



Inspection Report on

The Acorns

Ebbw Vale

Date Inspection Completed

23 July 2019

Final unpublished report

Final unpublished report

Welsh Government © Crown copyright 2019.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk You must reproduce our material accurately and not use it in a misleading context.

Description of the service

The Acorns Care Home is located in the village of Nantyglo in Ebbw Vale. The service is owned by Cwm Care Limited and the responsible individual (RI) is Benedict Sele Musa. There is a manager in post who is registered with Social Care Wales. The Acorns provides care and support for up to 3 individuals with a learning disability over the age of 18.

On the day of our visit we were told that two people were living at the home.

Summary of our findings

1. Overall assessment

People are actively involved in their community and can participate in hobbies and interests that matter to them. People told us they felt safe and are very happy with the care and support they receive. We found there was continuity in care delivery from a well supported, motivated staff team. Medication systems need to be strengthened. The RI has good oversight of the home.

2. Improvements

This is the first inspection of this service since it was registered under The Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA).

3. Requirements and recommendations

Section five sets out details of our recommendations to improve the service and areas where the home is not currently meeting legal requirements. In brief these relate to:-

- Medication: A safe system of recording and administering medication was not always in place.

1. Well-being

Our findings

People are happy and their voice is heard and listened to. We found people were involved in activities of their choice and they could do things that matter to them. People were actively involved in the community and led fulfilled lives. We saw there were house meetings organised on a regular basis and evidenced good communication and involvement. People were involved in the review of their personal plans and they had an individual key worker to support them to achieve their personal outcomes. The RI has conducted satisfaction surveys with residents; results clearly indicated people were very happy with the home and service provided. We found that people experienced continuity of care from a regular staff team. People told us they were happy with staff and they were kind and treated them well. We found people received appropriate support and care when they need it from professionals in the community to promote their emotional and mental well-being. People are healthy, active and do the things that make them happy.

Safeguarding systems are in place and people are protected from abuse. We found appropriate mechanisms and policies in place to safeguard vulnerable people. People told us they felt safe with staff who supported them. One person told us, '*Staff make me feel safe.*' We found that risks had been identified for people and risk assessments were in place for staff to follow. Staff had good knowledge on safeguarding protocols and completed the relevant training. We noted the provider had not completed Disclosure and Barring Service (DBS) checks on staff in line with regulatory requirements. The DBS helps employers make safer recruitment decisions. We found the provider had made the relevant deprivation of liberty safeguards (DOLS) applications however, further enquiries are needed to be made with the supervisory body and further training was required to enhance their knowledge. We conclude, overall people are safe from harm and their rights are upheld.

People live in accommodation which meets their needs. People showed us their bedrooms which were mostly personalised with things that mattered to them. People looked content and told us they enjoyed living in the home. The RI completed environmental audits on a three monthly basis. The home was clean and generally well maintained, however some improvements to décor and to infection control risks in the bathroom are needed. External areas were appealing. People are involved in choosing furnishings and have an input when improvements to the environment are needed. Fire checks within the home need to be more robust and clearly recorded. We conclude that the environment people live in generally supports their well-being; however some health and safety checks need to be more robust.

2. Care and Support

Our findings

Personal plans are generally person centred and are reviewed on a regular basis. The personal plan is an important document which should describe the nature of a person's needs and the actions required from staff to meet those needs in the context of the person's wishes and preferences. We reviewed care documentation for two residents' including their personal plans. Care files contained evidence of care and support plans from the local authority and personal plans we reviewed had taken these into account. We noted residents had been included in the review of their personal plans and had signed the review record. However, in care documentation for one person, we saw behaviour recording charts detailing the resident had experienced more than seven incidents of anxiety and distress over a four week period. The incidents had not been included within the revision and update of personal plans or associated risk assessments on file. We noted there was a pattern of 'no changes' recorded in the monthly review of people's personal plan. We considered documentation did not always evidence how people were supported to achieve their personal outcomes. We conclude, people's needs are assessed and plans are kept under review, however the revision of person plans could be strengthened.

