



# Inspection Report on

**Queen's Care Home**

**Port Talbot**

## **Date Inspection Completed**

09/07/2024

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## About Queen's Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Rushcliffe Care Limited
Registered places	4
Language of the service	English
Previous Care Inspectorate Wales inspection	18 April 2023
Does this service promote Welsh language and culture?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

### Summary

People are supported by a dedicated team of well trained and experienced care workers, a team leader and service manager. All care staff are very knowledgeable about the needs of the people they support. People are supported to access routines that are important to them including access to the community on a regular basis. People are encouraged and supported to maintain and enhance their independence. People have up to date personal support and risk management plans that are regularly reviewed. People live in an environment that meets their needs well and is homely, clean and well maintained. People are supported to access healthcare support when required. The provider has a range of staff from different professional backgrounds that complement and enhance the care and support available. The Responsible Individual (RI) is in regular contact with the service and there are robust oversight and quality audit arrangements in place.

### Well-being

People's physical, mental health and emotional well-being is promoted and maintained. People have access to the local community and have a varied activities programme available to them in and outside the service. The service has their own vehicle and people also access public transport to promote community access. People are supported to maintain and enhance their independent living skills and there is good evidence in personal files to support people's achievement of goals. People told us they take a full and active part in all household activities. There are good procedures in place for the recording, storing and auditing of medication in the service. People are supported by well-trained care workers who know them well and seek medical assistance quickly to support them appropriately when required.

People have a voice and are treated with dignity and respect. We observed care workers supporting people in a friendly, supportive and relaxed manner with positive and supportive interactions. Personnel files viewed, indicate people's needs are fully considered including their ability to participate in care planning. We found personal support plans are up to date, regularly reviewed and give a good reflection of the current needs of people. People are involved in and consulted about their care and support needs on a regular basis. Risk assessments are detailed and thorough to ensure people are supported safely. The service utilises specialist assessment and risk tools that reflect the needs of individuals and enhance the quality of support provided. People spoken with during the inspection told us they are happy, value the care and support provided, and enjoy living in the home.

People live in a home that is safe, secure and homely. The service is maintained to a high standard and further updates have taken place since the last inspection. The service is homely, clean and comfortable, and bedrooms are personalised where appropriate to give people a sense of belonging. Control of substances harmful to health (CoSHH) products are generally stored safely and securely. The environment meets the needs of the people living there well.

There are robust and thorough governance and oversight measures in the service. The RI visits regularly and provides support to the manager along with regular planned supervision. Care workers are recruited safely and supported well. All feedback from staff spoken with is extremely positive about the culture in the service. Care workers receive appropriate mandatory and specialist training and are registered with the appropriate statutory body. All staff receive safeguarding and whistleblowing training and are aware of their duties in respect of this. Policies and procedures to guide care workers are in place which have been reviewed and updated where appropriate. The provider ensures the appropriate notifications are made to Care Inspectorate Wales (CIW) and as required by regulations. There are no Welsh speakers currently living in the service. Should there be in the future the provider is able to provide Welsh language written documentation and support.

## Care and Support

People are provided with a good standard of care and support. We spoke to people, relatives, care workers, the manager, team leader and RI. A person told us; *“Best place I have ever lived. The way this place is, is really good. No complaints, staff are great here”*. Another person told us; *“Staff are all very good and no complaints or worries at all”*. A relative told us; *“We are really pleased. They are very good”*. The provider has detailed and thorough personal plans in place that reflect the needs of people and are reviewed regularly. There are detailed risk assessments in place where required and the provider uses specialist assessment tools to compliment these. Recording of support given is detailed and evidences that people’s identified needs are monitored and reviewed when necessary. The service operates a ‘keyworker’ system where a care worker is nominated to be a central contact for an individual. Personal plans and reviews provide good evidence of people’s progress and achievement of goals. There are records detailing regular contact and meetings with people to ensure they are consulted and included in care planning. People access the community and engage in activities within the service. We also saw documented records of planned weekly activities. Activities are structured and planned around the needs of people.

