

# **Care and Social Services Inspectorate Wales**

**Care Standards Act 2000**

**Inspection report  
Care homes for younger adults**

**Caerau Manor**

Caerau Manor  
2 Caerau Crescent  
Newport  
NP20 4HG

**Date of publication - 13 May 2009**

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## Care and Social Services Inspectorate Wales

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Home:	Caerau Manor
Contact telephone number:	01633 250583
Registered provider:	Ocean Community Services Limited
Registered manager:	Mathew Ryan James
Number of places:	6
Category:	Care Home Nursing - Younger
Dates of this inspection from:	28 November 2008 to: 6 April 2009
Dates of other relevant contact since last report:	
Date of previous report publication:	29 December 2007
Inspected by:	Helen Ford
Lay assessor:	None

## Introduction

This report has been compiled following an inspection of the service undertaken by the Care and Social Services Inspectorate for Wales (CSSIW) under the provisions of the Care Standards Act 2000 and associated Regulations.

The primary focus of the report is to comment on the quality of life and quality of care experienced by service users.

The report contains information on how we inspect and what we find. The report is divided into distinct parts mirroring the broad areas of the National Minimum Standards.

CSSIW's inspectors are authorised to enter and inspect regulated services at any time. Inspection enables CSSIW to satisfy itself that continued registration is justified. It also ensures compliance with:

- Care Standards Act 2000 and associated Regulations whilst taking into account the National Minimum Standards.
- The service's own statement of purpose.

At each inspection episode or period there are visit/s to the service during which CSSIW may adopt a range of different methods in its attempt to capture service users' and their relatives'/representatives' experiences. Such methods may for example include self-assessment, discussion groups, and the use of questionnaires. At any other time throughout the year visits may also be made to the service to investigate complaints and to respond to any changes in the service.

Readers must be aware that a CSSIW report is intended to reflect the findings of the inspector at a specific period in time. Readers should not conclude that the circumstances of the service will be the same at all times.

The registered person(s) is responsible for ensuring that the service operates in a way which complies with the regulations. CSSIW will comment in the general text of the inspection report on their compliance. For those Regulations which CSSIW believes to be key in bringing about change in the particular service, they will be separately and clearly identified in the requirement section.

As well as listing these key requirements from the current inspection, requirements made by CSSIW during the year, since the last inspection, which have been met and those which remain outstanding are included in this report. The reader should note that requirements made in last year's report which are not listed as outstanding have been appropriately complied with.

Where key requirements have been identified, the provider is required under Regulation 25B (Compliance Notification) to advise, in writing, the appropriate regional office of the completion of any action required by CSSIW.

The regulated service is also responsible for having in place a clear, effective and fair complaints procedure which promotes local resolution between the parties in a swift and satisfactory manner, wherever possible. The annual inspection report will include a summary of the numbers of complaints dealt with locally and their outcome.

CSSIW may also be involved in the investigation of a complaint. Where this is the case CSSIW makes publicly available a summary of that complaint. CSSIW will also include within the annual inspection report a summary of any matters it has been involved in together with any action taken by CSSIW.

Should you have concerns about anything arising from the inspector's findings, you may discuss these with CSSIW or with the registered person.

Care and Social Services Inspectorate Wales is required to make reports on regulated services available to the public. The reports are public documents and will be available on the CSSIW web site: [www.cssiw.org.uk](http://www.cssiw.org.uk)

## **Summary**

Caerau Manor is a large semi-detached three storey house located in a residential area of Newport. The house is close to local amenities and transport facilities. The home was registered by the Care and Social Service Inspectorate in May 2007, to provide nursing care, support and accommodation for six younger adults with functional mental health needs.

Caerau Manor is configured to provide two distinct units, the ground floor of the home has two bedrooms, a communal lounge, kitchen area and a communal supported bathroom. These bedrooms are used for those individuals with physical disabilities as well as their mental health needs. There are four bedrooms on the middle floor, providing accommodation for those more physically able service users. The top floor of the home has communal living space, a large kitchen/dinning room and a poly tunnel.

The home has a rear garden which has a decked patio area, and a small lawn, there is also a large detached two storey building the ground floor provides a staff area and top floor area has been furnished to provide a large Manager's office. The home has a small parking area to the front of the property, the majority of visitors to the home, park on the road outside the home.

The home had a comfortable and friendly atmosphere access to the home was obtained by knocking the front door and signing the visitor's book.

The Manager and Responsible Individual were present throughout the inspection process. A tour of the home was undertaken to observe the general standards of cleanliness, maintenance and decoration. On the day of the announced inspection visit the home was clean and there was no offensive odours noted.

