

Care and Social Services Inspectorate Wales

Care Standards Act 2000

**Inspection report
Care homes for younger adults**

Caerau Manor

2 Caerau Crescent
Newport
NP20 4HG

Date of publication 4 June 2010

You may reproduce this Report in its entirety. You may not reproduce it in part or in any abridged form and may only quote from it with the consent in writing of Welsh Ministers

Care and Social Services Inspectorate Wales

South East Wales
6th Floor
Civic Centre
Pontypool
Torfaen
NP4 6YB

01495 761200

01495 761239

Home:	Caerau Manor
Contact telephone number:	01633 250583
Registered provider:	Ocean Community Services Limited
Registered manager:	Pauline Fury
Number of places:	6
Category:	Care Home Nursing - Younger
Dates of this inspection from:	18 February 2010 to: 19 May 2010
Dates of other relevant contact since last report:	
Date of previous report publication:	13 May 2009
Inspected by:	Helen Ford

Introduction

Caerau Manor was a large semi detached three storey house located in a residential area of Newport. The house was 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 health needs.

The home was configured to provide two distinct units. The ground floor of the home has two bedrooms, a communal lounge, kitchen area and an assisted bathroom. These bedrooms are reserved for those individuals with physical disabilities as well as mental health needs. There are four bedrooms on the middle floor, providing accommodation for more able service users. The top floor of the home has a large communal lounge, a kitchen/dining room and toilets and bathroom.

Caerau Manor is owned and managed by Ocean Community Services Limited, The responsible individual is Stephen Bartley and the registered manager is Pauline Fury.

The home has a rear garden which has a decked patio area, small lawn and a poly tunnel. There is a large detached two storey building within the grounds of the home. The ground

floor provides a staff area and a separate laundry. The top floor is dedicated to the registered manager's office.

Summary of inspection findings

The registered manager and the responsible individual were present throughout the inspection. The home had a comfortable and friendly atmosphere upon entry. Access to the home was obtained by knocking the front door and signing the visitor's book.

The home on the day of the announced inspection was clean and tidy and there were no offensive odours noted.

What does the service do well?

The home provides an excellent staff to service user ratio. The staff are proactive in assessing and reviewing the service users within the home, and where necessary seeking additional support for the individual. The home is well managed and the service users accommodated and provided with a homely environment which promotes their privacy, dignity and encourages them to maximise their potential.

The home and company provides a large amount of training for the staff employed at the home.

What has improved since the last inspection?

The home has a new registered manager in post. Although there were no requirements identified at the last inspection the home has implemented the recommendations identified.

What needs to be done to improve the service?

a.) priorities

There are no requirements identified within this report.

b.) other areas for improvement

To ensure that the service users continue to receive all aspects of healthcare.

Inspection methods

The information contained within this report was obtained from a review of the self assessment documentation submitted by the registered manager prior to the inspection

visit. An announced inspection visit to the home which was taken over the period of one day. The inspector sent out questionnaires to staff, service users and outside visiting professionals. Their views are contained within the main body of the report. The inspector also spoke to service users and the staff on duty during the inspection visit. The inspector received positive comments from all respondents.

The inspector would like to thank the registered manager Mrs Pauline Fury, the staff and service users at Caerau Manor for making her feel welcome and their co-operation during the inspection process.

A thematic inspection on infection control standards was undertaken during this inspection. A separate section for the report on this thematic inspection will be found at the end of the report headed Infection Control.

Choice of home

Inspector`s findings:

Caerau Manor had a comprehensive Statement of Purpose and Service User Guide both documents were reviewed and updated to reflect the management changes within the home and the services offered within the home. The information was available within the home and provided service users and prospective service users with the information they required to make an informed choice whether or not to move into the care home. 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 have a contract in place, this was observed in the service user file reviewed.

All prospective service users were assessed by the home's manager or her deputy prior to admission this was to ensure that the home was able to meet the assessed needs of the individual. The inspector was informed that the service users accommodated at the home were continually assessed to ensure that the home was meeting their needs. This was evident within the care file observed on the day of the inspection visit. The registered manager confirmed that compatibility of the service users was also taken into consideration as Caerau Manor was a small home, it was important that the service users accommodated at the home were able to live in harmony.

The home was registered to provide accommodation for service users with functional mental health needs, as well as complex general nursing needs. The home appeared to have a well trained and suitably qualified staff to support the service users in an holistic manner. Outside agencies also provided professional support to the service users.

On the day of the inspection visit, the home had two vacancies. The staff duty rota was examined and indicated that there were sufficient staff on duty to meet the needs of the service users accommodated.

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:

Individual needs and choices

Inspector`s findings:

The inspector case tracked one service user care file, who had complex needs. The service user had a detailed care plan and service delivery plan which had been based on the care plan from their care managers, risk assessments and discussions with the service user. The service user had signed the care plan, indicating their involvement in its development. The file contained detailed information about the service user.

