

# **Care and Social Services Inspectorate Wales**

Care Standards Act 2000

**Inspection report  
Care homes for older people**

**College Fields Care Home**

College Fields Close  
Barry  
CF62 8LE

**Date of publication – 3 December 2011**

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**Care and Social Services Inspectorate Wales**

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Home:	College Fields Care Home
Contact telephone number:	01446 747778
Registered provider:	Middlepatch Ltd
Registered manager:	Rachel Mary Kemp
Number of places:	68
Category:	Care Home Nursing - Older
Dates of this inspection episode from:	26 September 2011 to: 4 November 2011
Dates of other relevant contact since last report:	None
Date of previous report publication:	22 May 2011
Inspected by:	Dinene Rixon

## Introduction

College Fields Care Home is situated in close proximity to the town centre of Barry in an established residential area, close to bus routes and shops. Parking spaces are available to visitors at the side of the building.

The service is currently registered with CSSIW to provide accommodation to a maximum of 68 people in the category of older persons (over 65 years) who require nursing or personal care.

The home is operated by Middlepatch Limited. The registered manager is Mrs Rachel Kemp.

The building is a Grade II listed structure with rooms provided on three floors. Residents are potentially able to access all areas of the home via a passenger lift which has been fully refurbished since the previous inspection.

People who are living at College Fields and therefore in receipt of care will be referred to as residents for the purpose of writing this report, as requested by the registered manager as this is their preferred form of address.

## Summary of inspection findings

**Residents' views.** Conversation with at least fifteen residents and a number of visiting relatives revealed that they were very happy with the care provided at College Fields. During the course of two unannounced visits, the inspector gathered a number of positive comments which indicated that the food is considered to be very good and that staff are very helpful; always trying their best to create a homely environment for the residents.

**Management of the home.** The registered manager is a registered nurse and has extensive experience of working within the care sector. She is supported in her role by a full-time deputy manager who is also a registered nurse. The management structure in place ensures that everyone is clear about the role they have in the delivery of care to the residents.

**Staff at the home.** The staff team is well established and highly motivated with a number of individuals having been employed at College Fields for more than ten years.

**Staff training and supervision.** Mandatory and resident specific training is made available to staff in accordance with their needs. There is also an established system in place for staff to receive written formal supervision and an annual appraisal of their work.

**Quality Assurance.** The care home operates through a quality assurance programme which includes a variety of written audits and ways of obtaining views on the care provided from residents, their families, staff and external health and social care professionals. Improvements are then made as far as possible in response to those views.

**The care home environment.** Residents who spoke with the inspector indicated that they were happy with their rooms. The care home throughout was noted to be clean and free

from unpleasant odour. Carpet has been removed from a number of areas within the home; the original wood flooring having been restored.

### **What does the service do well**

The care home has a well established management team.

Conversations with residents and staff at the home demonstrated the continued efforts made to ensure that individuals are treated with dignity and respect.

Residents and their relatives are encouraged by staff to participate in the formulation of care plans as far as possible.

The registered person continues to maintain a focus on regular and relevant staff training in order that the team has sufficient skill in meeting the care needs of the residents.

The domestic and maintenance team at the care home make every effort to ensure that the environment is clean and safe for the benefit of the residents.

### **What has improved since the last inspection?**

The passenger lift has been fully refurbished.

The staff team continue to strive toward ensuring that residents' quality of life is as good as it can be.

### **What needs to be done to improve the service?**

#### **a.) priorities**

No regulatory requirements have been made at this inspection.

#### **b.) other areas for improvement**

One good practice recommendation only has been made at this inspection as shown here:

The registered persons are advised of the need to ensure that further consideration is given to the social interaction required by people living at the home with cognitive impairment, physical disabilities and/or sensory impairment.

### **Inspection methods**

Information for this report has been gathered from the following sources:

The analysis of self assessment and statistical information completed by the registered persons as requested by CSSIW.

