

# Inspection Report on

**Maesteg House** 

Maesteg House Care Home Aberdare Road Mountain Ash CF45 3PT

# **Date Inspection Completed**

30/11/2023

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# About Maesteg House

Type of care provided	Care Home Service
	Adults Without Nursing
Registered Provider	Maesteg House Care Home Ltd
Registered places	11
Language of the service	English
Previous Care Inspectorate Wales inspection	03 <sup>rd</sup> October 2023
Does this service promote Welsh language and culture?	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 inspection was conducted to ascertain if improvements have been made since Care Inspectorate Wales (CIW) issued an Improvement Notice to the service on 26<sup>th</sup> October 2023. The Improvement Notice was issued due to the providers failure to address issues we have identified at previous inspections. These issues were in relation to care and support, the environment and leadership and management.

We found care and support is not always provided in a way which protects, promotes, and maintains the safety and well-being of individuals. Personal plans do not always reflect people's needs or consider risks. Assessments to make sure the home is suitable for people are not always undertaken and assessments for aids and adaptations are not always completed. Some environmental issues have been actioned, however, there remain serious ongoing issues with the environment which have not been addressed. These continue to pose a risk to the health and safety of people living at the home. The Responsible Individual (RI) has not evidenced an understanding of the requirements of the regulations and has failed to provide a sufficient level of oversight to ensure people living at the home are safe.

#### Well-being

The environment does not support people's well-being. Actions set out in the Improvement Notice issued to the service on 26<sup>th</sup> October 2023 have not been met within the required timeframe. Many issues first identified with the environment in September 2022 are still present. These include issues with décor, damaged flooring, and damaged furniture. We did note replacement flooring in the dining room and some areas of new carpet. Standards of cleanliness and hygiene within the home are inadequate. We saw many areas need a deep clean and we identified several infection control issues.

Poor quality assurance measures mean people's views are not always heard. The RI has failed to fully engage with people to gather their views on the service they receive. Quality of care reviews do not consider the standard of care and support provided nor do they act to identify areas where the service can improve. The RI has poor oversight of the day to day running of the home which has put people at risk and led to ongoing issues with the environment and leadership and management.

People are not always protected from harm. Lack of proper assessments and failure to implement meaningful care and support plans and risk assessments has put people at risk of harm. A failure to complete effective preadmission assessments impacts upon people's well-being. Ongoing issues with the environment continue to pose a risk to the health and safety of people living at the home. Poor cleanliness and hygiene standards put people at risk from cross contamination. Medication management systems require strengthening to ensure people remain safe. Care workers do not receive the standard of training required to meet the needs of the people they support.

#### **Care and Support**

People do not always receive the level of care and support they require. We found one person had recently been admitted to the home and no pre-placement assessment had been completed. This is important as it gives the opportunity for the provider to assess if the home is suitable to meet the persons needs. Coupled with this we found no care and support plan, or risk assessment was implemented for almost two weeks after the person was admitted to the home. Care workers we spoke to told us they felt the home was not suitable for this person as they could not cater for their needs. We looked at a number of personal plans and found routine assessments by suitably gualified professionals have not been undertaken. Adaptations made to a bed height have been made without an appropriate assessment being conducted. People are not always consulted on the care and support they receive. We saw personal plans are regularly reviewed; however, we did not see evidence to show people are involved in the review process. People do not have the opportunity to engage in meaningful activities. On the day of our inspection, we did not see evidence of any structured activities being provided at the home. We saw the majority of people sat in the lounge, but they were unable to watch television at the time due to one person not liking it. Others preferred to remain in their bedrooms. There is no structured timetable of activities in place as suggested in the services Statement of Purpose. Due to the issues identified at this inspection regarding care and support we have re-issued a Priority Action Notice. We would expect the provider to take immediate action to address the issues identified.

Medication management systems require improvement. Each person living at the service has a medication cabinet in their bedroom. We looked in a number of people's rooms to see if medication was being stored in line with regulation. One of the cabinets contained 'as required' (PRN) medication which was not detailed on the person's Medication Administration Recording Chart (MAR), this suggesting that administrations of PRN medication are not properly recorded. We looked at medication audits and found they are basic and did not reflect current levels of medication stock being stored. We also found discarded medication in the laundry room. We told the provider this was an area for improvement which we would expect them to address at the earliest opportunity.

Infection Protection and Control (IPC) measures require improvement. We saw there is an infection control policy in place, however, we also witnessed poor practice which posed a risk to the health and safety of people living at the home. We observed soiled linen being stored next to clean linen on the floor of the laundry room. A number of the rooms we looked in, including people's bedrooms, communal toilets and other communal areas had not been cleaned to a satisfactory standard. We saw used mops in the dining room, dirty continence aids left in people's rooms and others not cleaned and stored according to IPC good practice. Soiled furniture in communal areas and people's rooms had not been thoroughly cleaned. We told the provider this is an area for improvement which we would expect them to address at the earliest opportunity.

