



# Inspection Report on

**Rees House**

**Cardiff**

## **Date Inspection Completed**

04/05/2023

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## About Rees House

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Gofal Cymru Care Ltd
Registered places	6
Language of the service	English
Previous Care Inspectorate Wales inspection	<a href="#">14 November 2019</a>
Does this service provide the Welsh Language active offer?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

### Summary

People are settled and appear happy living in Rees House. People can expect continuity of care from an established care team. New staff receive valuable support from other team members to enhance their skills and knowledge to meet the complex needs of people living in the home. Staff are guided by detailed personal plans and care documentation. We saw positive interactions between people and care staff and people are experiencing worthwhile individual outcomes. The provider supports those receiving a service to maintain their health and well-being.

Management of the service is good and care staff feel sufficiently supported. The manager has consistent and positive access to the Responsible Individual (RI) We found effective oversight of the service; the RI visits the home on a regular basis to monitor the quality of the service people receive. The service provider must update and strengthen the Statement of Purpose (SoP) and deliver a service to people in-line with the statement.

## Well-being

Overall, people are involved in day-to-day decisions about the support they receive. We saw effective systems in place to support best interest decisions for people who require these. The service provider completes thorough assessments with people planning to move into the home with relevant professionals and representatives. Personal plans are detailed and capture information about what is important to them. Records do not consistently tell us whether people and their representatives are invited to review the personal plan to discuss their care and support and to document their choices. Although house meetings are not taking place giving people the opportunity to have their say, people meet with a designated Key Worker. The Key Worker meeting gives people the opportunity to talk about all aspects of their well-being, care and support, goals, and aspirations. The management is visible and approachable for people at the service. The provider formally seeks the views and opinions from stakeholders on an annual basis.

People receive person-centred care and support from a diverse and kind care team. Care staff follow detailed personal plans and daily care records are consistent with the service people receive. During the inspection and we found people are well-kempt, dressed appropriately for the season and their health needs are met. People take part in activities that interest them, and individual hobbies are catered for. Most people enjoy a weekly structure. On the day of the inspection, we saw appropriate care staff levels to enable people to enjoy activities and keep them safe. Staff told us people have the choice to take part in activities and we found valuable records of goal planning and outcomes.

The home is perfectly located enabling people good access to public transport links and local amenities. We found most areas of the home not adequately maintained and in poor decoration. Some soft furnishings are not in good order. The provider is taking positive action to make changes to the home, we will follow this up at the next inspection.

There are policies and procedures in place to keep people safe from harm and staff have a good understanding of their roles and responsibilities. Safeguarding training is not up to date for all care staff.

## Care and Support

People appear happy with the care and support they receive. We found records of family contact and informal feedback appears positive. We are told family members visit frequently and speak with staff and management when they have a concern.

The service provider completes detailed care documentation that fully informs staff of people's care and support needs. Staff readily access this information in paper folders, but we found not all documentation in the files is up to date or relevant. The provider must ensure staff have current information to guarantee effective care delivery and to keep people safe.

Personal plans are well written and focus on positive outcomes for people. There is insufficient evidence the review of the plan is being inclusive of people and their representatives. The provider must make changes to the ways they work to ensure reviews are completed in-line with current legislation. Staff consistently complete daily records about the care and support people receive. Most records are detailed, and we observed support being given in a respectful way.

People receive assistance to maintain their health and well-being. Care staff arrange and accompany people to attend routine health and medical appointments. Information about changes to people's health and well-being is appropriately shared. The provider does not have consistent oversight of health appointments but is making immediate changes to how this information is recorded. Some people receive annual reviews with the provider and other professionals, but this is not consistent for all. Risk assessments are in place for people who require them, and documentation is regularly reviewed.

There are effective procedures in place to safely manage and administer people's medication. People attend medication reviews with appropriate health care professionals. Staff receive training to administer medication and the provider completes competency observations with staff.

Nutritional needs are met, and people receive a catered service. They also have the option of purchasing other food items the provider is unable to offer on the daily menu. Staff keep records of what people are choosing to eat and drink.

## Environment

The service operates between two semi-detached properties. The smaller property is well maintained and recently decorated. The larger home requires maintenance and redecoration through-out to meet the needs of people living there. Bedrooms are personalised and decorated to people's taste, but we found the en-suite bathrooms require immediate attention. The communal lounge is recently decorated but lacks a 'homely' feel with little to stimulate or interest people. There is a large dining area and safe access to a rear garden which is paved. The garden is enclosed with sufficient space for a trampoline and raised beds for plants. There are restricted areas throughout the home to keep people safe.

Care staff follow daily hygiene routines. Daily records relating to cleaning and kitchen safety checks are complete. Cleaning products that could cause harm to people are safely stored. Kitchen cupboards are adequately stocked with dry and canned foods and people have access to fresh fruit, snacks, and drinks as and when they choose.

RI completes regular visits to the home and completes environmental audits every three months. The provider must make changes to weekly visual checks of the home to include the issues raised during this inspection and actions from the home maintenance plan carried out. Health and safety certificates are up to date. However, we found inadequate fire evacuation records and we expect the provider to take action; this will be followed up at the next inspection.

The staff office is a secure outbuilding, and people's records are stored securely. Medication and people's monies are stored safely within the home. Staff have access to ample Personal Protective Equipment (PPE).

## Leadership and Management

The provider has arrangements in place for the oversight of the service and various quarterly audits are up to date. There is effective oversight of accidents, incidents, complaints, and safeguarding. The RI completes regular visits to the home and speaks with people and staff to seek their views. The views of family members or representatives are not consistently being captured. During the visits the RI samples various documentation and inspects the environment. The RI is taking positive action to strengthen the information recorded at the visits.

The RI completes a Quality Care Review that informs the provider on how the service is performing, which details the views and opinions of people and staff. The review identifies what the service is doing well, and improvements required to enhance people's well-being. The provider notifies CIW of significant events.

Electronically stored policies are up to date, but we cannot be assured staff at the service are accessing the most current documentation. Established care staff are knowledgeable about their roles and responsibilities, however, we found not all staff are up to date with core and specialist training. Records relating to training and development and induction of new staff are incomplete, but most staff receive timely supervision. Safe recruitment processes are followed, some staff are suitably qualified, and most are registered with Social Care Wales, the workforce regulator. Staff told us they complete a thorough induction and are supported by experienced staff in their first few weeks of working with people.

The manager is approachable, and staff consistently told us they feel valued and listened to and receive good support from the provider. Regular meetings are held to keep staff well informed. There is a culture of supportive teamwork and staff told us they feel positive about working at the service. Staff understand how to keep people safe and trust the manager to be responsive to concerns. The staff team appear stable and settled.

We found some records relating to care and support did not always reflect the positive and pro-active work being undertaken by care staff. Key worker records are not consistent for all people and electronic records do not match file records which staff refer to daily.

The service provider must deliver a service in-line with the Statement of Purpose. We advise the service this is an area of improvement, and we expect the provider to take timely action. 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
6	The service provider is not delivering care and support to people with sufficient regard to the statement of purpose.	New





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**Date Published** 16/06/2023