Two unannounced inspection visits which incorporated direct observations of areas

of the home occupied by the residents.

Conversations held with more than fifteen residents who agreed to spend time with the inspector.

Conversations with visiting relatives.

Conversations with the registered manager, the deputy manager and other staff.

Examination of a sample of resident's care records.

Consideration of the system in place for the safe storage, administration and handling of prescribed medication.

Examination of records held in relation to safe working practices at the care home.

## **Choice of home**

### **Inspector`s findings:**

This section of the report looks at what arrangements are in place to help people decide whether or not they would like to live at the care home. It also reflects the inspector's findings in relation to how well individuals' needs are assessed beforehand.

### **Information**

The care home continues to publish documents known as the Statement of Purpose and Service User Guide. The combined content of these are intended to enable individuals and their families to gain an understanding of the accommodation at the home. They also contain details about the staff team, and the support residents can expect with daily living activities whilst living there. In addition, College Fields has an official website which can be used to explore aspects of the service provided.

### **Needs Assessment**

Prior to admission, each prospective resident is visited by appropriately qualified staff employed by the home in order that a written assessment of their daily care needs can be completed. The four residents' files examined by the inspector contained a copy of such an assessment.

In addition, the inspector found that the registered manager and staff request additional information about prospective residents wherever possible from hospital staff, and other health and social care professionals to assist in determining whether the care home is able to meet the health, welfare and safety needs of the individual concerned.

For individuals who are self-funding, the only assessment undertaken is that which is completed by the care home staff.

Following admission to the care home, residents are encouraged to participate in the formulation of a series of written care plans which should accurately reflect the care and support they need. Such care plans are then reviewed on a regular basis as verified at this inspection. Conversations held with residents also demonstrated that they are invited to participate in the care planning process through on-going discussions with care staff.

### **Trial Visits**

Prospective residents are given the opportunity where possible to visit the home with their relatives. The home also enables individuals to stay at the home for one month prior to them making a decision to live there.

**Requirements made since the last inspection report which have been met:**

<b>Action required</b>	<b>When completed</b>	<b>Regulation number</b>

**Requirements which remain outstanding:**

<b>Action required (previous outstanding requirements)</b>	<b>Original timescale for completion</b>	<b>Regulation number</b>

**New requirements from this inspection:**

<b>Action required</b>	<b>Timescale for completion</b>	<b>Regulation number</b>

**Good practice recommendations:**

## **Planning for individual needs and preferences**

### **Inspector`s findings:**

#### **Service User Plan**

Residents' care records at College Fields are generated and maintained via an electronic system with very little information held in written form.

A random sample of four resident's care records only were examined by the inspector.

All four contained relevant risk assessments, comprehensive care plans and information relating to links with other professionals in support of the level and type of care needed.

However, one of the records seen failed to provide evidence of care planning arrangements in relation to a specific health problem and the use of oxygen therapy. Neither did the same record provide evidence that the resident's weight had been monitored on a regular basis which is a key factor in determining whether nutrition is adequate. The inspector was however shown one recent recording which had been achieved through the use of new equipment which had been more readily accepted by the resident. Discussion with the registered nurse and the registered manager also offered the assurance that relevant care documentation would be generated in acknowledgement of the long term respiratory condition of the resident concerned.

Conversation also took place with a nurse and the registered manager about two written signs that were seen in a room which offered conflicting advice to staff regarding the consistency of fluids required by the resident who had swallowing difficulties. In addition, the inspector observed that a drink which had been placed within reach of the resident was not thickened to the consistency advised by the speech and language therapist. At the point of discovery, the sign which contained incorrect information was immediately removed from the room by the registered nurse. The drink, which had not been touched by the resident was also removed from the room and was duly replaced.

From discussions held with staff and records seen, the inspector found that every effort is made to involve the residents and their families in creating plans of care in support of daily life. Furthermore, the inspector noted that risk assessments generated were reviewed on a regular basis as is required and changes made to care provision accordingly. Care plans were also observed to have been generated in relation to short term acute episodes of care as the need arose.

