



# Inspection Report on

**Frederick House**

**The Frederick Residential Home  
Park Terrace  
Merthyr Tydfil  
CF47 8RF**

## **Date Inspection Completed**

07/06/2023

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## About Frederick House

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Kestrel Care Ltd
Registered places	12
Language of the service	English
Previous Care Inspectorate Wales inspection	17 June 2022
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 receive good care and support at Frederick House. People told us they are happy living there, we saw people settled and at ease in their environment, and relatives told us they are very happy with the support people receive. Care staff are compassionate, respectful, and support people to achieve their goals. The service has systems to monitor care and support. People have detailed and up to date personal plans which are reviewed regularly with people and their representatives. The service gets the right support for people at the right time. Management is very active in the day to day running of the service. Policies and procedures are in place to help protect people from harm or abuse. The service has auditing systems and meets the legal requirements in relation to Responsible Individual (RI) consultation and quality of care reviews. The environment is clean and supports people to meet their needs. Improvements are required to make sure the environment is safe. Infection control measures are of a good standard. Care staff are recruited following recruitment checks, receive supervision and training, and feel supported in their work.

## Well-being

People are treated with dignity and respect at Frederick House. We saw people were generally well-settled in their environment, receiving warm and caring support. People told us they like living at the service. We saw several good examples of person-centred support by the service, helping people achieve their goals and improve their well-being. The service supports people to access independent advocacy, helping them to make sure their wishes are heard. People's views and wishes are actively and regularly sought. People's relatives praised the quality of care and support at the service. The home has good relationships and lines of communication with relatives, who told us staff keep them informed and updated. Friends and relatives can visit when they wish.

People are supported to be as healthy as they can by getting the right care at the right time. The service works with external health professionals to refer any concerns and follows appropriate guidance. We saw evidence of correspondence with professionals, with personal plans reflecting direction given. Personal plans are very detailed and reviewed regularly. Meal options are balanced and offer variety. The home has a large supply of personal protective equipment (PPE) and we saw this being used appropriately. We saw the management of medication is in line with the service's medication policy.

People live in an environment that supports them to meet their needs. Bedrooms are comfortable and personalised. Communal areas meet people's needs. Suitable mobility aids are in place to help people where needed. The home is clean, well-maintained, and well-situated to the local community. Improvements are needed to the fire safety arrangements, to ensure the environment is as safe as it can be.

There are systems in place to help protect people from abuse and harm. Training ensures care staff are sufficiently skilled, for example around how to manage medication safely, or supporting people with their manual handling needs. Policies and procedures support good practice and can assist staff to report a safeguarding concern or 'whistle blow', should this be needed. Care staff report they feel confident if they raised an issue with the manager, it would be responded to. The service ensures staff are fit to work at the service, and supervision and appraisals support continued development. Incidents and accidents are logged, and appropriate actions taken by the service. Ongoing quality assurance audits ensure systems remain effective and improvements are identified and addressed. The service acts in an open and transparent way.

We were told the home did not provide a service to people in Welsh at the time of the Inspection, but had several Welsh-speaking staff and could make efforts to try and facilitate support in Welsh if needed.

## Care and Support

We saw warm and positive care and interactions between care staff and people. Care and support was provided in a dignified and respectful manner and people appeared well cared for and appropriately dressed. We spoke to people who told us it was “*good here*”, “*I love it*”, and the staff are “*brilliant, not one or two, but all of them*”. People’s families told us there is a “*warm and caring atmosphere*”, and staff are “*very attentive to all residents*”.

Care staff have up-to-date knowledge of people’s needs. An electronic care planning system is used to document and record people’s care and support. Personal plans are individualised, detailed, and outcome-focused, with people and their representatives involved in developing their plans. Compatibility is considered before a person moves in. Daily recordings and supplementary monitoring charts are in place, giving important information about people’s progress and identifying changes in care needs. We saw plans are reviewed at least every three months, or more often if needed. People or their representatives are involved in reviews, with plans being updated. These are improvements acted upon since the last inspection. We viewed evidence of appropriate and timely referrals to health professionals and partner agencies, with recommendations and direction acted upon by the service. Deprivation of Liberty Safeguard (DoLS) applications have been made where people lack mental capacity to make decisions about their care and accommodation and need to be deprived of their liberty to keep them safe.

People benefit from a balanced diet and varied menu. We viewed a variety of options on the menu, with people offered alternatives if needed. We saw evidence of people having drinks to help keep them hydrated. Dietary preferences are understood and available to kitchen staff. People were very complimentary about the quality of food.

