

Care and Social Services Inspectorate Wales

Care Standards Act 2000

**Inspection report
Care homes for younger adults**

Conway House

6 Penylan Road
Roath
Cardiff
CF24 3PF

Date of publication 10 November 2010

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Home:	Conway House
Contact telephone number:	02920 394410
Registered provider:	Ocean Community Services Limited (OCS) RI Stephen Bartley
Registered manager:	Amanda Jane Fowler
Number of places:	8
Category:	Care Home - Younger Adults - Learning Disability and/or Mental Health (and having regard to compatibility with existing service users) under the age of 65 years.
Dates of this inspection from:	23 rd June, 2010 to: 24 th August, 2010
Dates of other relevant contact since last visit:	24.8.10. Announced inspection 1000 hours – 1350 hours
Date of previous report publication:	
Inspected by:	April Phillips

Introduction

Conway House Care Home is registered with CSSIW to provide accommodation together with personal care for eight younger adults in the categories of Learning Disability and/or Mental Health (and having regard to compatibility with existing service users) under the age of 65 years.

The Registered Provider is Ocean Community Services Ltd. (OCS) and their Responsible Individual (RI) is Stephen Bartley. The Registered Manager, subsequently referred to as the Manager, is Amanda Fowler.

The home is a large, converted commercial premises situated in a residential area near to Cardiff city centre, but with many local facilities including shops, supermarkets, post office, banks, restaurants, cafes, and pubs. There were high standards of décor and cleanliness in the parts of the home seen.

The RI and Manager were involved throughout the inspection visit and the inspector would like to thank them, the service users, and staff for their assistance with the completion of the inspection for this period.

Summary of inspection findings

This is a well run home supported by a well organised company with comprehensive policies and procedures and well developed systems in place.

What does the service do well?

Some specialised services such as occupational therapy and psychiatry are provided by professionals employed by the company. ('Meeting Needs')

There is a well developed process for transitional arrangements for new service users, the length and content of which is arranged to suit the individuals concerned. ('Trial Visits')

They operate a separate register/system (similar to that for controlled drugs) for 'Drugs Liable to Misuse'. ('Medication')

The number of baths/showers and toilets is above the National Minimum Standard (NMS). ('Shared Space')

What has improved since the last inspection?

Included in the above section regarding what the service does well.

What needs to be done to improve the service?

a.) priorities

See requirements regarding increasing the number of staff with NVQ qualifications and the amended complaints policy.

b.) other areas for improvement

Producing a service specific medication procedure that addresses the points previously detailed in an earlier inspection report. ('Medication')

Inspection methods

CSSIW proportionate approach to inspection was used for this inspection episode, which aims to give emphasis to the service users' experience of the quality of service they receive. It also gives Registered Persons the opportunity to look at the service they provide and make their own observations on how they think their care home is meeting the regulations via a signed self-assessment form (SAF). This document also provides CSSIW with the Registered Persons' views of the strengths of their service, areas that require further improvement/development, and the future plans for the service. As part of this inspection process Conway House supplied a signed self-assessment statement and associated documentation, and co-operated fully with the regulatory process.

From analysis of the self-assessment form and documents provided with it, the methodologies decided on for this inspection episode were:

- * discussions with service users
- * service user questionnaires
- * discussions with staff
- * staff questionnaires
- * visiting professionals' questionnaire
- * examination of service user, staff and other required records
- * inspection visit including consideration of the premises and facilities
- * discussion and correspondence with the Registered Persons.

Questionnaires were sent to three service users, twelve staff and two professionals involved with the home. Completed questionnaires were received from eight (67%) staff and one (50%) professional. All respondents to the staff questionnaire: were aware of the organisation's whistleblowing policy and their on-call system; said that they had access to service users' care plans and that the care provided was in line with these plans, and that they had individual supervision with their line managers at least once every two months (as recommended in the NMS); and that they felt able to discuss serious concerns with their managers. None of the respondents thought that any improvements could be made to the laundry service and they also confirmed that volunteers were not used. Respondents consisted of the Deputy Manager, three Senior Support Workers and four Support Workers; seven were full-time and one was part-time; they had worked in Conway House for an average of 1 year 2 months in a range of 3 months to 2 years 11 months; and had worked in the care profession for an average of 8 years 11 months in a range of 3 years to 16 years. There was one respondent to the visiting professionals' questionnaire so for reasons of anonymity, the responses are not given in detail but there were no issues arising from the responses.

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:

Information

Prospective service users have the information they need to make an informed choice about where to live. They receive written information and are able to visit the home before deciding to move in, and are able to bring personal belongings into the home.

There is an up-to-date Statement of Purpose and a Service User's Guide which now both contain all the information required by Regulations 4 and 5.

Needs Assessment

Prospective service users' individual aspirations and needs are assessed, as had been previously demonstrated in service user records examined, and new service users are admitted only on the basis of a full assessment undertaken by OCS clinical assessment team. Their assessment report is then sent to the Manager to agree that the home can meet the assessed needs.

Rehabilitation and therapeutic needs are assessed by registered health professionals and any potential restrictions on choice, freedom, services or facilities are discussed with the prospective service user and form part of the Service User's Plan. Family and carers' interests and needs are taken into account, subject to the service user's agreement.

There were no issues arising from the inspection of records on the inspection visit in March 2010.

Meeting Needs

Information provided in the SAF indicated four service users with an average age of 37 years 9 months in a range of 24 years 3 months to 49 years, and an average length of stay of 1 year 1 month in a range of 3 months to 2 years 7 months. One service user had left since the previous SAF had been completed, and due to progress made had moved into independent living accommodation.