Individual residents' and staff records are stored securely throughout the home as observed.



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**Good practice recommendations:**

## Quality of life

### Inspector`s findings:

This section of the report provides a summary of the inspector's findings regarding how staff at the care home help residents to make choices during their daily lives.

### Autonomy and Choice

Self assessment information sent to CSSIW by the registered persons indicated that they make every effort to ensure that residents are 'assisted to live' as opposed to having their daily lives 'taken over'. Conversations held with residents enabled the inspector to gain the view that this approach was adopted by the home as far as possible. For example residents are able to receive their mail unopened, are supported to go out shopping on occasions in the company of care home staff and are able to attend religious services of their own choosing. The inspector was also assured that where residents had specifically requested to receive personal care support from female carers only, this had been fully honoured by the home.

Residents are able to access advocacy services through regular visits from representatives of Age UK.

Each of the resident's rooms seen contained a variety of personal items brought with them on taking up a place to live at the home. These ranged from televisions, to small items of memorabilia, pictures and family photographs

Some of the comments received by the inspector during the two CSSIW visits were as follows:

*'The staff here are excellent'*

*'Although I struggle a bit these days, the staff let me do as much as I can for myself'.*

*'All the staff here are generally very good. They treat you like a normal person'.*

*And*

*'I wouldn't want to change anything'.*

### Social Contact and Opportunities

The inspector found that residents are able to go to bed and to get up in the morning at a time of their choosing as far as possible. They also have the opportunity to choose what they would like to eat and drink from the menu and what clothing to wear each day.

Residents are given the opportunity for stimulation and leisure in a number of ways. For example, at different points in the year, residents who are able and wish to become involved in the preparations for seasonal events such as Xmas, Halloween and Easter, are fully supported to do so. Such activities tend to be co-ordinated by the care home's diversional therapist who uses an occupational profiling tool to determine how best to provide social support. The home acknowledges that some people enjoy doing things as part of a group whereas others prefer one to one activities. The entire staff team at College Fields also take a very active interest in creating a stimulating environment for as many of the residents as possible.

The care home has an established resident's committee who meet to discuss activities that are of interest. Consequently, short trips outside of the care home are arranged for the benefit of residents in the designated minibus from time to time to and when the weather permits, they are encouraged to enjoy sitting in the garden area to the front of the building.

A number of residents however were found to be in need of care due to complex general health issues, varying abilities to communicate and poor mobility. Such individuals spend the entire day in their rooms and are unable to be involved in the type of events as are described above. A good practice recommendation has therefore been made in terms of the need to give further consideration to opportunities for social diversion in respect of those individuals.

Residents are able to have visitors in the privacy of their own room and at any reasonable time.

Through conversation with residents, the inspector was able to establish that individuals who wish to vote in local elections, are able to do so.

### **Confidentiality**

Conversations with staff and viewing of the care home electronic information system demonstrated that resident's records are treated in strict confidence. Staff therefore have varying levels of agreed access to records in accordance with their position within the care home.

### **Requirements made since the last inspection report which have been met:**

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### **New requirements from this inspection:**

<b>Action required</b>	<b>Timescale for completion</b>	<b>Regulation number</b>

### **Good practice recommendations:**

The registered persons are advised of the need to ensure that further consideration is given to the social interaction required by people living at the home with cognitive impairment, physical disabilities and/or sensory impairment.

## **Quality of care and treatment**

### **Inspector`s findings:**

#### **Personal Care-Privacy and Dignity**

More than fifteen of the residents at the care home agreed to speak with the inspector. During most of those conversations, residents were able to confirm that their privacy and dignity was respected at all times. They also confirmed that staff spoke to them using their preferred name. The inspector observed many conversations taking place between staff and residents, all of which were noted to be friendly, courteous but professional. Staff were also seen to be knocking on resident's doors prior to entering their room.

