



Inspection Report on

Conway House

**6 Pen-y-lan Road
Cardiff
CF24 3PF**

Date Inspection Completed

07/03/2023

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About Conway House

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Ocean Community Services Limited
Registered places	8
Language of the service	English
Previous Care Inspectorate Wales inspection	05 February 2020
Does this service provide the Welsh Language active offer?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

People receive the right support and are encouraged to achieve their well-being outcomes. People have good relationships with the care staff who support them and are happy with the care they provide. Care staff are appropriately trained, receive support from the management and are happy working at the service. Staff are safely recruited and subject to pre-employment checks before they begin employment. Care documentation is detailed and robust and reviewed regularly to keep it accurate. Support is sought from internal and external professionals when required. The Responsible Individual (RI) visits the home regularly and has a good overview of the service and its operation. There are quality assurance processes in place and the provider is committed to providing a quality service and making improvements. People are cared for in a suitable environment that is well maintained, clean and safe. People have their own bedroom which are personal and offers space and privacy. There are policies and procedures for the running of the service and people are given detailed information about the service. Safeguarding referrals are made when required and audited trends and patterns. Complaints to the service are taken seriously.

Well-being

People have autonomy over their own lives. People are at the centre of care planning processes and are actively encouraged to plan their own goals and future. People's views, wishes and feelings are evident throughout care documentation. People choose how to spend their time and have access to their own personal space and privacy within their bedroom. The RI engages with people during monitoring visits and people's opinions of the service are captured as part of quality assurance processes. People are given detailed information about the service and what care they can expect to receive which includes details of where people can complain if they are unhappy. People have access to independent advocacy and their voice is always heard.

People receive care without delay. Care staff understand the needs of the people they care for and encourage people to be as independent as they can be. People have built up good relationships with the care staff who support them and speak highly of them. Care staff receive appropriate training to undertake their roles correctly and feel well supported by the manager. Staff views are sought as part of quality assurance monitoring. Care documentation is thorough, robust and informs staff of peoples needs and how to meet them. Additional information and risk assessments ensure that staff have the fullest of information and understand how to manage risks safely. Personal plans of care are reviewed regularly to ensure they remain correct. People receive support from internal and external health and social care professionals without delay.

People are protected from abuse and harm. Conway House has a robust safeguarding policy in place and all staff receive training in the safeguarding of people at risk of abuse. The manager liaises with the Local Authority safeguarding team appropriately and any referrals are stored centrally with outcomes to ensure lessons can be learned. People live in a safe environment where hazards are reduced, but the chemical storage cupboard must be kept locked at all times. There is a fire risk assessment in place and staff know how to support people in the event of an emergency. Staff recruitment is safe and robust with pre-employment checks completed prior to staff commencing their roles. These checks are important as they determine a person's suitability to work with vulnerable people. The provider must ensure that all Disclosure and Barring Service (DBS) certificates are renewed within required timescales.

Care and Support

People receive the right care at the right time. Personal plans of care clearly highlight people's needs and how they should be met and are supported by additional information and risk assessments where required. Personal plans are reviewed regularly to ensure they are kept current and accurate. These documents are important as they guide staff on how to care for people correctly. We saw evidence that referrals are made to external health and social care staff when required and any advice or guidance is added to personal plans. People are also supported by an internal multi-disciplinary team who meet with people regularly. Care staff understand the needs of the people they care for and have built positive relationships. We saw people enjoying jokes, laughter, and banter with care staff and one person told us "*The staff are great, they go above and beyond*". There is a small amount of agency staff use at the service but we were assured that staff recruitment is ongoing and the home use the same agency staff for continuity for people at the service.