Relevant training is provided to ensure that staff individually and collectively have the skills to meet the assessed needs of the service users. Some specialised services such as occupational therapy and psychiatry are provided by professionals employed by the company. Other services are accessed via community based professionals.

The Registered Persons stated in the SAF that staff are able to communicate with service users who all use English as their first language, but that they would source a translator if required.

The Registered Persons stated in the SAF that an independent advocacy service is available for all service users.

Trial Visits

Service users visit the home before moving in and overnight stays are offered. Arrangements for this are made in accordance with individual service users' wishes. Visits can include meeting the other service users and staff, having meals with them, having tea/coffee, and being shown around the local community. A recent service user had chosen not to have overnight stays but to move straight in, so arrangements had been made for him to continue with activities at his previous location and to gradually change these to aid his transition. On the day of the inspection visit another new service user in the process of his transition was to have his first two-night stay in the home.

The Manager said that service users move in on a three month trial basis with a review at the end of this period, and that there are monthly evaluations of the Service User Plans to ensure that the home is able to continue to meet their needs.

Contract

There had been a contract/statement of terms and conditions for signature by the service user and Registered Person, and there had been no issues arising from the inspection of records on the inspection visit in March 2010.

Requirements made since the last inspection report which have been met: Not applicable

Action required	When completed	Regulation number

Requirements which remain outstanding: Not applicable

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

New requirements from this inspection: Not applicable

Action required	Timescale for completion	Regulation number

Good practice recommendations:

There were no recommendations arising from this inspection episode.

Individual needs and choices

Inspector`s findings:

Service User Plan

All respondents to the staff questionnaire said that they had access to the individual Service User's Plans and that they felt confident that the care provided was in line with the Plans. Respondents to the staff questionnaire felt that service users were 'Always' (1), 'Mostly' (4) and 'Never' (2) involved with decisions about the care they receive. All had described the standard of care given by staff as 'Very Good' (6) or 'Good' (2). None of the respondents had any concerns about the care provided but all said that, if they did, they would be able to discuss them with managers.

Service user files were not examined on this inspection visit but no issues had arisen when they had been inspected on the March 2010 visit.

Decision Making

The Manager ensures that staff respect service users' rights to make decisions, and that rights are limited only through the assessment process, involving the service user, and are recorded in the individual Service User Plan.

Service users are encouraged to make decisions about their lives, and staff provide service users with the information, assistance and communication support they need to do this.

The Registered Persons stated in the SAF and the Statement of Purpose that service users are encouraged to access external advocates to help them make their voice heard and that the home is committed to building a partnership with an appropriate advocacy agency.

None of the current service users has an appointee. The Manager was still awaiting information from the social worker of the newest service user regarding arrangements for his finances which were still at the hospital where he previously lived. The Manager said that she would contact CSSIW if she did not receive this information from the social worker.

Records are kept but were not examined on this inspection visit but no issues had arisen when records had been inspected on the March 2010 visit.

Participation

Service users are consulted on and participate in all aspects of life in the home.

The Manager said that they hold monthly service user meetings and that service users have the opportunity to attend these to have input into the quality of care and service provided. She said that they also have input on an individual basis.

The Manager said that service users are currently only involved in a small way with unit policies, but still not in the production of company policies. The company had formed a policy group but the Manager said that this still does not include any service users.

Risk Taking

Risk assessment and management is an integral part of the Plans and service users are supported to take risks as part of an independent lifestyle.

The issue regarding restriction of rights for one service user impinging on the rights of other service users was discussed. For example, the Manager said that sharp kitchen knives are currently locked away. It was explained that there should be a full risk assessment for any service user to whom this applied, and that any service users to whom it did not apply, but whose rights were restricted by it, should sign their agreement to each of the risk assessments.

The company has a missing persons policy which, according to the SAF remains unchanged.

Confidentiality

Responses to the staff questionnaires indicated that there were good arrangements for keeping information about people in the home confidential.

The organisation has a ‘Confidentiality Agreement’ which gives information on the principles of handling confidential service users’ and staff information, a copy of which must be signed by each employee.

An ‘Access to Records’ policy was provided and covered formal, written procedures for accessing records under the Data Protection Act, but not for service users or staff to access their records on a daily basis. The Manager said that service users can access their own records via herself or a staff member, and that staff can access their own records via the Manager.

Requirements made since the last inspection report which have been met: Not applicable

Action required	When completed	Regulation number

Requirements which remain outstanding: Not applicable

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

New requirements from this inspection: Not applicable

Action required	Timescale for completion	Regulation number

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Good practice recommendations:

There were no recommendations arising from this inspection episode.

Lifestyle

Inspector`s findings:

Personal Development

One of the home's objectives as stated in the Statement of Purpose is to enable each service user to maximise their abilities through an inclusive and holistic approach which is broad, balanced and diverse.

Service users in treatment and recovery programmes receive professionally validated interventions, counselling and therapy. The Manager said that all current service users have a recovery plan and regular input from a professional multi-disciplinary team including CPN, dietician and speech therapist, as and when needed.

Education and Occupation

The Service User's Guide states that the home offers a variety of support and care including with educational activities.

Current service users are relatively new and do not, as yet, have employment. One of the previous service users had achieved NVQ 2 in Catering and gained a work placement for two days per week at a 4-star hotel. Another had worked at three local charity shops and had taken management responsibility for these when the managers had been on leave.

One of the identified plans in the organisation's 2009 Quality Assurance report was to continue to develop opportunities and meaningful occupations for the service users at Conway House.