A relative spoke with the inspector regarding the care that their family member had received at the home. During this conversation, it was very clear that the staff had not only behaved in a respectful and supportive way toward the resident, but had also taken the time to offer acts of kindness and support to the family members who visited.

Each of the residents informed the inspector that they were able to receive assistance from staff to use the shower and bathing areas of the home as and when they wished.

Some of those residents had the use of private telephones in their own rooms.

Medical examination and treatment are always provided in the privacy of resident's own rooms.

#### **Health Care**

On speaking with residents and on examination of a sample of resident's records, it was clear that they were able to access a range of primary health services such as GP's, opticians and dentists in addition to specialist hospital services with the support of staff.

Risk assessments are undertaken in relation to all residents with regard to the development of pressure damage to the skin, their level of continence, falls, nutritional intake and level of mobility. The outcome of those risk assessments is recorded on the care home's electronic information system and evaluated on a monthly basis in order to capture any changes in the needs of the people who live at the home and to make any necessary changes in the support provided to residents.

The care home staff have received training in the care of residents' finger and toe nails as stated by one of the qualified nurses. External chiropody services are therefore only called upon as and when necessary.

#### **Meals and mealtimes**

The dining area was not used by any of the residents on either of the two unannounced inspection visits. However, discussion in relation to this issue with more than fifteen people who live at College Fields and the registered manager revealed that residents who currently live at the home are happy to eat their meals in their own rooms.

The inspector also observed that the general health of some of the residents at the time of this inspection was such that they would be unable to use the dining room facility available.

There appeared to be sufficient staff working at the home to offer assistance to those residents who were unable to eat and drink independently.

In addition, the inspector purchased lunch at the care home at the first of two visits and was able to observe firsthand that the food was both wholesome and well presented. This was endorsed by all the residents who spoke with the inspector.

## **Medication**

The system in place for the safe handling, storage and administration of prescribed medicines in relation to four service users was examined.

Residents' prescribed medication is stored in their own individual locked cabinet. All medication is administered by qualified staff directly from the cabinet. Conversation with two residents confirmed that medication is always offered at the correct time of day.

The inspector also viewed four medication records and found that almost without exception all medicines given were supported by the signature of a qualified nurse. The only concern discussed with the qualified nurse and the registered manager related to the absence of the recording of oxygen therapy on one resident's medication chart. The inspector therefore advised that the administration and rate of prescribed oxygen given to any individual must be specified on the medication chart as a means of proper recording and also to enable the qualified staff to determine the frequency of its use as an indicator of the respiratory health of the resident concerned.

A clear warning sign indicated the use of oxygen in the area concerned, the cylinder itself however was freestanding. The potential for it to be knocked over when staff or visitors enter the room therefore exists. Additionally, whilst the care of the resident concerned was supported by a series of risk assessments and care plans, there was no specific care plan in place in relation to the use of oxygen and the cleaning/replacement of oxygen masks and tubing. Discussion with the qualified nurse did however offer the assurance that this aspect of the resident's assessed needs was clearly understood and being met. She also agreed to formulate a care plan in relation to this issue.

The inspector viewed the area within one of the floors of the home where controlled drugs are stored. This was noted to be satisfactory. The inspector was also informed that the quantities of these drugs held at the home are checked for accuracy every night.

## **Safe Working Practices**

In order to promote and protect the health, safety and welfare of residents and staff the registered person ensures that training is made available to all employees in relation to:

- Moving and handling
- Fire safety
- First aid
- Food hygiene
- Infection control

The inspector also viewed certificates and maintenance documentation in relation to the following:

- Gas boiler and central heating
- Electrical wiring within the home
- Portable electrical appliance testing
- Moving and handling equipment such as hoists and slings used to help those residents with decreased mobility
- The nurse call bell system
- The passenger lift at the home
- Fire alarm system

No issues of concern were identified. The home has an established maintenance team who act promptly when requests are reported to the administrator.

