



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru
Care and Social Services Inspectorate Wales

Care and Social Services Inspectorate Wales

Care Standards Act 2000

Inspection Report

Sonael

Ebbw Vale

Type of Inspection – Focussed
Date of inspection – 3 January 2014
Date of publication – 31 January 2014

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Summary

About the service

Sonael is registered with the Care and Social Services Inspectorate Wales (CSSIW) to provide accommodation to four people with a learning disability who require personal care over the age of 18 years.

It is a small care home in Beaufort, Ebbw Vale which is close to all the local amenities and is accessible by public transport. It is owned by Cwm Care Limited and is one of two small care homes the company owns in the local area. Ryan Williams is the registered manager.

What type of inspection was carried out?

We (CSSIW) carried out an unannounced visit on the 3rd January 2014. Analysis of information held by CSSIW about the home led us to plan a focussed inspection which concentrated on the key theme of quality of life for people living at the home. Information in this report was gathered from:

- Speaking with the residents and staff present
- Observation of interactions between staff and residents
- Examination of two residents information
- Examination of the latest recruited member of staff
- Examination of information held at the home
- Self- assessment information supplied prior to the visit by the registered manager.

What does the service do well?

We did not identify any specific areas of excellence which were above the National Minimum Standards for care homes for younger and older people although during this inspection, we found areas of consistent good practice.

What has improved since the last inspection?

Since our last inspection we found that:

- The homes owners Cwm care Limited had become an accredited trainer with City and Guilds.
- The staff recruitment process had been made more robust. We saw evidence of a staff interview in the personnel file examined which had been suggested at our previous inspection.

What needs to be done to improve the service?

No areas of non-compliance were noted however, we identified areas for improvement. These are:

- We saw a rubber door wedge in one of the bedroom's which indicated the door was

being wedged open on a regular basis. The resident who used the bedroom needed a mobility aid to get around. We discussed with the registered manager the safety of the use of door wedges and directed him to seek an approved alternative.

Three of the eight staff employed at the home did not have up to date first aid training. We recognised the importance of the training due to the increased risk of choking identified for one of the homes residents.

We were told that the homes bathing facilities were no longer suitable for one resident. Interim measures had been put in place to maintain the individual's health and wellbeing whilst an assessment was completed by the relevant professional. This will be further discussed in the body of the report.

The annual satisfaction survey still needs to be expanded to include the views of the residents and stakeholders, in the form of GP's etc. This was requested at our last inspection.

Quality of life

People are satisfied with the services provided at the home. This was indicated within the responses from relatives in the annual satisfaction report. We found that the residents appeared to be settled and comfortable with the staff and their surroundings. In discussions staff demonstrated their knowledge and understanding of the residents they supported. We saw residents were treated with dignity and respect.

Residents receive a person centred service tailored to meet their individual needs. People who live at the home have done so for some time and are supported by a familiar staff team. We examined residents care plans and found they reflected their individual likes and preferences. We saw risk assessments were in place to support residents as part of an independent lifestyle. Specific communication techniques had been identified for each individual to enable them to make their choices known. We saw two residents engaged in a sing song with the staff which formed part of a reminiscence activity session.

People remain healthy because their needs are anticipated by staff and they are supported to access specialist support. We saw evidence that people's health needs were being regularly monitored which enables the staff to identify any change in a resident's need and seek referral to an appropriate healthcare professional. Residents have access to an annual check up and are supported to attend community healthcare services such as dentists, opticians and podiatrists. We saw evidence of the appointments individuals had attended.

People experience warmth, attachment and belonging. Individual care plans directed staff to use approved strategies when people displayed behaviours to indicate they were upset or distressed. Staff supported residents to maintain contact with their relatives which had become increasingly more difficult due to the restrictions linked with people's age.

Prior to our visit we were notified that one of the residents who had lived at the home for a number of years had recently passed away. We saw photographs on display of the person with other residents and staff enjoying a number of social events. The photographs served to remind the residents and staff of times spent with the person. We spoke with the registered manager about future prospective residents moving into the home. He recognised that the person would have to be compatible with the people who currently reside at the home and consideration would need to be given to the ages of the residents.