Community Links and Social Inclusion

The Statement of Purpose states that staff aim to enable service users to be given the same opportunities as their peers in the local community, and will provide appropriate support for this.

The Statement of Purpose states that there are opportunities for service users to develop their social and life skills. The home has access to the company's occupational therapy team to help with this.

The home has its own car which service users can be taken out in, but the Manager said that more often they use public transport, two with support, one independently.

The Statement of Purpose states that, whilst not promoting any particular faith, service users are encouraged to develop appreciation of their faith and culture by celebrating major religious festivals of their choosing, and the Registered Persons stated in the SAF that service users will be supported to practise the religion of their choice and to attend any religious service they choose. None of the current service users is practising a religion but the Manager said that they would be given any necessary support if they wished to.

Leisure

The Registered Persons stated in the SAF that service users are consulted about their social interests and activities via daily activity plans which are offered to service users when they arrive at the home to ensure that staff and transport can be made available as necessary.

The Statement of Purpose states that the home has access to an occupational therapy team that develops opportunities for service users to participate in activities appropriate to their skills, needs and likes including hobbies, special trips, educational and other local community opportunities, and that the activities that are planned and encouraged are based on individual, structured assessments and programmes.

Examples of service user weekly activities programmes were seen and included activities within the home and in the community, and also open sessions for service users to choose their activity at the time. Activities included: badminton; walks; shopping; and cinema.

Relationships

Service users are helped to maintain their existing personal and family relationships, and are encouraged and supported to develop these as appropriate as stated in their individual Plans, and as stated in the Statement of Purpose. Service users are able to receive visitors in private at any time.

Daily Routines

Service users have their rights explained to them and are allowed to exercise their rights, and choose when to be alone or in company, and when not to join an activity.

The Manager said that all of the service users had keys to their bedrooms and that staff knock service users' doors and wait for a reply before entering, unless the service user doesn't reply when two staff would enter.

There is still a magnetic lock on the front door to which only staff have fobs, but this is now only activated at night. There is now a lock to which service users have keys which is in use during the day and a service user was seen entering by this means.

Staff do not open service users' mail, the Manager said that it is handed directly to them.

Staff use service users' preferred form of address which is recorded in the individual Plan.

Staff talk to and interact with service users, not exclusively with each other, and this was observed during the inspection visit.

Service users' responsibility for housekeeping tasks is specified in the individual Plans.

Meals and Mealtimes

Respondents to the staff questionnaire thought that the standard of food for the service users was 'Very Good' (3); 'Good' (2); or 'Average' (3).

The Registered Persons stated in the SAF that service users prepare a menu for the week with the support of the staff who advise on healthy eating options, and that a qualified dietician is also available within the company. The Manager said that all staff have been trained in diet and nutrition and that if a service user has a special dietary need this would be met.

Service users are supported, through encouragement and education, to help plan, prepare and serve meals. One service user has a weekly allowance and plans all his own meals with support with shopping and minimal support for preparing some meals. Other service users prepare their own breakfast and lunch and plan the evening meals together and prepare them with staff support as needed.

The Manager said that records of food are kept on a daily basis with individual details of each meal eaten.

Requirements made since the last inspection report which have been met: Not applicable

Action required	When completed	Regulation number

Requirements which remain outstanding: Not applicable

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

New requirements from this inspection: Not applicable

Action required	Timescale for completion	Regulation number

Good practice recommendations:

There were no recommendations arising from this inspection episode.

Personal and healthcare support

Inspector`s findings:

Personal Support

The Registered Persons stated in the SAF that service users' choice about male or female staff providing support with their personal care is met by ensuring a gender mix for shifts and listening to service users when requests are made. This was generally confirmed by the sample rotas provided and further information given on the inspection visit. There are currently only male service users none of whom requires personal care.

The Manager said that service users could choose how often to have a bath or shower, and that they all made external arrangements for hairdressing. She also said that they could choose when to get up and go to bed, and this was also confirmed by one service user who likes to watch late night films in the lounge as he chooses not have a TV in his room. Other service users have TVs and other forms of entertainment in their rooms.

The Manager said that service users choose which clothes to buy and which clothes to wear each day. This choice is currently being hampered for the most recent service user by a delay in the transfer of arrangements for his finances from the hospital to the home. The Manager agreed to contact CSSIW if his social worker had not made these arrangements within a week of the inspection visit.

Healthcare

Service users are registered with local general practitioners and receive additional, specialist support and advice as needed and identified in their Plans from professionals such as physiotherapists, occupational therapists, psychologists, and psychiatrists, some from the community, some employed by the company.

Medication

The Manager said that service users are encouraged to administer their own medication on a risk-assessed basis but that currently none of them does this. All current service users are relatively new and are working towards this. This was confirmed by one service user. The Manager confirmed that the current service users at Conway House do not need any invasive procedures.

The Registered Persons stated in the SAF that they have information leaflets for all medicines in use and that risk assessments would be in place when service users administer their own medicines.

The Registered Persons stated in the SAF that there is sufficient, suitable, lockable storage space for all medicines, including new supply and unwanted medicines, and that service users who manage their own medicines have secure lockable storage space. Medicines are kept in a locked cabinet in the front office which is locked when not in use, and this was observed during the inspection visit. There are no handwashing facilities in this room but the Registered Persons stated in the SAF that medicine pots are washed and dried in the kitchen area and returned to the medication cabinet.