Entry to the premises was noted to be secure.

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**Good practice recommendations:**

## **Staffing**

### **Inspector`s findings:**

#### **Staffing Levels**

Registered nurses and care staff were easily located throughout all parts of the home at both unannounced inspection visits.

The domestic/housekeeping staff were also evident during key points in the day; the presentation of the home being that of a clean, hygienic environment which was free from unpleasant odours.

The inspector also noted the prompt response made by staff to calls for assistance from people living at the home. This was further verified during conversations with residents.

Team working arrangements are in place which encourages staff to form effective and professional relationships with residents and their families.

The care home has a low turnover of staff with a number of employees having worked at College Fields for more than ten years.

#### **Staff Qualifications/Training**

Relevant training opportunities continue to be made available to all staff in an effort to ensure that their skills are evidence based and in accordance with the presenting needs of the residents. Care staff are encouraged to complete appropriate qualifications in accordance with The Care Council for Wales guidelines.

#### **Recruitment**

The previous CSSIW inspection involved scrutiny of this aspect of the care home 'operation'. No regulatory requirements or good practice recommendations were made. The recruitment system in place was therefore not considered at this inspection.

#### **Staff Supervision**

Conversations with staff and the registered manager served to confirm that the home has a suitable system in place for the regular formal and informal supervision of staff. This was further supported within the self assessment of service information sent to CSSIW prior to inspection.

Staff supervision on a bi-monthly basis covers all aspects of care practice, the philosophy of care in the home and aims to identify staff training and development needs. These arrangements in turn, assist the registered persons to ensure that the health and welfare of residents remains a focus for all staff.

There is also an established system in place for staff to receive an annual appraisal/review of their work.

**Requirements made since the last inspection report which have been met:**

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**Good practice recommendations:**



## **Conduct and management of the home**

### **Inspector`s findings:**

#### **The Manager**

The registered manager Rachel Kemp, is a registered nurse with many years of experience in the health care sector. Since the last inspection, Rachel has continued to attend training that is relevant to her role and has obtained registration with The Care Council for Wales.

The registered manager is supported in her role by a full-time deputy manager who is also a registered nurse and a well established staff team.

#### **Ethos**

Completed self assessment of service information made available to CSSIW indicated that the primary aim of the home is to ensure a good quality of life for all the service users/residents. Efforts to achieve this are made through the involvement of service users, families and friends in planning aspects of daily life at the home.

The use of this approach was confirmed by the inspector during the course of conversations with fifteen of the residents at the home and also a number of visiting relatives and friends. Some of the comments gathered during those conversations were as follows:

*'I consider the staff to be my family'.*

*And*

*'I am treated with more than respect. I am treated with love'.*

The inspector also observed the ease with which relatives were able to speak to staff throughout the home.

#### **Quality Assurance**

The registered persons obtain views from residents and relatives on the service provided toward the end of each year via an organised survey. At the time of this inspection, the information collated had yet to be analysed. Discussion with the registered manager revealed that the information obtained would ultimately be used to identify areas of improvement at the home.

The inspector also viewed a sample of regular audits which are undertaken at the home as these enable the registered provider to keep abreast of key areas of service delivery. Examples of these related to resident's care planning and infection control/health and safety at College Fields.

The registered provider visits the home frequently each week. Such visits take the form of regular discussion with residents, staff and relatives in addition to observations of the care home environment. Formal meetings are also held with staff to discuss relevant matters in relation to the day-to-day operation of the home. A written record of such a meeting was seen by the inspector.

Policies, procedures and practices are also regularly reviewed in the light of changing legislation and in relation to identified good practice as confirmed through discussion with the registered manager.

The current liability insurance certificate at the home was viewed by the inspector and found to be current and valid.

