



Inspection Report on

1A Stockwell Road

Pembroke Dock

Date Inspection Completed

23 May 2022

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About 1A Stockwell Road

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Pembrokeshire Resource Centre LTD
Registered places	5
Language of the service	English
Previous Care Inspectorate Wales inspection	19/06/17
Does this service provide the Welsh Language active offer?	No. This is a service that does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people who use, or intend to use their service.

Summary

People like living in their home which is comfortable and has a relaxed atmosphere. They have good relationships with care staff, and they can influence their care. People are safeguarded and care staff are responsive to their health needs. Low level interventions are used to manage people's anxieties.

People are going out in the community, but the frequency and type of activities are not always in line with their plans. Overall, personal plans provide suitable guidance for care staff, but they are not outcome focused.

The home is comfortable but needs attention in some areas to ensure people feel valued. The garden requires improvements; in its current state it does not provide a suitable space for people to enjoy time outdoors.

Staffing is not always at the required levels to ensure people's safety and well-being, resulting in the manager having to step in and support care staff. Quality assurance measures require some improvement to more fully reflect the service.

Well-being

People express their views and make choices on a daily basis. They have a say in the décor of their room and what activities they wish to pursue. They indicate their preferences at house meetings and their families advocate for them at multi-disciplinary meetings. The agreement to some people's demands means care staff cannot adequately ensure their health and safety.

People are supported to maximise their health outcomes. Care staff are attentive to people's health needs and proactively respond to presenting symptoms and changes. They patiently support people to attend appointments. People have some healthy meals and exercise, but these are not consistently offered or in line with their activity planners.

Overall, people are safeguarded. Care staff are confident about their safeguarding responsibilities and people feel able to communicate with them about any concerns. Safeguarding information is available in a suitable format and almost all areas of risk assessments are sufficiently robust. Records show people's rights are respected and low-level interventions are used to support people to manage their anxiety.

People are happy in their home, but it does require some improvements. People have personalised bedrooms and suitable communal spaces where they meet with others living at the home. The cleaning, décor and furnishings of the home require attention and the overgrown garden is currently not meeting people's needs.

Care and Support

Personal plans contain guidance for care staff, but they require improvement to meet regulatory standards. Personal plans have detailed information about people's needs and how care staff can meet them. Some guidance requires more clarity, for example, clearer advice is needed as to what "regular checks" means and also details about people's staffing for particular activities. They do not evidence the involvement of people and their families in creating personal, measurable outcomes. This is an area for improvement, and we expect the provider to take action.

People have positive relationships with care staff who support them to be as healthy as they can be. Care staff's interactions with people are marked by emotional warmth and respect. People are praised and humour is used to good effect. Care staff know people well; they engage and communicate with them in line with their personal plans. People communicated to us they like their care staff and records show care staff are responsive to emerging health needs. They also ensure people attend routine and emergency appointments with general and specialist health professionals in relation to both their physical and mental health. People are offered healthy, nutritious meals but these are not consistent. Records show the medication counts are not up to date and the advice for care staff to ensure the safety of medication for people in their own room is not followed through. This is an area for improvement, and we expect the provider to take action.

People are engaging in activities and receive responsive care in line with their plans. People are enjoying activities in the community; however, the activities are not always in line with their activity planners and some days people remain in their rooms for long periods. This is an area for improvement, and we expect the provider to take action. Care staff have clear guidance to support them to manage behaviour which might indicate distress or anxiety. Records show care staff respond to people's behaviour with low level interventions in line with their positive behaviour support plans. Physical intervention is not used. Most incident reports are sufficiently detailed and contain suitable managerial oversight.

Overall, people are safeguarded. Care staff know their safeguarding responsibilities and are trained in safeguarding. The manager ensures safeguarding referrals are made to the local authority and notifications to CIW when required. Risk assessments are detailed but the information across personal plans and risk assessments is not always consistent. Daily recordings are of variable quality and information recorded in relation to body maps is not completed each day as required. Guidance regarding self-injurious behaviour would benefit from more detail and not all DoLs authorisations are up to date, despite the manager's follow up action. People see their families regularly and their families advocate for them.

Environment

The home is suitable to meet people's needs. The property has a relaxed atmosphere and people can move about it, between private and communal spaces as they please. Bedrooms reflect people's personalities, although several lack a comfortable chair and bedroom furniture is not secured to the walls. Some bedrooms are very cluttered, have electric leads trailing in several places and present health and safety risks. Bedrooms and the main lounge require redecoration and the stair carpet has large holes in it and needs to be replaced. The carpets, floors and windows are not clean and the storage in the garage is chaotic. This is an area for improvement, and we expect the provider to take action.

Overall, the home is safe. Health and safety, fire safety checks and fire drills are carried out regularly. The time of the fire drills is not always recorded so it is difficult to know if they are being carried out at a range of different times. Security checks and the home's infection control procedures were carried out on our arrival.

The outdoor area is not meeting people's needs. We were advised the garden contains Japanese knot weed. It is very overgrown in places and in need of attention to provide a suitable, safe space for people to relax or pursue some healthy activities. The paved area has a damaged hammock on it. In its current state, a large part of the garden is inaccessible and unusable. This is an area for improvement and we expect the provider to take action.

Leadership and Management

The statement of purpose (SOP) is regularly reviewed and the service we saw generally reflected it, aside from the lack of regular multi-disciplinary meetings to review people's care and environmental issues. This is an area for improvement, and we expect the provider to take action. People have their personal plans in a suitable format, but we did not see any evidence of these being shared with them.

People cannot be assured they are cared for at all times by sufficient numbers of safely recruited suitably qualified, experienced and skilled care staff. Staff files contain some gaps in chronologies and inconsistencies relating to references. The majority of care staff are completing their AWIF (All Wales Induction Framework), three care staff are qualified. Rotas show shortfalls of care staff for a significant number of shifts each month. The responsible individual advised the manager would be available to step in on these occasions, however, this is not a sustainable strategy and is likely to have an impact on the manager's ability to fulfil their responsibilities. This is an area for improvement, and we expect the provider to take action.

People receive care from suitably trained and supported care staff. Records show almost all care staff are trained in the core areas and other subjects relevant to their work. The regularity of supervision is improving following a significant decline in 2021 and it is of a satisfactory quality. Care staff speak positively about working at the home, describing the team and manager as supportive.

Quality assurance measures are in place; however, they are not addressing all the identified issues in a timely manner. Some audits evidence progress being made but actions in relation to the environment remain outstanding and are further highlighted in the RI's Regulation 73 reports. The regulation 73 visits and quality of care reports evidence consultation with relevant parties and partnership work with parents, however, they are not fully reflective of the shortfalls in the home and contain repeated information. This is an area for improvement, and we expect the provider to take action.