People are supported to live fulfilled lives. We observed throughout the day people did different things. For example, one person went out for a meal and to the cinema and another person accessed the day centre. We examined daily activity planners for people; these outlined the activities they enjoyed. Records showed that people participated in a range of activities such as going to the cinema, shopping, enjoying meals out together, walking, attending the day centre and visiting family. We were also informed of holidays and day trips that people had enjoyed recently. One person told us they were involved in developing the shopping list for the home, doing their own personal shop for toiletries and also explained how they prepared their packed lunch for when they attended the day centre. They told us, "I get my drinks and a packet of crisps, and then staff help with the rest." Staff told us there is only one member of staff working at weekends and explained how this makes arranging community activities more difficult, however we were told that there was some flexibility in staffing arrangements on the weekend. We recommend the provider keeps this arrangement under review to ensure this does not impact negatively on people's community access and well-being. We conclude people are supported to participate in activities that make them happy.

Medication systems are not consistently safe. We examined medication administration records (MAR) for two residents and noted systems were not as robust as they needed to be. We saw MAR charts created by the provider had not been completed in detail and had not been counter-signed by two members of staff to ensure these entries were accurate. Care home providers should ensure that all MAR charts are provided by the pharmacy that has dispensed the medication. Only in exceptional circumstances should a MAR chart be created by a member of the care home staff who has the training and skills for managing

medicines. The MAR should then be checked for accuracy and signed by a second trained and skilled member of staff before it is first used. We found some prescribed medication that was stored within medication cabinets which was not recorded on the MAR. We spoke to the manager who told us this medication was not currently in use and should have been returned to the pharmacy. We found some prescribed creams and bottles of oral solution had no evidence of the date the medication was opened potentially allowing medication to be used beyond the recommended use by date. On both MAR charts reviewed we found gaps in recording with no explanation on the MAR chart. We also noted a PRN "as required medication" protocol in place for one prescribed anti-psychotic medication had no maximum dose in a 24 hour period indicated within the protocol or on the MAR. We found no evidence that this protocol had been reviewed on a regular basis. In addition, we identified that when PRN was given, the effectiveness of the medication was not routinely documented. We did note that people were having regular medication reviews with the GP or relevant consultant. We discussed our concerns with the manager who provided assurance that action will be taken to rectify the areas of deficit we identified. We conclude, medication systems need to be strengthened and consistently safe.

People are supported to access healthcare services to maintain their health and well-being. We found people were supported to attend and participate in health checks. We saw evidence in individual care and support files that staff had liaised appropriately with health and social care professionals. For example, we saw the home had contacted a community learning disability nurse following concerns surrounding a resident's anxieties. We also noted specific positive behaviour management plans were on file. We saw numerous examples of referrals made to relevant health and social care professionals when deemed appropriate. Staff we spoke with had a good understanding of people's needs and how to support people during times of distress. This shows that people's health needs are supported and monitored and professional advice sought when required. We conclude people have access to appropriate help and advice as needed to support their on-going health needs.

People are appropriately safeguarded. We found there are systems in place to protect people from abuse. We found staff had received safeguarding training. Discussions with them demonstrated a good knowledge of safeguarding and whistleblowing procedures, and how to report matters of a safeguarding nature. Staff felt confident of who to contact outside of the service if needed. We were told the manager and RI maintained an open-door policy and good lines of communication. We noted the provider had made the relevant deprivation of liberty safeguards (DOLS) applications to the supervisory body where some residents potentially lacked mental capacity to make certain decisions about their health and welfare, however there were no dates on the applications reviewed and they were not signed. The manager gave assurance this would be explored with the relevant supervisory body. During our discussions with the manager we considered the manager to have limited knowledge with regards to DOLS and we were told this specific training had not been fully completed. We conclude there are mechanisms in place to protect and safeguard people.