Quality of staffing

This inspection focussed on the quality of life of the residents who live at Sonael. We did not consider it necessary to look at the quality of staffing as the majority of staff had been employed at the home for a considerable time which ensured people were receiving consistent care.

We did examine the personnel file of a newly appointed staff member and found they had previously worked as bank staff at the home and that all recruitment checks were in order. From our observations and discussions during the visit it was evident that staff had a good awareness and understanding of the individuals they supported.

In discussions the registered manager acknowledged three of the staff teams first aid training had expired. Information indicated an increased risk of choking for one of the residents which would require staff to have up to date first aid training to manage the situation. The registered manager assured us as an interim measure the staff members would be signed up for an e-learning course until he was able to source the necessary training.

The theme of the quality of staffing will be considered in greater detail at future inspections.

Quality of leadership and management

This inspection focussed on the people who live at the home's quality of Life. CSSIW did not consider it necessary to look at the quality of leadership and management on this occasion, because it was considering the experiences of residents. However this theme will be considered during future inspections.

People experience an improving service that they can rely upon. A development plan for the forthcoming year had been compiled for the home. As a short term goal it identified all staff to be trained in an accredited care qualification and for annual mandatory staff training to be completed. Improvements to the homes environment was linked to meeting the needs of its ageing residents with the proposal of the installation of a walk-in shower to the downstairs of the property. The plan also suggested enhancing the experience of the residents by the development of a sensory and vegetable garden.

Quality of environment

This inspection focussed on people's quality of life. We did not consider it necessary to look at the quality of the environment. However, during our tour of the home we found it to be light, airy, fresh and clean. It promoted a homely feel and reinforced a sense of identity for its residents which further promoted it as a person centred service. This is because individual bedrooms were decorated according to each resident's preferences and displayed a number of cherished possessions and photographs.

People do not have the necessary environmental adaptations to meet their needs. This is because the homes bathing facilities are no longer suitable for one resident to use. This has prevented the resident being bathed since September 2013 and meant their physical needs are not being met at the home. A ceiling track hoist was available, which could provide the necessary assistance into the bath however an assessment was required for a suitable sling to support the individual. We were told interim measures in the form of a twice daily bed bath had been implemented to maintain the person's health and wellbeing. The registered manager assured us he was continuing to contact the relevant professionals to resolve this matter. We reminded him of his responsibilities to continue to offer this resident accommodation given that at this point in time the home is not able to fully meet the person's needs.

Following our visit, we were contacted by the registered manager to inform us that the necessary assessment had been completed and the equipment had been ordered for the resident to use the bath safely.

How we inspect and report on services We conduct two types of inspection; baseline and focussed. Both consider the experience of people using services.

Baseline inspections assess whether the registration of a service is justified and whether the conditions of registration are appropriate. For most services, we carry out these inspections every three years. Exceptions are registered child minders, out of school care, sessional care, crèches and open access provision, which are every four years.

At these inspections we check whether the service has a clear, effective Statement of Purpose and whether the service delivers on the commitments set out in its Statement of Purpose. In assessing whether registration is justified inspectors check that the service can demonstrate a history of compliance with regulations.

Focussed inspections consider the experience of people using services and we will look at compliance with regulations when poor outcomes for people using services are identified. We carry out these inspections in between baseline inspections. Focussed inspections will always consider the quality of life of people using services and may look at other areas.

Baseline and focussed inspections may be scheduled or carried out in response to concerns.

Inspectors use a variety of methods to gather information during inspections. These may include;

- Talking with people who use services and their representatives
- Talking to staff and the manager
- Looking at documentation
- Observation of staff interactions with people and of the environment
- Comments made within questionnaires returned from people who use services, staff and health and social care professionals

We inspect and report our findings under 'Quality Themes'. Those relevant to each type of service are referred to within our inspection reports.

Further information about what we do can be found in our leaflet 'Improving Care and Social Services in Wales'. You can download this from our website, [Improving Care and Social Services in Wales](#) or ask us to send you a copy by telephoning your local CSSIW regional office.