The care file contained comprehensive risk assessments, which were relevant to the needs of the service user. The inspector noted that the risk assessments had been regularly reviewed by the service users' key worker in conjunction with the service user.

The inspector was informed that due to the complex needs of the service users accommodated, there was a high level of input from a variety of health care professionals, from both within the organisation and from outside bodies. The daily records for the service user were detailed and reflected the care provided.

The registered manager confirmed that activity plans were in place for the service users, this was evident within the care file case tracked as part of the inspection visit. Service users were encouraged to enhance their skills and knowledge, through a variety of activities.

The registered manager confirmed that although the home had two distinct units. The current service users accommodated came together for some group activities within the home.

The inspector was informed that there were good relationships between the home and the families of the service users currently accommodated.

The registered manager confirmed that the service users had access to outside advocacy services if they requested it. It was observed during the inspection visit that the staff had built up a positive relationship with the service users.

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

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:

Lifestyle

Inspector`s findings:

The registered manager confirmed that service users were assisted to exercise choice and control in their lives where possible. It was reported that service users had opportunities for development and social activities, for example going shopping, and for trips out. On the day of the inspection visit, one service user and two staff members went on a fishing trip.

The inspector observed that the daily routines were flexible to accommodate to needs of the service users. The registered manager confirmed that the menu`s and meal times within the home were flexible to meet individual needs and choices. Records were maintained of each individual`s food consumption.

The home encouraged service user to personalise their room. This was evidenced on the day of the inspection visit as service users had bought personal items of furniture and photographs. All the bedrooms within the home were spacious and single occupancy.

The registered manager confirmed that service users were encouraged to pursue their own interests, one service user had expressed an interest in undertaking a computer course, and another service user took a great interest in the garden and the poly tunnel.

It was reported that none of the service users currently accommodated had expressed an interest in attending religious services. The registered manager confirmed that if a service user wanted to attend church, it would be accommodated.

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:

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 and supported as part of their daily routine where possible to assist in keeping their personal accommodation clean and tidy. Service users were also supported to help with their laundry.

The inspector was informed that service users were supported where necessary with their personal hygiene needs. On the day of the inspection visit one of the service users required a high level of support with all her personal healthcare needs. All the service users were clean and appropriately dressed.

A full medication audit was not undertaken during this inspection visit. The home had a dedicated member of staff responsible for the medication. The inspector observed that all medicines were stored appropriately within the home. The home had a procedure in place regarding the administration of medication within the home. The inspector noted that two staff members now sign for the administration of controlled drugs.

All the service users were registered with a local GP practice. The inspector was informed that all service users had access to all aspects on NHS services. The registered manager confirmed that the home had a good relationship with the diabetes service from the local health board.

The inspector was informed that all accidents and incidents were recorded in house and audited for any trends. Copies of all accidents and incidents were also forwarded to the companies head office.

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:

Staffing

Inspector`s findings:

The inspector was informed that the registered manager was supernumerary to the staff team, but was able to provide 'hands on' care if needed.

The registered manager confirmed that the retention of staff within the home was high, it was reported within the self assessment documentation that seven staff members had left their employment at Caerau Manor since the last inspection four individuals had transferred to other settings within the organisation. The staff employed at the home undertook a variety of roles within the home including cleaning and catering. The inspector observed a positive and professional interaction between the staff and service users during the inspection visit.

The registered manager confirmed that the organisation had an in house training department, which provided staff with a vast range of training opportunities. The inspector was informed that all new staff followed a comprehensive induction training programme, which was compliant with the requirements of the induction programme set out by the Care Council for Wales. It was reported that the organisation invested heavily in providing training opportunities for all staff. The inspector was informed that qualified nurses were given a training portfolio to complete on an annual basis.

The inspector reviewed two staff files as part of the inspection visit to the home. The files were well presented and contained all the necessary pre employment checks. The inspector viewed the CRB disclosures of the staff, these were valid and in date. It was observed that all staff received regular supervision and the supervision records were made available to the inspector. This was confirmed within the comments received to the staff questionnaire.

Comments received to the staff questionnaires were positive in relation to the home and organisation. Some comments suggested a larger nurse's office and a separate visitors' room.

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:

Conduct and management of the home

Inspector`s findings:

The current registered manager was appointed in the summer of 2009, following the last inspection. Mrs Fury is a qualified nurse and competent manager, with many years experience.

The inspector observed that the manager operated an open door policy and staff and service users were able to speak to her at any time. The inspector was also informed that manager also worked within the home and this enable her to have an excellent knowledge of the service users and their needs.

The registered manager confirmed that she was not the appointee for any of the service users. It was reported that two service users managed their own monies the other two service users were supported to manage their finances with the help from the staff at the home. The service user monies were not checked on this occasion as the company had completed an audit of service user monies a few days prior to this inspection.

The registered manager`s office was located in the upstairs of an outbuilding within the grounds of the home. The office area was spacious. The downstairs of the building was used as a staff area and training room. The laundry room was also located on the ground floor.