There are infection control measures in place to help reduce the risk of transmission of COVID-19 and other potential sources of infection. Staff have access to an abundant supply of appropriate PPE. There is an infection control policy in place which staff are aware of and understand their responsibilities around this. Care staff have daily cleaning schedules, and we saw evidence of these being completed.

There are systems in place for the management of medication. Medication is stored securely and can only be accessed by authorised care staff, which is an improvement acted upon since the last inspection. Records show staff administer medication in line with the prescriber’s directions and were free from gaps or errors. The home has an up-to-date medication policy. Medication is audited.

## Environment

People live in an environment that supports them to meet their needs. Frederick House is a three-storey converted house, located in Merthyr Tydfil. The home is clean, tidy, and free from malodours. A lift is in place for access between all levels. The home is secure from unauthorised visitors, who must sign on entry. Bedrooms viewed were a good size and comfortable. Rooms are individualised to people's tastes and contain photos, decorations, and keepsakes, which promote a feeling of belonging. There are sufficient toilet and bathing facilities available. The service has a lounge and dining area, where people can choose to spend their time and have meals. Communal areas are generally tidy and comfortable. The kitchen facilities have been upgraded with notable investment since the last inspection and are appropriate for the home. The service achieved a Food Hygiene Rating of 4, which means "good". We saw other refurbishments since the last inspection, with the top floor bathroom and a downstairs bedroom being re-decorated. These help improve the environment and well-being of the people using these rooms. We were told of upcoming refurbishment plans to help further develop the environment. A garden patio area is available which people can make use of, with a large grass area able to be used as a larger space if needed.

The service takes measures to maintain the safety of the environment, but improvements are needed. Substances hazardous to health are locked in cupboards, in line with Control of Substances Hazardous to Health (COSHH) regulations. There were no obvious trip hazards. Daily cleaning and laundry duties are being maintained. The service has access to a maintenance person. Maintenance records confirm the routine testing of utilities. The auditing and servicing of equipment is up to date and fire safety tests and drills are completed. Personal emergency evacuation plans enable staff to understand the level of support people require in the event of an emergency and are easily accessible. However, the service has not sufficiently undertaken actions needed following a South Wales Fire and Rescue Service inspection in February 2023, which falls short of what is expected to help keep people safe. We advised this is an area for improvement, and we expect the service to take timely action to address this.

## Leadership and Management

People are supported by a team of care staff who are recruited safely. Staff files show appropriate recruitment arrangements and contain all legally required information. Care staff start work once pre-employment checks are complete. New care staff complete an induction programme. Care staff are registered with the workforce regulator, Social Care Wales. Training records show care staff have up to date training in core areas of care. This includes medication training for staff who administer medication, which is an improvement acted upon following the last inspection.

An experienced staff team is in place. Turnover of care staff is low, with some having worked for the service for many years, helping facilitate continuity of care. Care staff feel supported in their role. They told us they “*like*” working for the service, the management is “*very supportive*”, and they know people living there “*very well*”. Care staff have supervision and yearly appraisals to reflect on their performance, identify support they might require, and discuss any issues. The manager told us staffing levels are worked out based on people’s level of need using a dependency tool. Staff told us about a recent change in the rota having a positive impact on support provided in the morning. We saw staffing levels reflected the rota.

Good governance, auditing and quality assurance arrangements are in place to support the running of the service. These systems help the service to self-evaluate and identify where improvements are required. The RI, who also undertakes the manager role, has excellent oversight of the service, and is closely involved daily. We saw evidence the RI undertakes the legally required three-monthly consultations with people and staff, and six-monthly quality of care reviews. Policies and procedures, such as for complaints, infection control, medication, and safeguarding, are in place. They give guidance to care staff, for example telling them what to do if they thought someone was at risk of harm. We saw the service has procedures to deal with complaints. The service is open and transparent, acting to resolve issues and making the legally required notifications to Care Inspectorate Wales regarding occurrences at the service.

The service provides information to the public. The Statement of Purpose sets out the service’s aims, values, and delivery of support. A written guide contains practical information about the home and the care provided.

### 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
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57	The service has not undertaken the works identified as being required by South Wales Fire and Rescue Service to reduce the risk in case of fire.	New
58	The door to the medication room was observed being left open and unoccupied.	Achieved
16	Personal plans are not reviewed at least every 3 months.	Achieved
16	Personal plans do not evidence the involvement of the individual, representative, or placing authority in any reviews.	Achieved
15	Personal plans are not updated to reflect current needs.	Achieved
21	Care is not being delivered according to the personal plan.	Achieved
36	The majority of care staff are overdue medication refresher training.	Achieved

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