The information contained in this report was obtained from a review of the self-assessment documentation submitted by the Manager prior to the inspection visit. An announced inspection visit to the home which was taken over the period of one day. The Inspector spoke to a couple of service users to ascertain their views regarding the accommodation and care they received at the home. A few staff members were also spoken to on the day of the inspection, and six staff questionnaires were returned following their completion, all of which gave positive responses.

It is not practically possible for every aspect of the operation of an establishment to be observed on each visit. The absence of reference to a particular fault or issue does not mean that such a fault does not exist. It is the responsibility of the Registered Person to ensure that in all respects the home operates in accordance with the relevant laws, regulations, and standard.

The home appeared to be compliant with the majority of regulations contained in the Care Homes (Wales) Regulations 2002 and the National Minimum Standards for Younger Adults.

The Inspector would like thank the Manager Mr Matt James and all concerned for making her welcome and for their co-operation during the inspection process.

## Choice of home

### Inspector`s findings:

Caerau Manor has a Statement Of Purpose and Service User Guide both documents had been updated to reflect the Management within the home and the services offered. The documents were comprehensive and informative. The information was available within the home and it was noted that a copy of the Service User Guide was included in the service users' care files. The Inspector was informed that all service users had a contract in place, this was observed in the service user file reviewed.

Discussions took place with the Manager while case tracking, the service user's care file regarding the admission process employed by the home. The Inspector was informed that the service users currently accommodated at Caerau Manor had been transferred from other settings within the organisation. The Manager stated that continued assessment of the service users was undertaken to ensure that the home was meeting their needs, this was evident on the day of the inspection as one service user currently accommodated on the ground floor was waiting for a more suitable placement.

The Manager confirmed that a full assessment of service user needs is undertaken prior to them moving into the home. The Inspector was informed that compatibility was also taken into consideration as Caerau Manor was a small home and it was important that the service users accommodated were able to live in harmony.

The home is registered to provide accommodation for service users with functional mental health needs. It was evident during the inspection that some of the service users have complex general nursing needs, which the home appeared to be managing well, with the assistance of outside agencies.

The duty rota was examined and indicated that there was sufficient staff on duty to meet the needs of the service users accommodated. This was one staff member to one service user by day and two staff members to one service user by night. Although comments received via the staff questionnaire indicated that they would appreciate more staff on certain day duties.

**Requirements made since the last inspection report which have been met:**

Action required	When completed	Regulation number

**Requirements which remain outstanding:**

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

**New requirements from this inspection:**

Action required	Timescale for completion	Regulation number

**Good practice recommendations:**

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## Individual needs and choices

### Inspector`s findings:

The Inspector case tracked one service user file, and briefly looked at a few other files. All the service users had a detailed care plan and service delivery plan, which had been based on their local authority care plan. The file examined contained detailed information about the service user.

The service user had several risk assessments in place, these were relevant to the needs of the service user. The Inspector observed that the risk assessment had been regularly reviewed by the members of the staff team, in conjunction with the service user.

The Inspector was informed that two service users were at risk of pressure damage. The Inspector noted that the service user had a dynamic air mattress in use. There was evidence that the service user was 'turned' at regular intervals and the areas at greatest risk of pressure damage were examined at regular intervals. The Manager stated that he and several members of staff had recently attended a study day in relation to tissue damage and the prevention of pressure sores. The Inspector discussed with the Manager the requirements identified at the last inspection, and it was evident that the Manager and the staff employed at Caerau Manor had worked hard since the last inspection to meet the requirements.

The Manager explained that the service users had a high level of input from a variety of health professionals, such as physiotherapists, occupational therapists and consultant psychiatrists. Daily records were comprehensively undertaken and these reflected the current needs of the service user.

The Inspector viewed the activity plan for a service user, this was comprehensive and included areas of social interaction and development. The Manager confirmed that activity plans were in place for the service users, the Inspector was informed that service users have the opportunity to go to college and enhance their education. This was confirmed by the services users when in conversation. It was observed during the inspection visit that the service user had been actively involved in the development of the care plan.

The Manager confirmed that the home does not act as appointee for any of the service users. It was noted that the service users were encouraged and supported to manage their own money.

The Inspector was informed that the two units are run as separate entities, although the Manager stated that all the service user do come together for barbeques etc.

The Inspector noted that the family of one service user visited on the day of the inspection visit. The Manager confirmed that the home had good relationships with all the families of the service users.

The Inspector was informed that all the service users had access to outside advocacy services if they required it. Although the service users appeared happy with the staff working in the home. It was observed that the staff had built up good relationships with the service users, and this was observed during the inspection visit.

