



Inspection Report on

Caerlan

**East Caerlan Farm
Newbridge Road
Pontyclun
CF72 8EX**

Date Inspection Completed

29/12/2022

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About Caerlan

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	PARKCARE HOMES (NO.2) LIMITED
Registered places	8
Language of the service	English
Previous Care Inspectorate Wales inspection	[Manual Insert] 7/9/2022
Does this service provide the Welsh Language active offer?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

This was an unannounced focused inspection. We did not consider all themes in full, concentrating on areas of care and support and leadership and management.

Staff turnover and vacancies have affected the stable running of the service resulting in a significant reliance on agency staff. The responsible individual (RI) and management team are visible and engaged in the day-to-day running of the service. A recent recruitment drive has been successful and new care workers have been recruited.

Personal plans are in place, but they need to be reviewed and updated more regularly. People have access to health professionals as and when they require it. Improvements are required around the management of medication. People are cared for in a warm, clean, and comfortable environment which meets the needs of the people living at the service.

Well-being

A homely environment supports people's well-being. Our observations indicated people feel secure and relaxed within the home. The home is clean, suitably furnished and decorated appropriately throughout. People's bedrooms are individualised, and communal areas are comfortable and pleasant. On the day of our inspection, we observed people in communal areas of the home, and we did not identify any hazards.

The service supports people to maintain their physical, mental and emotional well-being. Care staff support people to obtain health appointments and these are clearly documented within the persons care file. Individualized activity plans are in place for people. With the recent recruitment of new care workers people will have the opportunity to participate in more community activities.

Care and Support

As this is a focussed inspection this theme will not be considered in full.

People are supported to access healthcare and other services, to maintain their ongoing health, development and well-being. The service has clear records of relevant health appointments, including the actions required.

There are current personal plans for how care is provided in order to meet people's needs. Personal support plans demonstrate what matters to the person and how best to support them to achieve their identified goals. People's ability to be involved in personal planning is considered. However, we were unable to find evidence the service had completed personal plan reviews as required by regulation. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

The systems in place for assisting people with their medication requires improvement. The room temperature of where medication is stored is taken and recorded. Improvements are required around the completion of medication administration records as we found some gaps in the recordings of these. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

We saw positive interactions between care staff and people living at the service. People living at the service have a good rapport with care staff and the management team. We found people are treated with dignity and respect. One person told us "*They are kind*".

Environment

As this is a focussed inspection this theme will not be considered in full.

People are safe from unauthorised visitors entering the building. The main external door is unlocked but there is a keypad entry system into the main home. Visitors are asked to sign the visitor's book when entering and leaving.

The environment is pleasant and welcoming. Bedrooms look well maintained and personalised. Bathrooms are clean and tidy and communal areas are spacious and appropriately decorated.

Leadership and Management

As this is a focussed inspection this theme will not be considered in full.

The service benefits from improved staff consistency. The previous inspection identified there were insufficient permanent staff to ensure continuity, resulting in care not being delivered as described in people's personal plans. At this inspection we saw significant improvements have been made. An ongoing recruitment drive and provider incentive has resulted in several new care workers being employed. The RI also confirmed less agency staff are now used, and more familiar/regular agency staff are block booked. A new deputy manager has been appointed to support the running of the home.

The statement of purpose and service users guide accurately describe the current arrangements in place regarding the service's accommodation, referral and admission process, the type of care and support available.

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
22	Regulation 22: The service provider must put arrangements in place to ensure that individuals receive such continuity of care as is reasonable to meet their needs for care and support.	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
58	Current medication storage, record keeping and administration practice demonstrates the service provider does not follow current best practice guidance for medication storage and administration.	New
16	Personal Plan reviews are not completed at least three monthly.	New
36	Staff must be supervised appropriately in line with the service provider's policy.	Reviewed

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