



Inspection Report on

Chilton Place

**14 Alma Street
Brynmawr
Ebbw Vale
NP23 4DZ**

Date Inspection Completed

08/08/2024

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About Chilton Place

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Glaslyn Retirement Homes Limited
Registered places	24
Language of the service	English
Previous Care Inspectorate Wales inspection	14 March 2023
Does this service promote Welsh language and culture?	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 told us staff are kind, and they are happy with the care and support provided. We observed staff being responsive and sensitive to people's needs. People have opportunities to take part in activities and records reflect this. Personal plans detail care and support needs and regular reviews take place. People have a voice and are involved in their care. Assessments of people's needs and capacity to consent have been strengthened and consider the relevant authority required. The home is comfortable, and the environment meets the needs of people living there.

Overall, the service is well-run, supported by a clear management structure and governance arrangements. Care staff receive regular supervision and training, and they told us they feel valued. The management team demonstrate a commitment to providing a good quality service. We noted however, some of the processes relating to staff recruitment, medication and infection control need to be strengthened.

Well-being

People's individual circumstances are considered. We saw people are listened to and they have the opportunity to give their views and opinions. Resident meetings are held alongside key worker sessions for people to contribute and for their voice to be heard. People told us they are happy; staff are kind and treat them well. Activity arrangements are in place. The service provider told us no individual currently requires a Welsh language service, although we found service documentation did not reflect a commitment in making provision for the Welsh language 'Active Offer'. The manager told us this would be acted on and a greater emphasis would be placed on promoting the use of the Welsh language and culture.

People are safe, although some areas of staff practice require close monitoring. Personal plans are detailed and support people where authorisations are in place to deprive someone of the liberty. Staff have completed safeguarding training. Staff support people to manage their medication, although staff practices require strengthening. The provider has completed Disclosure and Barring Service (DBS) checks on staff. The DBS helps employers maintain safety within the service. We found falls management requires further scrutiny to ensure people's health and well-being is consistently monitored with records kept.

Systems are in place to measure and oversee the performance of the service. The Responsible Individual (RI) completes a report every three months that reflects they observe staff engagement with people, speak with staff and review service delivery. The RI and manager have a good presence at the service, engage positively with people, their representatives, and staff. Staff told us they feel well supported in their role, they receive regular supervision, and the management team are approachable.

The accommodation supports people's overall well-being, but improvements are required to risk management in the environment. The accommodation is homely and external spaces are accessible. People appear comfortable and relaxed in their home and they are supported to have regular contact with family and friends. Risk assessments are in place in most areas of the service; however, the service provider needs to ensure infection prevention and control is given further consideration due to risks identified within the environment.

Care and Support

Personal plans are individualised and regularly reviewed. We saw support is provided consistently in line with people's needs. People are relaxed in the company of staff, and they are happy with the support they receive. We observed staff are kind and caring. Personal plans cover the core areas of an individual's care needs. We saw people enjoying their breakfast, with hot and cold food options available. They were relaxing and enjoying their time together. We found plans are mostly updated following an incident of concern.

There are mechanisms in place to promote peoples' safety and emotional well-being. The service liaises with health and social care professionals when required, and this is reflected in care documentation. Staff demonstrate a good knowledge of safeguarding procedures, and we saw they wear the relevant personal protective equipment when delivering care. We saw a staff member reassuring an individual who was displaying signs of anxiety, supporting them in a sensitive manner to locate their bedroom.

Improvements have been made to ensure lawful authority processes and procedures are being followed. Visitors are welcomed into the home supporting peoples' emotional well-being. People's religious beliefs are respected, and members of a local church regularly visit the service to spend time with people. Records show health appointments are recorded. A visiting health professional was complimentary of the service provided.

Systems in place to support people safely with their medication require improvement. The temperature of areas where medication is stored is monitored effectively. There is an auditing process in place. The room where medication is stored needs to be locked at all times and keys to controlled drug cabinets need to be kept safe and secure. We found most administrations are completed accurately; however, we found one person's medication had not been administered on one occasion with no explanation recorded, no escalation or follow up with the relevant professional. Handwritten entries on medication records are not completed in detail. This is an area for improvement, and we expect the service provider to take action.

