



Inspection Report on

Windsor Street

**The Old Police Houses
Windsor Street
Aberdare
CF44 8LN**

Date Inspection Completed

11/06/2021
11 June 2021

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About Windsor Street

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Planned Residential Support Services Limited
Registered places	4
Language of the service	English
Previous Care Inspectorate Wales inspection	16 th January 2020
Does this service provide the Welsh Language active offer?	The service is working towards an “active” Welsh language offer.

Summary

The service provides care and support, which reflects peoples individual needs and preferences. Those living at the service are happy with the assistance and help provided by care staff. People are encouraged to lead healthy lifestyles and are able to occupy their time positively. The service offers a personalised and homely environment.

Positive governance arrangements helps the service to operate smoothly. Care staff are motivated, well supported and supervised in their role. Staff recruitment is safe and effective. Infection control measures and use of personal protective equipment (PPE) is in line with Public Health Wales guidance. Staff training opportunities and medication strategies require strengthening. The oversight of the Responsible Individual (RI) of the service also needs to be recorded more effectively.

Well-being

Rights and entitlements are considered and maintained. The service supports people to express their views, encourages them to make choices and takes account of routines and preferences. People have control over day-to-day decisions, including what time they wake up, what food they eat and where and how they spend their day. One person told us they are “*happy*” at the service and “*I like it here, they let you be who you want to be*”. Personal plans are outcome focused and centre on helping people achieve their goals and develop skills. Reviews are completed in line with regulations however, we did not find people and their relatives are actively involved in this process.

The service supports physical health and emotional well-being. Routine appointments and referrals to health and social care professionals make sure people remain as well as they can be. The service encourages healthy meal choices. Despite restrictions in place during the pandemic, staff continue to ensure people can occupy their time in a positive way, by participating in a range of socially distanced activities they enjoy. People are able to keep in regular touch with family members and those who are important to them. Monitoring records completed daily, help staff to spot changes in people’s physical or emotional wellbeing and take appropriate action.

People receive support in a safe, homely environment, which safeguards them from harm. The service provides suitable and safe accommodation. Access to the home is restricted to authorised individuals. The environment is clean and well maintained and safety checks are completed. Each flat is decorated to reflect individual tastes and preferences, which supports a sense of ownership and pride. A range of detailed policies are in place to support good care practices. Care staff are aware of what action to take if they have concerns for people’s well-being and detailed risk management plans are in place. Care staff have access to sufficient personal protective equipment (PPE) and receive training on its correct use.

Care and Support

People receive good quality care. The service has a small, consistent team of staff who are familiar with people's care needs. Staff understand those areas of life people may find challenging and provide emotional support accordingly. There are sufficient staff numbers to ensure people receive the care agreed in their plans. Staff report any changes in people's health and well-being, which ensures timely referrals are made to healthcare professionals. Care staff appear kind and patient in their manner. People we spoke with on the day of inspection were complimentary about the care they receive and appear comfortable in the presence of staff.

Detailed and up to date care documents are in place. The pre-admission process ensures the needs of anyone wishing to access the service can be met. Specialist health and social care professionals help to develop plans. People's life experiences, medical history, likes, dislikes and routines are recorded and considered. Behavioural strategies support staff to manage behaviours that may challenge; this includes clear guidance on what to do before, during and after these events. Cultural identity, festivals and periods of holy worship are considered. Daily records detail people's experiences and achievements. Care staff sign to evidence they have read and understand the plans in place. Reviews are completed three monthly however these lack detail on achievements, physical and emotional changes or actions taken to address these.

Medication systems in place require strengthening. We examined a sample of medication administration records (MAR's) and found these were completed appropriately. Secure arrangements are in place for the storage of medication. We spoke with members of care staff on the day of inspection who demonstrated a good knowledge of the home's procedures around medication management. The use of PRN (as required) medication is well recorded by staff and reviewed by health professionals on an ongoing basis. We noted the completion of daily room temperature checks, which ensure medication remains effective, contained gaps. The control drugs book also had some isolated gaps and was not completed in line with the services current medication policy. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

The service is able to manage potential risks around infection. Care workers told us they have a good supply of personal protective equipment (PPE) and are confident in using this. We saw care staff wear PPE appropriately whilst supporting people. To further safeguard people, visitors and care staff accessing the home undertake lateral flow tests on an ongoing basis and body temperatures are recorded routinely.