3. Environment

Our findings

People live in a home, which is clean and generally homely. One resident offered to show us around their home, they told us they liked their home and were happy living there. We found the décor to be overall 'homely' however, further work was required to make communal areas more appealing. Staff told us people could choose their own colour schemes. We noted new flooring had been fitted in people's bedrooms; this was replaced at the request of the resident. We observed one resident's bedroom was personalised, however we noted a second bedroom required re-decoration. Communal spaces were available and accessible to people and they also had access to a pleasant well kept outside space which included a lawned garden with a seating area. Confidential information, such as people's care records and staff files, were stored securely within the manager's office. Most communal areas were well maintained, with the exception of the shower/bathroom that required some upgrading to ensure daily infection control practices were effective. The manager told us the maintenance person was concentrating on external work during the warmer months, however areas of concern identified during the inspection would be followed up. We conclude that people receive care and support in a homely environment that allows them privacy in their own rooms or to socialise in the communal areas. However, improvements to the general maintenance and some decoration is needed.

Health and safety within the home is mostly maintained. Medication and cleaning chemicals in the home were stored securely. However, we did note there was a designated storage area for surplus stock of cleaning chemicals within an outbuilding located in the rear garden area. We went into the garden and saw that this designated storage area was left open and unlocked. These chemicals have the potential to be hazardous to someone's health if not used in a safe manner or stored securely. We saw portable electrical appliances had been tested within the last 12 months, however we noted the annual gas safety certificate had elapsed. We considered the fire risk assessment for the home completed January 2019 and noted this was being kept under review by the provider. We saw records of weekly tests of fire alarm systems were maintained, however monthly fire checks pertinent to fire equipment, escape lighting and fire doors were not recorded. We conclude health and safety checks within the home need to be more robust to ensure risks to people's safety are consistently mitigated.

4. Leadership and Management

Our findings

People benefit from a consistent staff team who are supported and developed in their roles. We reviewed two staff files and both files contained induction packs and staff confirmed they had received an induction on the commencement of employment. Staff files contained job descriptions and staff we spoke with were clear about their roles and responsibilities. Staff told us they felt supported. Supervision records we looked at showed staff received regular supervision. Staff told us about the training they had received to be able to carry out their job roles including safeguarding, first aid, positive behaviour management and anxiety awareness training. There was evidence that staff had received mandatory and specific training. We saw from staff files, the training matrix and from speaking with staff, they receive appropriate training. We spoke to the manager who told us that staff turnover has been consistently low over a number of years. Therefore, we conclude people can be confident they will receive support from staff who are familiar of their needs and who are well supported and trained in their roles.

Systems are in place to obtain the views of people about the quality of the service and to support the management of the home. We found good levels of support were provided by the RI and supervision with the manager was consistent, well documented and provided on a quarterly basis. We also noted the manager had recently received an appraisal from the RI. The management structure and lines of accountability were clearly recorded in the statement of purpose (SOP) for the service. We saw that the RI visited the home in line with regulatory requirements. Evidence of their visits were clearly documented and showed that they spoke with care workers and people living in the home to gain their views on the service. We reviewed visit reports to the home completed by the RI in February and May 2019. These visits included a detailed review of the environment. We did note the visit report completed in May 2019 indicated the inspection was completed by a relative of the RI. We informed the RI that quarterly visits cannot be delegated, however we did acknowledge the RI's extenuating circumstances. We reviewed minutes from a recent meeting held between the manager and RI in April, May and July 2019 and considered the RI had a consistent overview of the service. We did note there was lack of regular auditing systems at the home in specific areas of service delivery, for example, medication management and care documentation. We conclude the RI is considered to have good oversight of the home, however audit systems need further development.

Recruitment practices require strengthening to meet regulatory requirements. We examined two staff files. In both files, the majority of the required documentation had been obtained to ensure that each member of staff was fit to conduct their role/ duties, however, we found some discrepancies in relation to employment histories (two staff) and where a person has previously worked in a position whose duties involved working with vulnerable adults, verification of the reason why the employment ended (one staff).

Also, there were concerns in relation to DBS checks for staff not being completed in a timely manner. This was discussed with the manager who assured us they would follow this up as a priority. The above indicates recruitment practices require some improvements in order to comply with regulatory requirements.

