



Inspection Report on

Shillings Care

Cardiff

Date Inspection Completed

17/05/2024

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About Shillings Care

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Shillings Care Limited
Registered places	4
Language of the service	English
Previous Care Inspectorate Wales inspection	23 November 2023
Does this service promote Welsh language and culture?	The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

The service provides a homely and relaxed environment. People are provided with regular choices from consistent care staff they know well. The Responsible Individual (RI) is very much involved and emersed within the service. Some improvements have been made to care documents since the previous inspection. Personal plans now include more detail and important pieces of information to ensure care staff understand a person's care and support need. Some records have improved, new risk assessments have been introduced which reflect most people's current risks and how the service implement measures to maintain people's safety. Further improvements to records are required to ensure all risks are identified and clear instruction and measures in place to keep people safe. The RI is very visible at the service and regularly speaks with people and care staff. Some records regarding management oversight require further improvement. The RI continues to work towards strengthening and embedding monitoring systems and records in order to improve quality and meet the regulatory requirements.

Well-being

People are treated with dignity and respect by care staff who know them well. Care staff listen to people, encourage decision making and provide choice. The service considers individual circumstances of most people. The service continues to work on identifying risks and implementing measures to improve people's overall well-being and safety. People regularly have the opportunity to speak directly to the RI and provide feedback in surveys if they choose. The RI continues to work towards implementing measures that ensure effective systems are in place to drive improvement and enhance the overall quality of the service and people's experience.

People are supported to do things that are important to them, such as maintaining their health, seeing family or attending charitable events. People access appropriate health professionals when they need to. Improvement in plans means the service includes important information about the persons health, contact numbers for professionals and appointments are better recorded. The service is not consistently keeping records of actions taken when a person is unwell or receives treatment. This is important to support people to improve their health and well-being and receive timely interventions. The RI is taking action to address this.

Care staff receive training in safeguarding and checks to ensure they are safe to work with adults at risk. People appear comfortable raising issues with the RI. Risk assessments have been improved but more work is required to ensure that all risks have been appropriately assessed and recorded. This is important to ensure care staff access the appropriate information to keep people safe, but to also promote positive risk taking. The RI continues to work towards this.

People live in a homely environment where they appear comfortable. The service is clean and health and safety checks regarding fire safety are in place. The RI continues to develop systems to ensure there is clear delegation and responsibilities for the oversight of the environment and health and safety matters.

Care and Support

Personal plans have been reformatted to enable care staff to better understand people's care needs and wants. An 'about me' document is person centred and identifies peoples, likes, interests and social history. Improvements to personal plans include more detail, such as important risks and professionals contact details. People's risks overall are better identified. These include Personal Emergency Evacuation Plans (PEEPs), nutrition and mobility plans. The service continues to identify and document people's ongoing risks.

People are treated with dignity and respect. Care staff regularly offer choice and promote independence with decision making. We saw some people going out to attend a 'Dementia Festival' which they were looking forward to. The service keeps a record of professional visits. We saw a range of professionals involved in people's care such as opticians, occupational therapists and district nurses. Care staff regularly record people's weight, nutrition and other factors which may impact their health. But the service is not effectively recording actions taken when people are experiencing health changes. Care staff communicate important appointments via a communication book.

Regular reviews are carried out. Personal plans include a new section to show how the person has been involved in the development of their plan. We discussed with the RI the need to evidence people's involvement in regular reviews. The service seeks feedback from people and their representatives. The RI told us monthly meetings are also offered to enable people to share their views on the service and raise any issues.

Environment

The service is homely, clean and welcoming. Bedrooms are clean with some personal items such as pictures on display. People have access to some assistive technology to support them with day-to-day requests, such as requesting the time or to play music. There is a small garden available with some seating which people can enjoy when the weather allows. The service has recently installed a camera to the front of the service to aid in security.

There are systems in place to keep people safe. We saw care staff wear appropriate Personal Protective Equipment (PPE). The service has been inspected by the Food Standards agency (FSA) and have been awarded the highest score of five. The office stores confidential information and this is kept secure. The service completes regular fire safety checks. We saw people are involved in fire drills to ensure they know how to exit the building. We discussed the need to ensure fire drills are realistic and consider people's current needs and risks. Firefighting equipment such as extinguishers are serviced by a professional. The service received a Fire Inspection earlier this year, the RI assured us all the required actions had been taken. Window restrictors are in place, we identified the keys to unlock these were readily available to people, which could put them at risk of a fall. The RI took swift action to remove the keys to a safer place. We saw most maintenance work is identified and actioned. The RI will consider how to ensure there is clarity about roles and responsibility for the oversight in relation to the environment and health safety.

Leadership and Management

The RI and manager have implemented improved systems and made some progress in relation to areas of non-compliance issued at the last inspection.

Care staff receive a Disclosure and Barring Service (DBS) certificate to ensure they are safe to work with adults at risk. Care staff and the management team are all registered with Social Care Wales (SCW), the workforce regulator. Some care staff speak Welsh. We saw care staff are well supported through regular supervision and training. New training has been sourced and completed to ensure care staff receive specific training according to the needs of the people they support. The RI has implemented a document which will ensure that formal competencies of staff are completed.

We found improved records regarding people's support needs and some risks. People's daily records such as food and nutrition and body maps are improved. The service needs to ensure thorough and authentic reviews are completed to reduce duplication and basic errors such as incorrect names, which could cause confusion. Records of risks specifically regarding people's weight and those who have a Deprivation of Liberty Safeguard (DoLs) in place need to be further considered. This is no longer a priority action however, this is an area for improvement, and we expect the provider to take action to address this.

The RI is consistently at the service. The RI regularly speaks directly with people and care staff, but we did not see formal records of the contact. We discussed the need for this to be evidenced. Surveys are sent to care staff and to people using the service. Some information can be provided in Welsh on request. The manager reviews and audits daily plans and records and action is taken to rectify any issues. The RI completes the quality-of-care review but does not include an analysis of accidents and incidents, wounds, safeguarding matters, complaints, recruitment nor training. The service continues to consider ways in which they can implement effective systems to maintain oversight of personal plans, risks, staff skills and competencies, health and safety, the environment and general quality of the service.

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
59	Records in relation to health care and support needs are poor or missing. Poor record keeping in relation to health and safety and limited evidence of records to support management oversight. Provider is required to keep and maintain records.	Achieved

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
59	Records in relation to health care and support needs are not consistently completed. The service need to ensure they record action taken following any significant unexpected weight loss or gain as well as complete risk assessments for people who are at risk of absconding.	New
8	There are ineffectual systems in place to monitor the service and identify improvements required. These systems are required to ensure that a quality service is being delivered and action is taken when necessary.	Not Achieved
15	Personal plans do not contain detailed information about a person's needs and risks associated with these needs. There is no information available on who to contact should conditions deteriorate and no standalone risk assessments in regard to identified risks.	Achieved

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