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**New requirements from this inspection:**

Action required	Timescale for completion	Regulation number

**Good practice recommendations:**

## **Concerns, complaints and protection**

### **Inspector`s findings:**

#### **Complaints**

The care home has a complaint policy and procedure in place which is available to service users and their relatives/representatives. During the past twelve months the care home has resolved two complaints as indicated within the self assessment of service form completed by the registered persons.

The registered manager and staff continue to communicate with residents and their families on an on-going basis in an attempt to manage any issues of concern as promptly as possible. This was verified by the inspector through conversations with people who live at the home and visiting relatives.

CSSIW has not received any complaints about the care home since the last inspection.

#### **Protection**

One adult protection case has been investigated since the previous inspection. This was initiated by the care home. The final outcome is yet to be determined at this point in time.

Staff continue to receive training in relation to the safeguarding of vulnerable adults.

#### **Deprivation of Liberty Safeguards (DoLS)**

CSSIW is required to monitor the arrangements established within all care homes in direct relation to DoLS which were implemented from 1 April 2009, as some service users are unable to consent to forms of care which deprive them of their liberty. For example, it may not be appropriate for an individual to leave the care home unaccompanied for their own safety. Such arrangements are brought to the attention of the Local Authority based DoLS co-ordinator (by the care home) who would then assess the situation and provide advice on how to support the service user involved.

Conversation with the registered manager at the unannounced inspection visit revealed that no requests had been made for either urgent or standard DoLS authorisations in the past twelve months.

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**New requirements from this inspection:**

Action required	Timescale for completion	Regulation number

**Good practice recommendations:**

## **The physical environment**

### **Inspector`s findings:**

#### **Premises**

College Fields Care Home is situated in close proximity to the town centre of Barry in an established residential area, close to bus routes and shops. Car parking spaces are available to visitors at the side of the building.

The building is a Grade II listed structure with rooms provided on three floors. Residents are potentially able to access all areas of the home via a passenger lift which has been fully refurbished since the previous inspection.

All rooms are of single occupancy with washbasin facilities only. This also applies to the three double rooms at the home which are also being used for single occupancy.

A programme of routine maintenance and re-decoration of the premises is in place at the home.

Carpet had been removed from a number of areas of the home; the original wooden floor of the home having been restored.

The premises throughout was noted to be clean and free from any unpleasant odours.

The garden area is situated at the front of the building. This area has been cultivated and developed through the efforts of staff and residents over a period of time. Seating is provided for residents to use when the weather permits.

#### **Shared Facilities**

The home has one dining room which is located on the ground floor of the home opposite the kitchen area. During both unannounced visits, this area was not occupied by residents. Conversations with residents and discussion with staff and the registered manager however revealed that individuals' preferred to eat their meals in their own rooms whilst the general health and mobility difficulties of the remaining current group of residents meant that they were unable to spend time in that area of the home.

The same issue applied to the use of the ground floor lounge area which was not occupied by any residents during the two CSSIW visits. The registered manager did however confirm that the lounge area was used by residents on an ad hoc basis. Furniture and fittings throughout the home were domestic in character and were in good condition.

At the time of this inspection, the reception area and corridors of the home were taken up with numerous items which were to form part of the Christmas decoration theme for 2011. Clearly, this forthcoming event was welcomed by some of the residents who spoke with the inspector and the staff who spend their own personal time in creating a festive and welcoming environment for the benefit of the residents and those who visit the home. The inspector was assured by the registered manager that bathing/lavatory and corridor areas would remain as clear as possible to enable staff, residents and visitors to

negotiate their way around the home in a safe manner.

### **Toilets and Washing Facilities**

The care home has a sufficient number of toilet and bathing facilities for the number of residents who live there although the bathing areas were largely noted to be used for storage purposes at the time of this inspection. Each of the three floors of the home however had additional shower facilities (two on the first and middle floor and one on the ground floor) for use by the residents. These are preferred by people who currently live at College Fields as verified by the inspector. Several of the shower rooms were observed to have a number of toiletries stored in the area which included bars of soap. This is not in-keeping with accepted infection control practice. Subsequent discussion with staff indicated that these items should have been returned to resident's rooms following use that day.