People are supported to access appropriate health care support. There are detailed records of health care appointments with associated actions. The service is part of a wider organisation that employs specialist mental health practitioners including psychiatrists, mental health nurses and occupational therapy. This means people can access support quickly when necessary. People are registered with the local healthcare practice. There are safe systems in place for the management and administration of medication. Medication Administration Records (MAR) are completed appropriately with signatures of care workers present. There are good processes in place for the ordering and auditing of medication in the service which minimises the risk of error. Staff assisting people with medication are trained and deemed competent to do so.

The provider considers a wide range of views and information to confirm their ability to meet the needs of the people they support. Policies and procedures are in place for the initial assessment of people. The provider has a Statement of Purpose (SoP); a document which shows people what they can expect from the service and a description of the admissions process. The SoP is clearly written and reviewed regularly by the manager and RI.

Care workers attend safeguarding training and are aware of their responsibility in respect of reporting any concerns. Staff have a good understanding of the safeguarding process. There is a clear safeguarding policy and procedures in place. All staff complete safeguarding training as part of their induction and follow up training is arranged. All staff spoken to feel they have the skills and knowledge to report issues.

## Environment

The provider ensures people's care and support is provided in a location and environment with facilities that promote their well-being and safety. The building is located in a small urban community setting with good access to transport links. We viewed all communal areas and found them to be clean, well-maintained and decorated. Further re-decoration was being completed at the time of inspection. Since the last inspection the provider has acted on all recommendations and replaced floor coverings in the kitchen and on stairs. The team leader told us there is a current food hygiene rating of five (Food Standards Agency) which is the highest possible. This means the hygiene standards are very good and fully comply with the law. We saw a pleasant rear garden with further improvements planned when the weather allows. A vegetable plot has been developed and we were informed people will be taking an active part in cultivating and growing plants. We saw any control of substances harmful to health products (CoSHH) are generally stored safely and securely. We did notice a cleaning product had been left out and the team leader immediately removed it and placed it in a locked cupboard. The environment is well suited to the needs of the individuals living there. We saw people had their own personalised items in their bedrooms and rooms viewed were clean and well maintained. People told us they enjoy their bedrooms and personal private space. We saw good infection control is maintained, separate coloured mops and buckets for cleaning are stored in a dedicated laundry area.

Mandatory fire safety checks take place routinely and certificates for gas, fire detectors, fire extinguishers, electricity and electrical equipment are all up to date. We also viewed regular documented checks for water temperatures, descale of shower heads and building checks. The provider has a dedicated health and safety advisor who completes regular planned audit checks.

## Leadership and Management

The provider has arrangements in place for the effective governance and oversight of the service through ongoing quality assurance processes. We read detailed and thorough reports completed by the RI which include; discussions with people, the manager and care workers. The manager and team leader told us the RI is very supportive and visits the service on a regular basis and is due to visit again tomorrow. The reports detail audits completed and associated actions which correspond with the inspection findings. We read the latest quality of care review which we also found to be detailed and includes feedback from staff and environmental audit information and associated actions.

People are supported by an experienced, well trained and supported team of care workers. We spoke to three care workers during the inspection and also received five feedback questionnaires from care workers and from a person receiving support. All spoke very highly of the management support received and culture in the service. A care worker told us; *“I feel really supported, the staff team are great. Everyone is really easy to talk to and I can get help quickly when I need it”*. Another care worker stated; *“Nice and calm place to work. All the staff are really good here”*. There are regular planned staff team meetings and handovers taking place. We looked at two staff personnel files and saw appropriate pre-employment and recruitment checks are in place. References and up to date Disclosure and Barring Service (DBS) checks are on file. The training matrix was seen and we found almost all mandatory training requirements of the provider are up to date. This includes infection control, safeguarding, health and safety, fire awareness. Staff have also completed specialist training including anxiety, mental health, self-harm and positive behaviour support. The service is further complimented by having specialist trained practitioners working in it including drug and alcohol harm reduction and behavioural support. There are detailed and thorough safeguarding and whistleblowing procedures in place to guide care workers. Staff receive routine formal supervision. All staff are registered with Social Care Wales (the Welsh social care staff regulator).

### 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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N/A	No non-compliance of this type was identified at this inspection	N/A
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