Environment

People are cared for in a safe and secure environment. We found the entrance to the home to be locked and our identity was checked. We saw some environment enablers in place to support people to find their way around more independently. People have access to dining and lounge areas on each floor. They were observed to be relaxed, spending time together, and listening to music. Staff were encouraging people to engage in ball game activities. Some people were enjoying time in their own bedroom, watching TV or engaged in puzzle games. Bedrooms are personalised and contain items such as family photographs, things of importance and keepsakes. Flooring throughout the service was clean and of a good standard. Processes are in place to ensure safety checks are completed. Staff undertake regular fire drills and there is a fire risk assessment and action plan in place. The provider was unable to locate a gas safety certificate and we found lifting equipment servicing has just lapsed. In May 2024 an external contractor has provided a quote for legionella remedial works to be completed. Following our inspection the provider assured us these matters have either been acted on or are in the process of being addressed.

Improvements are required to staff practices to ensure satisfactory standards of hygiene are in place. The home has been awarded a 'three' food hygiene rating by the Food Standards Agency following a visit in September 2023. This rating indicates hygiene standards in the kitchen are 'generally satisfactory'. We saw multiple bags of soiled laundry in red sacks left on the laundry room floor. Some sacks had not been secured tightly and soiled clothing was littered directly onto the floor. Pedal bins are in wet rooms in order to support appropriate disposal of waste products, however we found the pedals were faulty on two of the bins. We saw toiletries had been left out in shower areas placing people at risk of cross contamination. We observed shower curtains were stained and require cleaning or replacing. Following our inspection the provider assured us these matters have either been acted on or are in the process of being addressed. This is an area for improvement, and we expect the provider to take action.

Leadership and Management

There are arrangements in place for the oversight of the service. The manager, who is registered with Social Care Wales (SCW), plays an active part in the day to day running of the service. A deputy manager has been recently appointed to support the manager in their operational duties. The quality of care is reviewed on a six-monthly basis. The quality of care report evaluates the service delivery, including stakeholder engagement. The RI completes a report every three months reflecting they consult with people and their relatives, whilst considering the quality of service delivery.

The statement of purpose (SOP) is fundamental in reflecting the vision for the service. The SOP provides an overall picture of the service offered, although this does not clearly demonstrate how the provider considers people's language and communication needs, including provision of the Welsh 'Active Offer.' We reviewed a range of policies and found these are detailed, however these are not aligned with national and local guidance. We received assurance from the provider this would be acted on.

Reporting and recording processes are in place. Care staff we spoke with have a good understanding of when and who to report matters of a safeguarding nature. The service provider notifies CIW of events as required, but we note on one occasion the service provider did not refer an incident of misconduct to the relevant professional registration body as necessary, which supports timely intervention. Incident, accidents and falls are monitored at the service.

Staff receive regular support and development in their role. Staff we spoke with told us they feel supported and valued. Staff performance is recognised. The service has an 'Employee of the Month' displayed on a notice board. Staff complete an induction relevant to their role. One member of staff commented the induction process was very helpful. Team meetings are held to share information, review team performance and lessons learnt. Records show staff receive regular one-to-one supervision with their line manager. Training records indicate staff have completed the majority of mandatory training in subjects appropriate to their role. Care staff are supported by the provider to register with SCW.

The recruitment process needs some improvement. Staff files we sampled show the service has conducted most of the required pre-employment checks to ensure suitability. We saw a DBS matrix indicating the relevant checks have been completed for all staff. Reason for leaving previous employment with vulnerable adults are not always verified. References obtained to comment on staff fitness and credibility are not always obtained from the most appropriate or impartial source. This remains an area for improvement, and we expect the provider to take action.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	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.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	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.

Area(s) for Improvement

Regulation	Summary	Status
56	Ensure the standards of hygiene in the delivery of	New

	the service are satisfactory	
58	Ensure arrangements are in place to administer medication are safely	New
35	Ensure full and satisfactory information and documentation is available for each member of staff in respect of each matter in Part 1 of Schedule 1	Not Achieved
21	Paperwork to evidence mental capacity assessments and associated best interests decisions were not available to ensure peoples liberties were protected.	Achieved

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Date Published 18/09/2024