People have choice and control over their lives as far as practically possible. People have personal daily routines and spend time doing the things that are important to them. People are involved in the assessment of their needs and have opportunity to express their wishes and preferences on how care is delivered. People's views are clearly evident throughout documentation and they are encouraged to take the lead in the reviewing of their care and to set their own future goals and outcomes. One person told us "*Staff encourage me to make my own decisions and I am regularly reminded that, this is my life*". People have personal activity plans and are supported to maintain relationships with friends and family. One person told us "*Staff always make sure I am able to visit my family without fail. I am very grateful as this is very important to me*". People are treated as individuals and encouraged to be independent with tasks where possible. Where possible people budget their money and complete their own weekly shopping and prepare their own meals of meals. Conway House does not have set mealtimes or food menus as people decide what they eat and when. One person told us "*Our weekly budget for food has been increased by the company due to the cost of living, which is really helpful*".

Environment

People live in a suitable environment that meets their needs. Conway House is centrally located and benefits from local amenities and good transport links. The home is warm, welcoming, and clean but would benefit from some cosmetic redecoration in places. We did not detect any malodour during inspection. There is sufficient communal space available including a large lounge/dining room, a galley kitchen and a smaller sitting area people use for quiet time or to receive visitors. There are a number of bathrooms and toilets within the home, all of which are clean and in good working order. Some bathrooms would benefit from updating and some baths need resealing due to black mould around the edges. There is safe outdoor space with a covered seating area for people to use as they wish. People have their own bedroom and are encouraged to make the space as homely and personal as possible. People are free to access their rooms as they choose and are encouraged to value and look after the space. One person told us “I am happy with my room, *it has everything I need in it, and staff respect it as my personal space*”.

People can be assured they live in a safe environment. On arrival to the home, we found the main entrance secure and our identification was checked. We were asked to sign the visitor book before we were permitted entry. The building is well maintained and routine maintenance checks and safety testing of gas and electricity are completed as required. The home is clutter free and hazards have been reduced as far as practically possible. Chemicals are stored in a secure room, but on the day of inspection we found the door unlocked despite a clear sign on the door advising staff to keep the room locked at all times. The room was locked immediately and we were assured this would be addressed with staff. Window restrictors are in place. There is a fire risk assessment in place and all staff are up to date with fire safety training. All residents have a personal emergency evacuation plan (PEEP) in place which is important as this document guides staff on how to evacuate people in the event of an emergency.

Leadership and Management

People benefit from the leadership and management in place. Conway House benefits from an RI who has excellent oversight of the service and a manager who is registered with Social Care Wales, the workforce regulator. There are policies and procedures in place for the running of the service which are updated and amended when required. The RI visits the service in line with legal requirements and produces a report to support the visits. The manager understands the legal requirements of caring for vulnerable people and makes referrals to the Local Authority safeguarding team as required. Safeguarding referrals are stored centrally with outcomes recorded and monitored as part of quality assurance processes. This is good practice as it enables the provider to monitor referrals for themes and trends of abuse. Quality assurance monitoring of the home is completed regularly and considers the views of the people living at the home and staff working at the service. This indicates that the provider is committed to providing a quality service and making improvements when necessary. Complaints to the service are taken seriously and dealt with correctly. Any complaints are also monitored by the RI.

People are supported by staff who are well trained and safely recruited. Care staff attended training courses appropriate to the role they undertake and we were able to see that the majority of staff are up to date with training. All staff receive a formal supervision in line with regulatory requirements. Supervision is important as it is an opportunity for staff to discuss any practice issues or personal development needs in a setting that is recorded. Staff we spoke with told us that they are very happy working at Conway House and one person said, *"I really like working here, all the staff are very nice and the manager looks after me"*. We examined a selection of staff personnel files and found that they all contain required information. We were able to see that pre-employment checks including DBS certificates and references are applied for prior to employment commencing. There is a system in place for the renewal of DBS certificates but we noted that one staff member was working with a recently expired DBS. The provider assured us that they had applied for a new certificate and completed a risk for the interim.

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
N/A	No non-compliance of this type was identified at this inspection	N/A

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

N/A	No non-compliance of this type was identified at this inspection	N/A
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