Environment

The home is clean, comfortable and suitably furnished and decorated. People have well-appointed flats, which allows them a sense of privacy. People have control over how their home is decorated. One person told us how they were able to choose the wallpaper and soft furnishings in their bedroom and lounge, and can display photographs of those people important in their lives. Access to satellite TV and iPad's are recognised as an important part of people's daily routine. One person showed us how they were able to access their favourite television show due to satellite TV being installed, which made them "*happy*".

The home undertakes appropriate security checks and fire safety measures to make sure people remain as safe as possible. There is an ongoing programme of maintenance and repairs in place to ensure the environment remains at a safe standard. The homes maintenance records evidences utilities and serviceable equipment are checked routinely. Personal evacuation plans are in place to enable care staff to understand the level of support people require in the event of an emergency.

Leadership and Management

Policies and processes in place support the smooth running of the home. The statement of purpose is up to date and reflects the service provided. Staffing rota's show sufficient staff in place to provide the right level of care and support. The service has a range of policies

and procedures, which are fit for purpose and staff we spoke with have a good working understanding of these. The management team consistently reports safeguarding concerns and significant events to the appropriate agencies. The RI knows people well and is actively involved in reviewing their progress and development. The completion of three monthly visits and six monthly quality of care reviews are not in line with regulations. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

The recruitment of staff is effective but core training requires improvement. We found recruitment files are in good order and contain the necessary information to ensure staff are of good character and hold the necessary skills and qualifications. Staff told us they feel sufficiently trained to undertake their role. The training matrix we examined highlighted a number of care staff who had not completed training in core areas. We acknowledge access to face-to-face training during the COVID outbreak has been difficult for services. The RI has since confirmed the service is planning to invest in in house training to support greater flexibility and provide staff with ongoing learning opportunities. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

Care workers feel supported and receive regular supervision. Staff feel supported in their role and feel confident in approaching the manager or RI with concerns or queries. Staff feel the management team have a visible presence in the home and regular team meetings ensure they understand any changes to policies or practice. We observed staff work well as a team and appear supportive to one another. Evidence shows staff receive regular and sufficient supervision to support their professional development.

Areas for improvement and action at, or since, the previous inspection. Achieved**Areas for improvement and action at, or since, the previous inspection. Not Achieved**

Regulation 58(1) - The service provider must have arrangements in place to ensure that medicines are stored and administered safely.	
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Regulation 73(3) - The frequency of responsible Individual visits must be at least every three months	
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Regulation 80 - The Responsible Individual must put suitable arrangements in place to establish and maintain a system for monitoring, reviewing and improving the quality of care and support provided by the service.	
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Where providers fail to improve we will escalate the matter by issuing a priority action notice. Where providers fail to take priority action we may escalate the matter to an Improvement and Enforcement Panel.

Areas where priority action is required

None	
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Areas where improvement is required

Regulation 58 (1) - The service provider must have arrangements in place to ensure that medicines are stored and administered safely.	
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Regulation: 36(2)(d) - The service provider must ensure that any person working at the service receives core training appropriate to the work to be performed by them.	
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Regulation 73 (3) - The frequency of responsible Individual visits must be at least every three months	
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Regulation 80 - The Responsible Individual must put suitable arrangements in place to establish and maintain a system for monitoring, reviewing and improving the quality of care and support provided by the service.	
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The area(s) identified above require improvement but we have not issued a priority action notice on this occasion. This is because there is no immediate or significant risk for people

using the service. We expect the registered provider to take action to rectify this and we will follow this up at the next inspection.

Date Published 20/07/2021