Sluice areas seen by the inspector were clean and tidy.

### **Adaptations and Equipment**

The care home has a range of equipment in place to assist residents who have reduced mobility. This included mobile hoists, slings of various sizes, overhead hoist equipment and fixed grab rails in the corridor areas and bathrooms.

There is a call bell system in resident's rooms and other communal areas which takes the form of a portable mechanism/box which can be moved to wherever the individual is situated.

### **Individual Accommodation-Furniture and Fittings**

Conversation with residents demonstrated that they were very happy with their rooms, having been able to take prized and personal possessions into the home with them on agreeing to live there. Appropriate beds and mattresses were being used for people who required nursing care.

Each resident has a locked cabinet for the storage of their prescribed medication.

### **Heating and Lighting**

Residents rooms are naturally ventilated and are also centrally heated.

Some of the corridor areas appeared dim at the two CSSIW visits. This was however due to the presence of Christmas decoration material draped in some of the ceiling areas. The registered manager did assure the inspector that the material had been approved for safe use and that residents and families had all been consulted on this issue beforehand.

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**New requirements from this inspection:**

Action required	Timescale for completion	Regulation number

**Good practice recommendations:**

### A note on CSSIW's inspection and report process

This report has been compiled following an inspection of the service undertaken by Care and Social Services Inspectorate for Wales (CSSIW) under the provisions of the Care Standards Act 2000 and associated Regulations.

The primary focus of the report is to comment on the quality of life and quality of care experienced by service users.

The report contains information on how we inspect and what we find. It is divided into distinct parts mirroring the broad areas of the National Minimum Standards.

CSSIW's inspectors are authorised to enter and inspect regulated services at any time. Inspection enables CSSIW to satisfy itself that continued registration is justified. It also ensures compliance with:

Care Standards Act 2000 and associated Regulations whilst taking into account the National Minimum Standards.

The service's own statement of purpose.

At each inspection episode or period there are visit/s to the service during which CSSIW may adopt a range of different methods in its attempt to capture service users' and their relatives'/representatives' experiences. Such methods may for example include self-assessment, discussion groups, and the use of questionnaires. At any other time throughout the year visits may also be made to the service to investigate complaints and to respond to any changes in the service.

Readers must be aware that a CSSIW report is intended to reflect the findings of the inspector at a specific period in time. Readers should not conclude that the circumstances of the service will be the same at all times.

The registered person(s) is responsible for ensuring that the service operates in a way which complies with the regulations. CSSIW will comment in the general text of the inspection report on their compliance. Those Regulations which CSSIW believes to be key in bringing about change in the particular service will be separately and clearly identified in the requirement section.

As well as listing these key requirements from the current inspection, requirements made by CSSIW during the year, since the last inspection, which have been met and those which remain outstanding are included in this report. The reader should note that requirements made in last year's report which are not listed as outstanding have been appropriately complied with.

Where key requirements have been identified, the provider is required under Regulation 25B (Compliance Notification) to advise CSSIW of the completion of any action that they have been required to take in order to remedy a breach of the regulations.

The regulated service is also responsible for having in place a clear, effective and fair complaints procedure which promotes local resolution between the parties in a swift and satisfactory manner, wherever possible. The annual inspection report will include a summary of the numbers of complaints dealt with locally and their outcome.



CSSIW may also be involved in the investigation of a complaint. Where this is the case CSSIW makes publicly available a summary of that complaint. CSSIW will also include within the annual inspection report a summary of any matters it has been involved in together with any action taken by CSSIW.

Should you have concerns about anything arising from the inspector`s findings, you may discuss these with CSSIW or with the registered person.

Care and Social Services Inspectorate Wales is required to make reports on regulated services available to the public. The reports are public documents and will be available on the CSSIW web site: [www.cssiw.org.uk](http://www.cssiw.org.uk)