The Inspector observed that the care files for the service users were stored securely within a locked office. Service users and their relatives were able to access their on records on request. All records maintained within the home complied with the requirements of schedule 3 and 4 of the Care Homes (Wales) Regulations 2002 and were maintained in line with the Data Protection Act 1998.

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**Good practice recommendations:**

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**Lifestyle**

**Inspector`s findings:**

The Inspector was informed that the service users were assisted to exercise choice and control in their lives where possible. Service users have opportunities for development and social activities for example, going to football matches, trips out and holidays. Service users were also encouraged to maintain in contact with their families and as stated previously this was evidenced on the day of the inspection visit.

The Inspector observed that the daily routines were flexible to accommodate service users. The Inspector viewed the menu sheets which had been agreed by the service users. The Manager stated that the meal times were flexible, and that service users assisted the staff to make meals on occasions. Records were also kept of the service users' food consumption.

The home encouraged service users to bring personal possessions and items of furniture into the home if desired. This was evidenced on the day of the inspection, as the rooms appeared personal and homely. All bedrooms within the home are single occupancy.

The Manager stated that service users were encouraged to pursue their own interests. One service user had applied for a part time job, and was excited as she had been granted an interview.

The Inspector observed that staff have an allocation chart to follow, this also incorporates half hourly observation charts for the service users and staff are requested to make half hourly comments regarding the service users.

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**Good practice recommendations:**

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## Personal and healthcare support

### Inspector`s findings:

The home had policies and procedures in place in relation to maintaining the privacy and dignity of the service users. The Inspector was informed that the service users were encouraged as part of their daily routine to help to keep their personal accommodation clean and tidy and help with their washing and ironing.

The Inspector was informed that service users were supported if necessary with their personal hygiene needs. Two of the service users however required a high level of personal care support. All the service users looked clean, tidy and were smartly and appropriately dressed, this is a credit to themselves and the staff team.

The home had undertaken an audit of the medication policies and procedures within the home. The Inspector noted that all medicines were stored appropriately within the home, and that the staff recorded the administration of the medication. The Manager stated that the home received the medication from Lloyd's pharmacy. Although it was noted that only one staff member signed for the administration of controlled drugs. He was advised that it was good practice to have two signatures.

All the service users were registered with a local GP practice. The Inspector was informed that service users had access to all aspects of NHS services including hospital appointments, podiatry, dental and optical care. The Manager confirmed that the home had good relationships with the Diabetes service from Gwent Healthcare NHS Trust.

The Inspector was informed that the service users had access to all local health facilities including podiatry, dental, and opticians.

The Manager stated that all accidents were recorded, and details were sent to the companies head office and were discussed in the fortnightly management meetings and were also referred to the company's clinical governance department.

All incidents were recorded, the Manager stated that no restraint had been used since the last inspection. It was observed that staff had an excellent knowledge of the service users and their 'trigger' factors. Staff had received training in 'talking' to service users rather than using physical restraint.

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**Good practice recommendations:**

The Manager was advised to ensure that two staff members signed for any controlled drugs that were given.

## Staffing

### Inspector`s findings:

The Inspector was informed that the Manager and Deputy Manager had supernumerary hours to facilitate the management within the home. Although both continued to provide 'hands on' support for the service users.

The Manager confirmed that the retention of staff within the home was high. It was also reported the level of staff sickness was low. The staff rota was reviewed, where it was noted that the staff worked long days, which was what they preferred. The home did not employ ancillary staff, the support workers undertook cleaning and catering duties. The home did not employ agency nurses, but used nurses from within the organisation if necessary. This procedure allowed for the continuity of care. The Inspector observed positive and professional interaction between the staff and the service users during the inspection visit.

The organisation had an in house training department which provided the majority of training within the organisation. The Inspector was informed that training had been provided in the mandatory subjects of manual handling where staff were given the opportunity to gain the manual handling passport. Health and Safety, food hygiene and POVA training was also provided. The Manager stated that all new staff had a comprehensive induction programme which was compliant with the requirements of the induction programme set out by the Care Council for Wales. Staff had also received training in service user specific conditions, such as Huntington Chorea, diabetes care and the prevention of pressure damage.

The Inspector was also informed that 69% of staff had achieved NVQ Level 2 qualifications, and some senior support workers were working towards NVQ Level 3 qualifications. The staff training certificates reviewed confirmed the level of training undertaken by the staff employed at the home.

Two staff files were reviewed as part of the inspection process. The files were well presented and contained all the necessary pre employment checks. The Inspector was able to review the CRB disclosures of the staff which were all valid and in date. It was noted that staff had received regular supervision and records were available for the Inspector to view, comments received from the staff questionnaire confirmed that supervision took place every 6 to 8 weeks or more frequently if necessary.

Comments received to the staff questionnaire were positive in relation to the home and the organisation. Some comments received stated that more staff was needed on certain days of the week.

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**New requirements from this inspection:**

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**Good practice recommendations:**

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## Conduct and management of the home

### Inspector`s findings:

Caerau Manor was registered in June 2007. The current Registered Manager has been in post since August 2007 and has had a positive influence upon the home. This was also reflected in the comments received in the staff questionnaire. The Manager is a qualified Learning Disability trained Nurse and has completed the NVQ Level 4 Registered Managers Award. He is an experienced Manager.

The Inspector observed that the Manager operated an open door policy and staff and service users were able to speak to him at any time. The Inspector was also informed that the Manager worked 'hands on' within the home, this enabled him to have excellent knowledge of the service users and their needs.

The Manager had commenced regular supervision sessions with the staff and annual appraisals, which were on going.

The Manager confirmed that the home is not the appointee for any of the service users, but staff do assist the service users to manage their money. This area was not fully inspected on this occasion.

The Managers office is located in the upstairs of an outbuilding within the grounds of the home. The office is spacious and excellent use of the eave space has been made by locating locked storage areas, for past records. The downstairs of the building is used as a staff area and training room, the laundry is also located on the ground floor.

The Registration certificate of the home was examined, this was discussed at length with the Manager and Provider, it was agreed that a variation would be needed if a new service user was accommodated when a vacancy occurred.

The following technical certificates were observed as part of the inspection visit:

- Fire Detection and Alarm Systems
- Emergency Lighting
- Gas Safety
- Water Inspection Legionella
- PAT Testing
- Electrical Wiring
- Vehicle Insurance
- Hoists
- Environmental Health Officers latest report

It was observed that the home had an appropriate insurance certificate in place.

The Inspector was also shown the following checklists and charts which had been devised by the home:

- Insulin chart indicating the site of the insulin injection, this ensured that staff were able to rotate the injection sites
- Menu sheets signed by service users acknowledging their agreement for the main meal of the day
- Charts recording the cooking temperatures of the food served
- Fridge and Freezer temperature monitoring records
- Food intake monitoring charts.

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**Good practice recommendations:**

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**Concerns, complaints and protection**

**Inspector`s findings:**

Caerau Manor had a comprehensive complaints policy and procedure in place, service users their families and advocates were made aware of the policy. The home had received no complaints since the last inspection.

The home had policies and procedures in place regarding the protection of vulnerable adults. The Inspector was informed that staff had attended POVA training and that this training was ongoing. The Home also had a whistle blowing policy in place, to assist staff in reporting any incidents of alleged or suspected abuse.

The Inspector discussed the Mental Capacity Act and the Deprivation of Liberty, the Manager confirmed that he had attended training regarding the deprivation of liberty, and he was in the process of ensuring staff were also aware of the Deprivation of Liberty legislation.

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**Good practice recommendations:**

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## Environment

### Inspector`s findings:

Caerau Manor is a large semi detached house located in a residential area of Newport. The house had been extensively refurbished prior to its registration in June 2007. The house is close to the city centre of Newport and there is easy access for service users.

The home was registered in two parts a ground floor providing care and accommodation for service users with mobility problems and an upper floor providing care and support for more mobile service users. The ground floor also comprises of a kitchen dining room and a lounge. The Inspector was informed that this lounge was going to be repainted and new furniture, and curtains had been ordered. There was also an assisted bath and shower, the Inspector observed that two shower chairs had been purchased to meet the needs of the two individuals accommodated on the ground floor.

The Inspector was also shown an electric sluice, which was tested on a weekly basis.

The middle floor of the house provided four single occupancy bedrooms, each had been tastefully decorated and personalised to reflect the individual tastes of the service user. The rooms were spacious. Two bedrooms on this floor were observed with the permission of the service user. A nurse's office and medication cupboard was also located on this floor.

The top floor of the home consisted of a kitchen dining room, a lounge area, and assisted shower and bathroom. A New shower curtain had been provided as this had been a requirement of the previous inspection.

The outside grounds of the home were well maintained, there was a large decked area, where service users could sit in clement weather, the Inspector was informed that barbeques were also held in the summer months. A small lawn and a poly tunnel, where the service users were encouraged with the support of staff to grow their own vegetables and salad foods.

Comments received via the staff questionnaire were positive about the house and the environment, although reference was made to the fact that all the rooms were painted the same colour, also new furniture was needed in the downstairs lounge.

The home had a comprehensive infection control policy, and the main washing machines were located in the out building. It was reported that service users have their set washing days, and are encouraged to wash their clothes and bed linen separately, to each other.

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**New requirements from this inspection:**

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**Good practice recommendations:**

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