The Registered Persons stated in the SAF that there is a lockable medicine fridge, also in the office, with a maximum/minimum thermometer. On the inspection visit the Manager said that the maximum/minimum thermometer on the outside of the fridge had broken but that a thermometer was kept inside the fridge. However, this was not a maximum/minimum thermometer. It was suggested that, preferably, the maximum/minimum thermometer be repaired/replaced as it was on the outside of the fridge, connected to the inside, so that the fridge did not have to be opened to check the temperatures, or a maximum/minimum thermometer be obtained for inside the fridge.

The Registered Persons stated in the SAF that there is no properly installed controlled drugs cupboard and no controlled drugs register, but that controlled drugs are not used. On the inspection visit, the Manager confirmed that there is a controlled drugs cupboard ready to install in the office should the need arise, and also a controlled drugs register ready for use. The Manager also said that they did operate a separate register/system, similar to that for controlled drugs, for 'Drugs Liable to Misuse'.

Unused medicines are recorded, signed for, witnessed, and returned to the pharmacist who signs on receipt. Comprehensive forms for this purpose are provided by the pharmacist and were seen during the inspection visit.

The Registered Persons stated in the SAF that medicines are supplied in blister packs and administered by appropriately trained staff. The Manager said that the pharmacist had previously dispensed medicines in bottles for service users who administered their own medicines, and also in boxes for service users who were unable to open bottles.

The Manager said that medication training is given by the pharmacist and is accredited via a programme jointly produced by the pharmacy group and Keele University. The Manager, all senior staff and some support staff have had this training and their competency assessed and are designated to administer medicines, newer staff are currently undergoing this training.

The Registered Persons stated in the SAF that they undertake internal reviews of all aspects of medicines practice and that there is a weekly medication audit.

The medication policy, 'Medicines Management Policy' July 2008, was a generic policy for the organisation, including health settings where nurses are employed, and did not include a service specific procedure for the home. The Registered Persons should ensure that there is a service specific procedure, that it is in use at the home and that the points raised in the previous inspection report have been addressed including that when controlled drugs are in use there must be two staff present at the time of the administration; and the only invasive route for medicines administration by support staff for which there is an accepted procedure is the emergency administration of rectal diazepam under the conditions previously detailed.

Requirements made since the last inspection report which have been met: Not applicable

Action required	When completed	Regulation number

Requirements which remain outstanding: Not applicable

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

New requirements from this inspection: Not applicable

Action required	Timescale for completion	Regulation number

Good practice recommendations:

There were no recommendations arising from this inspection episode.

Staffing

Inspector`s findings:

Staff

Staff are encouraged to know and support the main aims and values of the home which are stated in the Statement of Purpose and reflected in the home's policies and procedures, copies of which are available in the office.

Six of the respondents to the staff questionnaire said that they were aware of the Care Council for Wales' (CCW) Code of Conduct, one said not and one did not reply.

Volunteers are not used and this was confirmed by all respondents to the staff questionnaire.

Qualities and Qualifications

The home still does not meet the National Minimum Standard (applicable since 1st April 2005) of 50% of care staff holding NVQ level 2 in care or a similar qualification approved by the Care Council for Wales, with only four (31%) of the thirteen staff holding NVQ qualifications – three at Level 2 and one at Level 3.

The Manager said that it is company policy for staff to be referred to do NVQ Level 2 following successful completion of their probationary period and if their sickness levels were not too high, and that the company would give priority to settings that had not yet met the 50% target.

The Manager said that previous staff had had high sickness levels and that she now had a number of new staff. Information provided by the training department on the day of the inspection visit indicated two people undertaking NVQ Level 3. Two further people were on the waiting list for NVQ Level 2 making a total of eight current staff who were not registered. Four of these staff had been there for six months or less, one for seven months, one for eight months, but the two on the waiting list had been there for two years and 1 year 1 month respectively, and were still not registered.

From the information provided by the training department on the day of the inspection, it would appear that they include people working towards NVQ in their calculations resulting in a false compliance percentage. The target of 50% only includes people actually holding the qualification.

It would appear that there is a problem with prompt provision of NVQ training by the organisation for this home. The Manager said that she was currently sourcing another NVQ provider with free training. It was recommended that, until the minimum level of trained staff was reached, other providers should also be sought, even if there were a cost involved. This should also be considered when maintaining the 50% minimum once reached, in order to allow for staff turnover and new staff undertaking the training.

One of the identified plans in the organisation's 2009 Quality Assurance report had been to increase the number of staff achieving NVQ qualification.

Staff Team

Responses to the question in the staff questionnaire regarding how well staff worked as a team were: 'Very Good' – 1; 'Good' – 5; and 'Average' 2.

From information provided in the SAF, the staff team consisted of three senior support workers, one trainee Senior Support Worker, and nine support workers, with an average age of 35 in a range of 21 to 61, and an average length of service of 1 year 11 months in a range of 5 months to 4 years 8 months. Twelve of the staff were full-time, one worked 23 hours per week, and, at the time of completing the questionnaires, the respondents had worked in Conway House for an average of 1 year 2 months in a range of 3 months to 2 years 11 months, and in the care profession for an average of 8 years 11 months in a range of 3 years to 16 years. Three staff were listed in the SAF as having left since the previous SAF had been completed – all had remained within the company, two had been promoted, and one had transferred to gain greater experience.

The Manager said that staff meetings take place on a monthly basis and senior staff meetings on a two-monthly basis. Minutes of meetings are kept and an example from 16th July, 2010 was seen during the inspection visit. The Manager said that staff sign when they have read the minutes.

