision however these need to be completed as a minimum of three monthly. Some staff require refreshers in their mandatory and specialist training. The RI assured us that agency profiles are received to ensure that these staff are also safe and fit to work with vulnerable people however, we saw no evidence of this at the time of inspection.

Policies and procedures provide good levels of detail and information for care staff and people. Flow charts and 'easy read' documents clearly outline how to report concerns and include useful and important contact details. The Statement of Purpose and service user guide are available to people and their families however there are some small updates required.

The RI completes regular visits to the service in order to maintain oversight of the service. The RI speaks with people and gathers their feedback. The RI has identified the need to increase key worker meetings to ensure people have the opportunity to share any concerns and for their voices to be heard. The RI visits could be improved to ensure that feedback is sought from care staff as well as people they support. A quality of care review is also completed every six months, and this identifies what the service does well and what they need to improve. We saw that documents are completed by managers where key performance indicators are identified, and action plans are produced. However, we found that the oversight and management documents viewed had not identified the areas of concern noted within our inspection. We expect the provider to take action to address this and we will follow this up at the next inspection.

### 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
8	Several management and oversight systems in place did not identify the issues noted during our inspection	New
48	The service provider has not ensured that facilities	Achieved



	and equipment are fit for purpose and safe to use	
59	Regulation 59 (3),(a) – Ensure that records relating to individuals are accurate and up to date – In relation to the completeness of daily care records	Achieved
44	Regulation 44 (4), (h) – Premises must be properly maintained in relation to legionella and asbestos assessments and monitoring arrangements to minimise risk	Achieved

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