The home is clear about its aims and objectives. We viewed the statement of purpose (SOP) for the home. The SOP is fundamental in setting out the vision for the service and is a key document that should clearly demonstrate the range of health and care needs the service will provide support for, including any specialist service/care provision offered. The SOP for the home provided an overall picture of the service offered although we identified some additional information that was required. The statement of purpose briefly indicated the home's position regarding the 'active offer' (providing services in Welsh without someone having to ask for it), stating, *'The service implements the Welsh Government Active Offer for the Welsh Language,'* however, how the 'active offer' was implemented within the home was not detailed within the SOP. We did note that there was very little information within the SOP to describe how the provider will meet people's individual language and communication needs. Therefore we judge, people can be mostly clear about the services that are provided at the home.

Final unpublished report

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

This is the first inspection of this service since it was registered under RISCA.

5.2 Recommendations to meet legal requirements

We found that the registered provider is not meeting its legal requirements under RISCA in relation to:

- Medication (Regulation 58 (1)): The registered provider had not ensured that there are suitable arrangements for the recording and safe administration of medicines received at the home.

We did not issue a non-compliance notice as the factors leading to non-compliance are unlikely to continue and we were assured measures will be taken to address the issues identified and manage any potential risks. We expect immediate action to be taken to address these areas, which will be considered at our next inspection.

5.3 Recommendations for improvements

- Fire checks need to be completed on a regular basis and recorded.
- DOLS training to be completed by the manager and staff team.
- Recruitments checks need to be more robust.
- DBS checks need to be completed for all staff that are not on the update system on three yearly basis.
- DOLS applications need to be followed up with the supervisory body.
- Personal plans need to be revised in detail at least 3 monthly or sooner if there is a need.
- The statement of purpose to include information on how the provider intends to meet people's individual communication needs and to include how the provider intends to implement the Welsh 'active offer.'
- Décor within some areas of the home need updating.
- Areas within bathroom need to be updated to ensure infection control practices are effective.
- Outbuildings used to store excess cleaning chemicals need to be secure.
- Regular service delivery audits need to be implemented.

6. How we undertook this inspection

This was the first inspection of the service following re-registration under RISCA. This was a full inspection undertaken as part of our inspection programme. Our visit to the home was unannounced and undertaken on 23 July 2019 between the hours of 09:30 and 16:10.

The following regulations were considered as part of this inspection:

- The Regulated Services (Service Providers and Responsible Individuals (Wales) Regulations 2017.

The following were used to inform our report:

- We considered the information held by CIW about the service, including the last inspection report and notifiable events received since the last inspection.
- Discussions with two residents.
- Discussions with the RI and manager.
- We toured the home, observed staff and resident interaction and considered the internal and external environment.
- Discussions with three members of staff.
- Examination of two resident personal plans.
- Examination of two staff personnel files and staff training records.
- Consideration of the home's SOP.
- Consideration of staff supervision records.
- Consideration of staff induction.
- Consideration of the providers auditing reports, including RI visit reports.
- Consideration of the health and safety records, including fire safety.
- Consideration of team and manager's meeting minutes.
- Consideration of the home's policies and procedures.
- We carried out general observations of staff support and interaction with residents.

We are committed to promoting and upholding the rights of people who use care and support services. In undertaking this inspection we actively sought to uphold people's legal human rights.

<https://careinspectorate.wales/sites/default/files/2018-04/180409humanrightsen.pdf>

Further information about what we do is on our website www.careinspectorate.wales

About the service

Type of care provided	Care Home Service
Registered Service Provider	Cwm Care Limited
Responsible Individual	Benedict Sele Musa
Registered maximum number of places	3
Date of previous Care Inspectorate Wales inspection	This was the first inspection since the service was re-registered under RISCA.
Dates of this Inspection visit(s)	23 July 2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	This is a service that is working towards providing an 'Active Offer' of the Welsh language. Some signage around the home was available in Welsh. We recommend that the service provider further considers Welsh Government's ' <i>More Than Just Words follow on strategic guidance for Welsh language in social care</i> '.
Additional Information:	

Date Published Insert_Report_Published_Actual_Donot_Delete