Recruitment

The home has a recruitment policy which was not examined on this occasion but which, according to the SAF, had remained unchanged. The Registered Persons stated in the SAF that all staff have enhanced CRB checks prior to commencing employment and that repeat checks are obtained every three years. Appointments are subject to a six month probationary period.

CRB records are kept, as required, until the next inspection visit, on the premises in a metal safe with a digital lock to which only the Manager and HR Manager have the code, in the office which is locked when not in use. There had been no new staff since the previous inspection visit.

The Registered Persons stated in the SAF, and on discussion during the inspection visit, that they ensure that all agency staff have had full recruitment checks and all mandatory training undertaken by the supplying agency. The organisation holds copies of all these documents to fulfil fitness of workers requirements, and maintains a central database details of which are available to all registered managers during the day at the home, and via the organisation's silver on-call out of hours system, when senior managers have access to the database from their homes. The Manager said that they have a brief induction to the unit and client group on arrival, but that no agency staff had been used since the previous inspection visit as she can usually cover for absent staff by offering overtime to the other staff and that the organisation now also has bank staff that could be used.

There were no issues arising from the inspection of records on the inspection visit in March 2010.

Training and Development

Three of the respondents to the staff questionnaire said that they had an individual plan of agreed training, four said they did not, and one did not reply. The Manager said that she issues training plans for mandatory training with the staff rotas.

The Registered Persons stated in the SAF that there is a two week induction to the company and refresher training is provided as and when certificates expire, and that core training includes Manual Handling; First Aid; Food Hygiene; Infection Control; Health and Safety; Fire Safety; Adult Protection; DoLS; and Complaints.

In addition to the Annex 4 training matrix a further matrix was provided with the SAF but had no heading. A further version was provided during the inspection visit which was colour coded and had headings. From all of this information the following was indicated:

Training	No. Staff (Total 13)	%
Manual Handling	13	100
First Aid	13	100
Food Hygiene	13	100
Infection Control	13	100
Health & Safety	13	100
Fire Safety	13	100
Adult Protection	13	100
Complaints	3	23
Deprivation of Liberty Safeguards	2	15
COSHH	13	100

Although the Manager was listed in the SAF as having had Complaints training, only three of the staff were. It is now a legal requirement that all staff have training in the home's complaints procedure. On discussion with the Manager she said that although the staff had not undertaken the organisation's complaints training, they had all received training in the home's complaints procedure in staff meetings, which is considered sufficient to comply with Regulation 23.-(5).

The Manager said that she and two of the Senior Support Workers had completed Deprivation of Liberty Safeguards training and that the organisation was in the process of setting up training for other staff which the Manager would deliver.

The Registered Persons stated in the SAF that if staff fail to undertake required training, depending on the type of training, they may be placed on unpaid leave or removed from the unit until they are booked to attend the next available training, or complete the training.

Supervision and Support

All respondents to the staff questionnaire said that they had individual supervision with their line managers at least once every two months (as recommended in the NMS).

Three respondents to the staff questionnaire said that they received annual appraisals of their work, two said they did not, two did not reply and one replied "N/A".

The Registered Manager said that she receives supervision from the Area Manager, that she has supervision with the Senior Support Workers, and that the Senior Support Workers have supervision with the Support Workers, all on a 4-6 weekly basis. Additionally, the Manager says that she has a supervision session with all Support Workers at least once a year.

The Registered Persons stated in the SAF that there is a three-tier out of hours on call system – bronze operated by Registered Managers, Silver operated by area and senior managers, and gold operated by directors, and that there is also a psychiatrist on call at all times.

All respondents to the staff questionnaire stated that they knew what the on-call arrangements were should they need them.

There is a comprehensive ‘Disciplinary and Appeals’ procedure which, following a previous requirement, includes that failure on the part of an employee to report an incident of abuse or suspected abuse of a service user is a ground on which disciplinary proceedings may be instituted, as required under Regulation 22(1)(b). The Registered Persons stated in the SAF that there had been no further amendments since July 2008. There was also a comprehensive grievance procedure.

Requirements made since the last inspection report which have been met: Not applicable

Action required	When completed	Regulation number

Requirements which remain outstanding: Not applicable

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

New requirements from this inspection:

Action required	Timescale for completion	Regulation number
In order to comply with Regulation 18.- (1)(a), as defined in NMS 23.5, and to ensure that, at all times, at least 50% of the staff have a relevant qualification, the Registered Persons must address the issue of the delay in the provision of NVQ training as discussed above under ‘Qualities and Qualifications’, and within one month, advise CSSIW that the arrangements to do this.	30/09/10	18 (1) (a)

Good practice recommendations:

There were no recommendations arising from this inspection episode.

Conduct and management of the home

Inspector`s findings:

Day-to-Day Operations

The Registered Persons stated in the SAF that the Deputy Manager had been promoted to a Registered Manager position at another setting but that the Area Manager would cover in the absence of the Manager. They further stated that there had been no changes requiring review of the conditions of registration.

Five of the respondents to the staff questionnaire did not think that the standard of facilities at the home could be improved in any way, three thought that it could and made the following comments: "The heating – its either very hot or cold. There is no thermostat to control the temperature making it uncomfortable to live/work in"; "Bigger office for staff to work in, staff room, access to printer/photocopier". The Manager said that there is heating and air conditioning around the home, and that, now that staff records are in a locked cupboard (the lock had broken on the previous provision) senior staff had keys to the office where the photocopying and printing facilities were.

