



Inspection Report on

Chilton Place

**14 Alma Street
Brynmawr
Ebbw Vale
NP23 4DZ**

Date Inspection Completed

21/12/2022

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About Chilton Place

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Glaslyn Retirement Homes Limited
Registered places	24
Language of the service	English
Previous Care Inspectorate Wales inspection	28 January 2020
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

People are complimentary of the staff and services provided. The service provides a relaxed atmosphere where people look comfortable and cared for. Opportunities to participate in activities are available and care staff treat people with respect and dignity. Arrangements are now in place to monitor and assess the quality of services; these now need to be embedded into practice. Staff recruitment documentation requires improvement though staff are now receiving regular supervision.

The environment is clean and decorated to a good standard. Audits are in place to monitor the health and safety of the premises, facilities and equipment. The Appropriate paperwork to manage restrictions made in people's best interests are not in place and the required improvements in the administration of medicines have not been fully achieved since our last inspection. This is placing people's health and well-being at potential risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

Well-being

People's physical, mental health and emotional wellbeing is considered. The service supports individuals with a range of physical and emotional needs. People's health is monitored according to their needs and to ensure timely referrals to GPs and other related healthcare professionals. People appear comfortable and content at the service and are positive about the care they receive. Care staff are available to provide support when needed and their approach is kind and caring. Staff know the people they are supporting well.

People are supported to do things that matter to them. People are encouraged to interact with each other, get involved in activities and events within the home. The activity worker also supports individuals to attend groups and events in the local community. A number of festive events have been organised during December for people who wish to attend, including film nights, singers attending the service, cheese and wine events. People are also supported to maintain contact with their families.

There are measures in place to safeguard people from the risk of harm. There are systems in place to record accidents and incidents. Audits of people's care delivery and health and safety monitoring is in place. Character and suitability checks of staff to undertake their roles are in place. Staff files and training records show care staff receive training to ensure people's safety; this includes training in safeguarding, medication, moving and handling. The provider has a safeguarding policy and guidelines for staff to follow. However, where there are necessary restrictions made in people's best interests to manage their safety, these do not always have the required documentation.

Care and Support

Throughout our visit, there appeared to be sufficient staff on duty to support people, providing care with genuine warmth and compassion. A dependency tool is used to calculate the numbers of staff required for each shift. Care staff are attentive and respond to people's needs with appropriate levels of prompting and support. People look relaxed and comfortable in the presence of staff. We saw staff sitting with people, and heard them engaging individuals in conversation and song, using humour and banter, encouraging others to join in.

Each person has a plan of care which covers core areas of an individual's care and support to be provided. All plans are in process of review by the new manager, those which had been reviewed are person centred and provide guidance on how to meet individual's identified needs. However, where there are restrictions made in people's best interests to manage their safety, appropriate documentation was not available to support these decisions. Capacity assessments and best interest decisions have not been completed consistently. New applications for the authorisation of Deprivation of Liberties Safeguards (DoLS) have been made, however CIW, the regulatory body, has not been informed of these. The above areas require improvement, and we expect the provider to take action and we will follow this up at our next inspection.

People can access the necessary health services required to maintain their health and wellbeing. Appointments with health and social care professionals are arranged for regular checks or if an individuals' needs change. A range of activities and positive relationships with care staff helps to support people's emotional health; the rapport between care workers and people is fun filled and respectfully familiar.

Systems in place for the management of medicines require improvement. Medication is stored in locked rooms on each floor, on the day of inspection, the rooms were very warm and daily recording of temperatures showed they continue to be regularly over 25 Degree Celsius. Gaps in the temperature checks of the fridges used to store medication were noted. We examined the controlled medication book and found the required two staff signatures was inconsistent. A sample of medication administration record (MAR) sheets were examined, we saw gaps in recording administration and amendments made without accompanying staff signatures. Clear protocols and guidelines for the administration of 'as required' medication was not available. We saw contradictory information across different recording systems, about when and why 'as required' medication was given. This is placing people's health and well-being at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

Environment

The location, design and size of the premises are as described in the statement of purpose. The home is spread over three floors. Each floor contains communal rooms, including a sitting room and dining room. The environment provides a clean, homely and comfortable feel.

People are comfortable and content in their environment. People told us they were 'happy' living at the service and liked their rooms. The environment recognises and promotes people's individuality. Rooms are furnished to a good standard and decorated to individual's personal tastes and preferences. People are surrounded by their personal items and belongings which reflect their likes, different interests and lifestyles. Increased signage would support people's orientation around the property and help identify individual rooms easily.

The service has systems in place to identify and mitigate risks to health and safety. People live in a safe environment, with safety checks and maintenance of equipment being carried out on a regular basis. Records we viewed demonstrated routine completion of utilities testing. An annual fire risk assessment is in place. Fire safety tests and drills are completed. Personal emergency evacuation plans are in place and provide guidance on how people can be safely evacuated in the event of an emergency. The provider has a system in place to record and monitor maintenance requests.

Leadership and Management

Governance arrangements are in place that support the operation of the service. The Statement of Purpose and guide to services are reflective of the service being delivered. The Responsible Individual (RI) visits the service on a regular basis and produces the required quality of care report. The service is well managed on a day-to-day basis. The new manager is supported by senior staff to oversee the day-to-day operation of the service. The manager has introduced changes to the staffing levels and introduced new monitoring and audit systems. Going forward these new systems require embedding to ensure the quality of care is consistent and improvements are ongoing. We looked at a selection of policies and procedures, including complaints, medication, safeguarding and whistle blowing. They align with legislation and best practice, providing guidance and expectations on care staff.

Selection and vetting arrangements for staff are not sufficiently robust. We looked at newly appointed staff personnel files. Pre-employment checks are completed in the form of a disclosure and barring (DBS) check, references are sought. However full employment histories are not available and gaps in employment are not explored for all new employees. Proof of identity is not retained on file for each person. This is an area for improvement, and we expect the provider to take action and we will follow this up at our next inspection.

All staff are subject to an induction and a satisfactory probationary period. There is commitment to ensuring all care staff undertake the qualifications required to enable them to register with Social Care Wales, the workforce regulator. A staff supervision matrix showed staff are now receiving regular formal supervision with their line manager. This formal supervision provides an opportunity for staff members to discuss any concerns or training needs they may have and for their line manager to provide feedback on their work performance.

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
58	The service provider does not have robust arrangements in place to ensure that medicines are stored and administered safely.	Not 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
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21	Paperwork to evidence mental capacity assessments and associated best interests decisions were not available to ensure peoples liberties were protected.	New
35	The service provider failed to ensure all the required recruitment documentation was available for new staff members.	New
8	Regulation 8 (1). We found that the service provider did not ensure effective arrangements for the monitoring, reviewing the quality of care and support provided.	Achieved
80	Regulation 80 (4). We found that the service provider did not produce a six monthly report reviewing the quality of care.	Achieved
36	Regulation 36(2 (c & d)). We found that the service provider did not ensure all staff received refresher training appropriate to the work to be performed by them and failed to ensure formal supervision is provided for all staff.	Achieved

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