## Environment

Although some improvements have been made in relation to the environment, many remain. The Improvement Notice issued on 26<sup>th</sup> October 2023 highlighted six areas concerning the environment where immediate action was required to address issues which posed a risk to people's health and safety. At this inspection we found three of these actions have been addressed.

We looked in people's rooms and found hazards including damaged flooring and damaged furniture. We have brought this to the attention of the provider on several occasions, yet the issues persist. Some bedrooms are not suitably decorated, and they lack sufficient storage. Care workers told us, and we were able to see, new furniture purchased is not large enough to store people's clothing.

Issues identified at previous inspections regarding communal areas have not been addressed to a satisfactory standard. At the last inspection we told the provider some furniture in the lounge area needed replacing as it was heavily stained. At this inspection we found the furniture has not been replaced. We saw covers have been placed over the furniture to cover the stains, however there is no record of the deep cleaning being undertaken. We also found heavily stained furniture in the dining room area.

We completed an inspection of the services toilets and bathing facilities. We found the shower on the first floor is out of order which means people residing on the first floor, some of which have mobility problems have to use the facilities on the ground floor. We also saw the radiator in the shower room is not working. One person told us *"Nobody uses the shower, its broken, its freezing cold in there, the radiator is broken as well"*. Some of the equipment in the bathroom on the ground floor had rusted and we identified several issues regarding infection prevention and control measures. Other hazards we identified in the toilet and bathing facilities included a loose grab rail next to a toilet, various items being stored next to a fire escape, and a battery being charged next to a sink with running water.

We conducted a visual inspection of the outdoor area and found many of the issues highlighted in the Improvement Notice are still present. We saw discarded debris and rubbish and damaged flooring was still causing a trip hazard. We did see the provider has purchased some new garden furniture; however, this was being stored in the dining room at the time of our inspection.

We looked at servicing and maintenance records and found some scheduled servicing was overdue. This included servicing of the hoist and stair lift. Due to the issues regarding the environment identified at this inspection we have re-issued a Priority Action Notice. We would expect the provider to take immediate action to address the issues raised.

## Leadership and Management

Poor quality assurance measures put people at risk of harm. The RI has failed to meet their regulatory obligations in relation to providing effective oversight of service provision. We found little evidence to suggest the RI meets with people and staff to gather their views on the service. Environmental audits we viewed do not show a true reflection of the environment. An example of this would be, one document stated the following: *"Both bathrooms free from odour. No communal toiletries"*. The report fails to mention the shower and radiator in one of the bathrooms is broken and there are several infection prevention and control issues present. On a six-monthly basis the service is required to conduct a quality-of-care review. We found only one quality of care review has been completed since December 2022. We looked at the quality-of-care report and found it does not satisfy regulatory requirements. The report fails to provide any analysis of the quality of care being provided at the home. The report fails to provide any analysis of the quality of areas what have been identified for improvement. Due to these continued failings, we have re-issued a Priority Action Notice. We would expect the provider to take immediate action to address the issues.

The recruitment process requires strengthening to ensure newly appointed staff are suitable to work with vulnerable people. We examined a selection of personnel files and found some of the regulatory required pre-employment checks have not been completed. These checks included references from previous employers, employment history checks and Disclosure and Barring Service (DBS) checks. We also found the most recent employees have not received an induction. We told the provider this is an area for improvement. We would expect the provider to address the issue at the earliest opportunity.

The training care workers receive is not sufficient to meet the needs of the people they support. The service provides care and support to people with mental health needs. Some of these needs could be considered complex. We did not see any evidence care workers receive any specialist training which would equip them with the skills needed to provide care and support to people with complex mental health needs. One care worker we spoke with said, *"I don't think we have enough training around mental health"*. We viewed records relating to training and development and found care workers were overall up to date with their core training requirements. However, we found practical training around first aid, moving and handling and fire safety has not been completed. We told the provider this was an area for improvement which we would expect them to address at the earliest opportunity.

Written information including the Statement of Purpose and Service User Guide require updating. We reviewed both documents and found they are not reflective of the service provided. We told the provider this was an area for improvement. We would expect this to be addressed at the earliest opportunity.

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	
44	The provider is not compliant with regulation 44(4) & 44(10). Environmental Issues we identified at inspection pose a significant risk to people using the service, staff and visitors.	Not Achieved	
66	The provider is not compliant with regulation 66. This is because systems to ensure proper oversight of the management, quality, safety and effectiveness are inadequate.	Not Achieved	
21	The provider is not compliant with regulation 21(1). This is because care and support has not always been delivered in a way that protects, promotes and maintains the safety and well-being of individuals.	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	
7	The provider is not compliant with Regulation 7. This is because information recorded in the Statement of Purpose is not reflective of the service being provided.	New	
35	The provider is not compliant with Regulation 35(2)(d). This is because the provider has failed to complete all the regulatory required pre-employment checks	New	
36	The provider is not compliant with regulation 36(2). This is because staff have not completed elements of core and specialist training.	New	
56	The provider is not compliant with regulation 56(1). This is because inspectors identified numerous infection control issues on the day of our inspection.	New	
58	The provider is not compliant with regulation 58(1). This is because there are issues with the safe storage and administration of medication.	New	

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