The home, the service users and staff appear to be benefiting from the Manager's full-time input. The Registered Persons stated in the SAF that the Manager has NVQ 4, RMA, as recommended in the NMS, and is competent and experienced to run the home and meet its stated purpose, aims and objectives.

The RI said that all of his statutory training was up to date and that in the previous twelve months he had undertaken training in: Health and Safety, Health and Safety three day congress; Professionalism; Quality Management; RCN Congress; Information Governance; PoVA Level 3; and the company's monthly academic programme. The Manager stated in the SAF that, since the previous inspection, she had undertaken training in Manual Handling, First Aid, Food Hygiene, Infection Control, Health and Safety, Fire Safety, Adult Protection, Deprivation of Liberty Safeguards, and Complaints.

Ethos

Service users benefit from the ethos, leadership and management approach of the home which creates an open, positive and inclusive atmosphere, and this was observed on the inspection visit.

The responses in the staff questionnaire to the question 'Do you feel valued by the management of the home?' were: 'Always' – 3; 'Mostly' – 3; and 'Often' – 2. In response to the question regarding having enough support to competently do the job, 3 had answered 'Always'; 4 'Mostly' and 1 'Sometimes'.

Respondents to the staff questionnaire had said that they are 'Always' (5); 'Mostly' (1) or 'Sometimes' (2) given the opportunity to contribute their ideas and make suggestions.

Quality Assurance

The Registered Persons stated in the SAF that the quality of the service is reviewed on

an annual basis and monitored through three-monthly internal audits and by the RI as part of his quarterly visits under Regulation 27. Other methods used include service user questionnaires, staff on-line surveys/questionnaires and, with service user consent, family questionnaires. Consultation with staff is by a company-wide questionnaire from which unit specific results can be extracted. They also said that consultation with service users, their representatives and the authorities who place service users, is by monthly service user meetings, six-monthly review meetings, informal conversations and general feedback, and that service user meetings have improved the quality of provision by listening to service users regarding gender specific and age appropriate staffing.

No quality assurance review report had been received since the 2007/8 report. The Registered Persons had stated in the SAF received in June 2010: "Currently being written. Expected to complete within 2 weeks." but this had not happened. The RI and Manager were reminded that under Regulation 25 the quality of care must be reviewed at least annually and that within 28 days of the review they must prepare a report of that review and make a copy available to CSSIW on request. The SAF is a formal request for this under s31 of the Care Standards Act 2000 and as such the latest available quality assurance review report should be provided in response to this (even if a later report is in progress). The RI subsequently sent a copy of their 2009 quality assurance report.

The Registered Persons stated in the SAF that what they felt the service had done well since the last inspection was to have successfully moved on two service users to less supported environments. They also did not identify any constraints on the development of the service.

They further stated that plans for the service over the following twelve months included continuing to develop independent living and move-on plans for identified service users, and increasing occupancy (ensuring compatibility and suitability). The Registered Persons stated in the SAF that areas to improve on included joint working with the NHS (as they had become a preferred provider for the LHB) and transitional plans for service users new to the company to ensure continuity of care.

Policies and Procedures

The home has written policies and procedures to which staff have access as they are kept in a file in the office.

The RI had said that OCS has a policy working group that is continually reviewing all the company's policies and procedures, both existing and new ones. Existing policies are reviewed at least every three years or when changes are required, and new ones are produced as and when required. Policies provided were clearly marked on the front cover page with Effective Date; Issue Number; Review Date (due); Author; and Scope. All policies and procedures are signed off by the Clinical Governance Committee and the signature of the Chairperson of this committee and the date of ratification appears on the second page of the policies. If a new policy is urgently required, a copy will be placed on the file in the home marked "awaiting ratification", so that it can become effective as soon as possible. Old policies and procedures remain in place until they have been revised.

Record Keeping

The Registered Persons stated in the SAF that all current records are stored securely, with access to electronic records via secured login, staff records in a lockable cupboard in

the Manager's office, and CRBs in a safe to which only the Manager and HR Manager have access. Service user records are kept in the front office which is kept locked when not in use.

There were no issues arising from the inspection of records on the inspection visit in March 2010.

Safe Working Practices

Seven respondents to the staff questionnaire said that they had the right equipment to competently do their job, one had responded 'No' but made no further comment. One of the respondents who had answered 'Yes' had commented: "But could do with access to printer."

The Manager said that staff induction training includes sessions on safe working practices.

The Registered Persons stated in the SAF that the fire officer was due to inspect Conway House which he did on 13th July, 2010 and a copy of a letter from the fire officer dated 15th July, 2010 stated: "The standard of Fire Safety appears to comply with the requirements of the Regulatory Reform (Fire Safety) Order 2005". The Registered Persons also stated that they had completed a fire risk assessment on 21st May, 2010. They further stated that the fire risk assessment is prepared and reviewed by a competent person annually or when there are changes to the building or service users. They also stated that they have a fire safety policy (reviewed since the last inspection), an emergency plan and a fire log book, and that all fire safety appliances/equipment are tested at the intervals prescribed by the fire service. They stated that, at least twice a year, they provide fire safety training to staff and carry out fire drills with staff and service users.

Regarding electrical systems, the Registered Persons stated in the SAF that they have an Electrical Wiring Periodic Inspection certificate dated 21st November, 2008 and valid for five years, and a schedule of portable electrical appliances which undergo annual testing by a competent person last done on 12th January, 2010..

The Registered Persons stated in the SAF that they have evidence dated 30th July, 2009 of the last servicing and inspection of the central heating boiler, and inspection of gas appliances by a gas safe registered engineer.