The registration certificate for the home was examined and discussed with the registered manager. It was agreed that there were no amendments needed to the certificate at this time. The home had an appropriate insurance certificate in place.

The registered manager confirmed within the self assessment documents that the home had the relevant technical certificates in place. These were not checked during this inspection visit.

The inspector was informed that all service users had an evacuation plan in place with regard to the evacuation of the building if there was a fire.

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:

Concerns, complaints and protection

Inspector`s findings:

The home had a comprehensive complaints policy and procedure in place. Service users and their relatives were made aware of the policy. It was reported that the home had received no complaints since the last inspection. Comments received from the service user questionnaire indicated that the majority of service users knew how to make a complaint if they needed to.

The home had policies and procedures in place regarding the protection of vulnerable adults. The registered manager confirmed that all staff had attended protection of vulnerable adult training. The home also had a whistle blowing policy in place, to support staff in reporting incident of alleged or suspected abuse.

The registered manager confirmed that all staff had received Mental Capacity Act training and Deprivation of Liberty Safeguards (DOLS) training, and that she was the nominated person responsible for DOLS training.

The inspector was informed that all staff were trained in using physical restraint, although there had been no incidents where physical restraint had been used since the last inspection.

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:

The environment

Inspector`s findings:

Caerau Manor was a large semi detached three storey house located in a residential area of Newport. The house was 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 health needs.

The home was configured to provide two distinct units the ground floor of the home has two bedrooms, a communal lounge, kitchen area and an assisted bathroom. These bedrooms were reserved for those individuals with physical disabilities as well as mental health needs. There were four bedrooms on the middle floor, providing accommodation for more able service users. The top floor of the home had a large communal lounge, a kitchen/dining room, toilets and a bathroom.

The home was decorated and furnished to a satisfactory standard. There was a nurses office and medication cupboard located on the middle floor.

The garden of the home was well maintained, there was a large decked patio area, which was accessible to all service users. There was a small lawn and a poly tunnel, where one service user enjoyed growing vegetables etc. There was small car parking area and driveway, although the majority of visitors to the home parked their cars on the road outside.

The home was clean and tidy on the day of the inspection visit, and there were no offensive odours noted.

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:

A note on CSSIW's inspection and report process

This report has been compiled following an inspection of the service undertaken by 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. It 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. Those Regulations which CSSIW believes to be key in bringing about change in the particular service 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 years 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 CSSIW of the completion of any action that they have been required to take in order to remedy a breach of the regulations.

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

Thematic Inspection: Infection Control

Summary of inspection of infection control findings

The home had a comprehensive infection control policy in place. The policy and procedure was available to all staff. It was reported that there had been no infectious disease outbreaks within the home since the last inspection. The policy gave details of how to handle all types of infection including MRSA. The home also had the recent Welsh Assembly Government Policy regarding the safe management of linen.

What does the service do well?

The home was able to evidence that all staff were aware of the importance of good infection control measures.

What needs to be done to improve the service?

a.) priorities

There were no requirements regarding infection control made during this inspection report.

b.) other areas for improvement

There were no deficits within the home's infection control procedure, although it was noted that there was no cartridge liquid soap and paper hand towels available in service user's bedrooms, these were available in all toilets and bathrooms.

Inspection methods

The inspector undertook a full tour of the home. The inspector reviewed the beds and bed linen of the service user which had been case tracked, this was found to be in good order. The inspector was informed that the home operated a colour code cleaning scheme. The registered manager confirmed that all staff had access to disposable gloves and aprons when undertaking personal care duties.

The inspector reviewed the laundry room, which was in a good state of repair and was clean and tidy. The registered manager confirmed that all service users' laundry was washed individually. All soiled lined was washed in accordance with the homes infection control policy.

The inspector was shown the home's electronic sluice disinfectant, which was located on the ground floor of the home. The area was clean and free from offensive odours and clutter.

Personal and healthcare support

Inspector`s findings:

The staff employed at the home were aware of the infection control policy. Although there was no liquid soap or paper hand towels in the individual service user bedrooms, the registered manager stated that the staff were mindful of hand washing procedures and the prevention of infection.

Requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

Staffing

Inspector`s findings:

The home had an infection control policy in place, and all staff were made aware of the policy and the importance of infection control within the home. As stated previously, personal and protective equipment was available for staff. It was observed during the inspection that staff followed the infection procedure guidelines when addressing service user personal care needs.

Requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

Conduct and management of the home

Inspector`s findings:

The registered manager confirmed that there had been no infectious disease outbreaks within the home. The home was clean and tidy on the day of the inspection visit. The registered manager was aware of infection control measures.

Requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

Concerns, complaints and protection**Inspector`s findings:**

There have been no complaints received regarding infection control issues within the home.

Requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

The environment

Inspector`s findings:

The home was clean and tidy on the day of the inspection visit. The home had suitable numbers of bathing and toilet facilities to meet the needs of the service users accommodated. There did not appear to be any infection control issues within the home.

Requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations: