



## Inspection Report on

**Castlecare Specialist Services Limited**

**162 Cardiff Road  
Aberdare  
CF44 6UY**

**Date Inspection Completed**

07/03/2024

**Welsh Government © Crown copyright 2024.**

*You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: [psi@nationalarchives.gsi.gov.uk](mailto:psi@nationalarchives.gsi.gov.uk)*  
*You must reproduce our material accurately and not use it in a misleading context.*

## About Castlecare Specialist Services Limited

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	CASTLECARE SPECIALIST SERVICES LIMITED
Registered places	10
Language of the service	English
Previous Care Inspectorate Wales inspection	13 April 2023
Does this service promote Welsh language and culture?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

### Summary

People receive support from a small staff team who are experienced in helping people manage their mental health needs to regain independence. There are three flats attached to the main house, which are used as part of a pathway to independent living. Management and staff liaise with care coordinators and health professionals to support people in all aspects of their care. Personal plans are reviewed regularly, and we saw evidence of them being updated following multidisciplinary team meetings.

The environment at the home is suitable for people's needs, and there are communal and leisure areas for people to use as they wish. Facilities and utilities are serviced and maintained. The manager and deputy manager both do support worker shifts to learn more about the people living at the service and understand any potential issues staff are facing. The Responsible Individual (RI) is in regular contact with the manager and has good oversight of the service being provided.

## Well-being

People are supported to have control over their day to day lives. We observed people being given opportunities to make their own decisions and be as independent as possible throughout the day. People are consulted on the support they are receiving. They are encouraged to voice their opinions about what is going well and what could be changed, whilst being informed of structures that are in place to protect them or others from harm. Support staff facilitate education, work and leisure opportunities according to people's requests and preferences. People are encouraged to do their own domestic and laundry tasks where appropriate, to improve their independent living skills.

There are processes in place to protect people from harm or abuse. Support staff receive safeguarding training, and there is a policy in place to offer additional guidance should it be needed. Management are able to identify any potential safeguarding issues and refer them on for investigation. Risk assessments are in place and detail at what point, and what type, of intervention is required, to minimise risks to individuals' personal health and safety.

The environment supports people's well being. The main building has a small area with gym equipment, a pool table, and darts board for people to use any time they like. There are also a communal kitchen and lounge area, in which people can socialise and interact with others, if they do not want to use their bedrooms. There are three flats attached to the main building, which people can move into as part of the process of practising independent living and honing their skills, with the reassurance of support staff being available 24 hours a day if needed.

## Care and Support

We received positive feedback about the support being provided at Castlecare. There is a strong ethos of person-centred care and support at the service, which all staff clearly understand and promote in the work they do. People told us they feel settled in the house, and the atmosphere there seems calm and relaxed.

People's personal plans reflect the support people need to meet their personal outcomes. They are reviewed regularly, in consultation with the person, to assess their progress towards their personal outcomes. Before a person is offered a placement in Castlecare, the manager meets with them for an assessment to determine what support they require and whether the service is suitable to meet their needs. These plans are reviewed regularly with the individual to look at their progress towards their goals and what changes in support are needed to keep them moving forward.

People are supported to be as healthy as they can be. Management and staff consult regularly with external health and social care professionals to support people with their wider care needs. One professional told us: *"They have good skills to identify any changes in their presentation and have regular contact with me. They work in a very inclusive way, and this is evident by the professional relationships they have with all their residents."*

Support staff facilitate people to attend hospital appointments and clinics and encourage people to make contact with professionals independently when they are able.

There is a series of stages defined for people who want to work towards independence with managing their own medication. Each stage towards self-administration is risk assessed and reviewed regularly. Medication is delivered by the pharmacy in medi-packs, which make administration clear and straightforward. Support staff are knowledgeable about each individual and what their medication administration needs are.

## Environment

Castlecare is comprised of one main building with seven bedrooms, and 3 adjacent self-contained flats which are used to progress people towards independent living. People's bedrooms are personalised, and the communal area is spacious, and has a homely feel. There is a gym and pool table area on the basement floor, for everyone to use. The managers office and medication room are locked to prevent unauthorised access. People can come and go from the house freely, and there is a missing persons protocol in place if needed. People are encouraged and supported to do their own domestic and laundry tasks, but support staff do additional domestic tasks around the house.

Facilities and utilities at the house are serviced and maintained. There is some building work being completed to the property as part of ongoing maintenance. Repairs and maintenance are completed in a timely manner by a contracted property company. We saw certificates of external checks and servicing of amenities such as gas and electric, as well as fire safety tests and checks. The house has stair access only to the upper floors of the house, and therefore people's mobility and physical ability is considered as part of pre admission assessments.

## Leadership and Management

People are supported by a small, and consistent, staff team who are safely recruited and vetted in their roles. Staffing levels are determined by the needs of the people currently living in the service, and what appointments or activities are scheduled for the day. All required recruitment information is gathered prior to employment starting, including receiving current Disclosure and Barring Service (DBS) checks.

Support staff receive mandatory training, and additional training specific to the people they are supporting, such as positive behaviour management. Supervisions, which are one to one sessions held between staff member and line manager, are completed regularly and enable people to discuss their professional development and any issues or concerns they may have. There is a culture of enabling staff to learn new skills and take on additional responsibilities. The current deputy manager started at the service as a support worker, and we saw the manager explain and include her in the inspection for her to learn more about the process.

There are strong quality assurance processes in place at the service. The manager and deputy manager have good oversight of events that occur within the house and respond to these appropriately, including notifying external agencies when appropriate. The RI has a good relationship with the manager, who reports feeling well supported in their role. RI monitoring visits are completed quarterly, as required, and gather feedback from people living at the home and staff, as well as considering aspects of the service such as the environment and the staff team. Biannual quality of care reports are produced using the information from the monitoring visits, identifying what the service is doing well and what improvements may be needed.

### 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
------------	---------	--------



N/A	No non-compliance of this type was identified at this inspection	N/A
35	he provider is not compliant with regulation 35(6). This is because not all staff working at the service have an up to date DBS certificate.	Achieved

### **Was this report helpful?**

We want to hear your views and experiences of reading our inspection reports. This will help us understand whether our reports provide clear and valuable information to you.

To share your views on our reports please visit the following link to complete a short survey:

- [Inspection report survey](#)

If you wish to provide general feedback about a service, please visit our [Feedback surveys page](#).

**Date Published** 16/04/2024