They further stated that there are thermostatic blending valves on all hot water outlets where hot water is stored at 60°C, pre-set to safe temperatures and that the water temperatures are tested and recorded by a competent person on a weekly basis. If the temperatures are outside the safe range they would isolate the area until it is repaired.

They also stated that refrigerator and freezer temperatures are checked and recorded, and that there are data sheets for cleaning chemicals and risk assessment sheets for bodily fluids, as required under COSHH. They also said that there are contracts for safe disposal of Category 'E' non-infected waste and a 'Duty of Care' notice from an approved contractor. The Manager said that they do not have a contract for Category 'A' infected waste as there is no infected waste.

Conduct of the Service

The Registered Persons stated in the SAF that the service continues to be financially viable and that the accounts had last been audited by an accountant in July 2009 when no recommendations had resulted.

The Registered Persons stated in the SAF that they have an employers' liability insurance certificate and this was seen on the inspection visit displayed in the hall with an expiry date of 29th April, 2011. The registration certificate was also displayed, as required, in the hall.

They also stated in the SAF that there are appropriate insurance arrangements, as required by the DVLA, for drivers of vehicles used to transport service users.

Requirements made since the last inspection report which have been met: Not applicable

Action required	When completed	Regulation number

Requirements which remain outstanding: Not applicable

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

New requirements from this inspection: Not applicable

Action required	Timescale for completion	Regulation number

Good practice recommendations:

There were no recommendations arising from this inspection episode.

Concerns, complaints and protection

Inspector`s findings:

Complaints and Concerns

Seven respondents to the staff questionnaire felt that service users' concerns/complaints are taken seriously and responded to properly, one had just commented "Mostly". They all said that if they had serious concerns they felt able to discuss them with their managers.

According to the SAF, the current complaints procedure had not been amended since the last inspection so still does not include arrangements for consideration of complaints made about the Registered Person and still stated the time limit for resolution as 14 working days – the legislation only allows 14 days. These points were raised in a previous report. There is also a requirement to inform complainants that they can at any time complain to the authority which arranged for the accommodation, and it would be useful to complainants if this were in the procedure. The RI said that the procedure had been amended and sent to their head office for ratification.

The Manager said that a record is kept of all issues raised or complaints made by service users in a book which is kept in the office, but that there had been no complaints since the previous inspection visit.

Protection

All respondents to the staff questionnaire were aware of the organisation's whistleblowing policy, which, according to the SAF remains unchanged.

The Registered Persons stated in the SAF that there had been no adult protection referrals since the previous inspection visit.

The organisation has policies on the 'Protection of Vulnerable Adults', 'Confidential Reporting', and 'Whistleblowing'. The 'Protection of Vulnerable Adults Policy' makes it clear that the company would regard not reporting concerns as gross misconduct leading to disciplinary action. The 'Whistleblowing Policy' includes details of Public Concern at Work, an independent charity offering advice and support to employees who have concerns.

Requirements made since the last inspection report which have been met: Not applicable

Action required	When completed	Regulation number

Requirements which remain outstanding: Not applicable

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

requirements)		

New requirements from this inspection:

Action required	Timescale for completion	Regulation number
In order to evidence compliance with Regulation 23, the Registered Persons must within two weeks send a copy of the amended and ratified complaints procedure to CSSIW, or a draft of the amended procedure if it has not been ratified by this date.	10/09/10	23A (1)

Good practice recommendations:

There were no recommendations arising from this inspection episode.

The environment

Inspector`s findings:

Premises

The home is a large, converted commercial premises situated in a residential area near to Cardiff city centre, but with many local facilities including shops, supermarkets, post office, banks, restaurants, cafes, and pubs. There were high standards of décor and cleanliness in the parts of the home seen.

The Registered Persons stated in the SAF that there had been no changes to the premises or facilities since the last inspection episode.

Individual Rooms

The Statement of Purpose states that the home has eight bedrooms varying in size from 13m² to over 19m² compared with the NMS of 12m².

None of the service users shares a bedroom and each has a key to their bedroom door and a lockable facility in their room. Service users can personalise their rooms and have the opportunity to do this prior to moving in if they so wish.

The Manager said that there is internet access in all bedsitting rooms for those service users who have their own computers and also use of a computer in the small lounge.

Shared Space

There is a communal lounge and a through lounge/dining area next to the kitchen, all of which had high standards of décor and cleanliness.

The home has eight toilets for eight service users, three of which are en-suite, which is above the National Minimum Standard of their being shared by no more than two people. There are five bath/shower rooms, three of which are en-suite, which is in accordance with the National Minimum Standard of their being shared by no more than three people.

Seven of the respondents to the staff questionnaire thought that the safety and security of service user and staff personal items was sufficient, one did not and commented: "Staff security of belongings".

There is a small well maintained patio area at the rear of the property with seating and plant pots.

Adaptations and Equipment

Seven of the eight respondents to the staff questionnaire said that they had the right equipment to competently do their job. The other gave no further detail.

None of the current service users needs special equipment and no adaptations have been needed to the home.

Hygiene and Control of Infection

All respondents to the staff questionnaire thought that the standard of cleanliness in the home was 'Very good' (6) or 'Good' (2), and this was observed on the inspection visit.

All respondents to the staff questionnaire thought that the way in which the service users' laundry is managed was 'Very Good' (4) or 'Good' (4) and none had suggested any improvements to the laundry arrangements.

Requirements made since the last inspection report which have been met: Not applicable

Action required	When completed	Regulation number

Requirements which remain outstanding: Not applicable

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

New requirements from this inspection: Not applicable

Action required	Timescale for completion	Regulation number

Good practice recommendations:

There were no recommendations arising from this inspection episode.

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 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 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

There had been no outbreaks of infection in the home since the previous inspection.

What does the service do well?

The organisation has well developed Infection Control structures/systems in place and comprehensive policies and procedures and sources of information to inform them.

What needs to be done to improve the service?

a.) priorities

There were no requirements resulting from this inspection episode.

b.) other areas for improvement

There were no recommendations arising from this inspection episode.

Inspection methods

As part of this inspection process Conway House supplied a signed self-assessment statement and associated documentation, including the section on Infection Control.

From analysis of the Infection Control section of the self-assessment form and documents provided with it, the methodologies decided on for this inspection episode were: using the information provided in and with the SAF; inspection visit including consideration of the premises and facilities; and discussion and correspondence with the Registered Persons.

Personal and healthcare support

Inspector`s findings:

The Registered Persons stated in the SAF that there is a wash basin with hot and cold water in each service user’s room, and liquid soap, disposable paper towels and dispenser, disposable gloves and aprons, and a foot operated bin for disposal available where personal care is provided. None of the current service users needs personal care.

The Registered Persons stated in the SAF that none of the current service users needs incontinence products.

Requirements from this inspection: Not applicable

Action required	Timescale for completion	Regulation number

Good practice recommendations:

There were no recommendations arising from this inspection episode.

Staffing

Inspector`s findings:

The organisation’s staff induction course includes a session on Infection Control, a whole day on COSHH and Food Hygiene, and a six hour session on Health and Safety. The organisation’s Infection Control Strategy states: “All staff have a responsibility to attend Infection Control training, to ensure that Infection Control policies are effectively implemented in their area of work and to report infection control incidents and risks to their line manager and/or the Infection Control Team.”

Information provided indicated that all staff had received Infection Control training. The Registered Persons stated in the SAF that they check the continuing competency of staff in Infection Control procedures by monitoring, staff meetings and feedback.

There are no designated domestic or laundry staff but the Registered Persons stated in the SAF that cleaning schedules are in place and service users use the laundry on a needs led basis when not being used by other service users. Service users are supported by staff to complete the daily house chores and their laundry in accordance with the organisation’s values of promoting independence.

Staff have easy access to the organisation’s comprehensive Infection Control Manual held within the small office in the home.

The Registered Persons stated in the SAF that staff are made aware of the infection control policy and procedures via infection control training, in-house reminders and staff notice boards.

Requirements from this inspection: Not applicable

Action required	Timescale for completion	Regulation number

Good practice recommendations:

There were no recommendations arising from this inspection episode.

Conduct and management of the home

Inspector`s findings:

The Registered Persons stated in the SAF that there have been no outbreaks of infection in the home since the previous inspection but there are comprehensive arrangements in place for outbreaks of infection should they occur.

The organisation has a Director of Infection Prevention and Control (DIPC) supported by the Infection Control Adviser (ICA) who manages the Infection Control Team (ICT) which also consists of the Health & Safety Manager, Infection Control Nurses, Infection Control Representatives (OCS) and an Administrator. Infection Control medical advice is provided by the Occupational Health provider and includes 24 hour support to the senior managers who are on-call for staff support.

The home has a comprehensive range of policies and procedures in its Infection Control Manual including: Infection Control Strategy; Universal Infection Control Precautions (Standard Precautions); Procedure for Contacting the Infection Control Team – Including Notifiable Diseases; A Simple Guide to MRSA; Methicillin Resistant Staphylococcus Aureus (MRSA) Procedure; Tuberculosis (TB) Procedure; Sharps Procedure; Latex Allergy; Hand Hygiene Procedure; Small Outbreak Procedure; Major Outbreak Procedure; Linen Procedure; Infestations procedure; Management of Scabies Procedure; Clostridium Difficile Diarrhoea Procedure; A Simple Guide to C. difficile; and a Chickenpox and Shingles Procedure.

Sources used for the production of the manual include publications by agencies/organisations such as the World Health Organisation (WHO), Department of Health (DoH), National Institute for Health and Clinical Excellence (NICE), Public Health Laboratory Service, Medical Devices Agency, UK Health Departments, Royal College of Nursing, Infection Control Nurses Association, and the Health Protection Agency; numerous articles from journals such as the: Journal of Hospital Infection, Journal of Clinical Immunoassay, Journal of Allergy and Clinical Immunology, Nursing Times, Annals of Allergy, and Journal of Urology; and websites including: clean-safe-care.nhs.uk, and rcn.org.uk.

The above procedures have been effective since February 2008 and are due for review in February 2011. The RI stated that all policies are reviewed at least every three years and also where it is found that a particular issue is not sufficiently detailed. He further stated that they ensure that the procedures are followed by staff through monitoring, audit and feedback.

The Registered Persons stated in the SAF that the Manager has received Infection Control training within the last year, on 21st May, 2010.

The National Colour Coding Scheme is in operation and the Registered Persons stated in the SAF that posters are displayed in the home to ensure that staff understand the system.

Requirements from this inspection: Not applicable

Action required	Timescale for completion	Regulation number

Good practice recommendations:

There were no recommendations arising from this inspection episode.

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

There were no concerns, complaints or protection issues.

Requirements from this inspection: Not applicable

Action required	Timescale for completion	Regulation number

Good practice recommendations:

There were no recommendations arising from this inspection episode.

The environment

Inspector`s findings:

The Registered Persons stated in the SAF that there is a dedicated laundry area but it is also used for storage of the fridge/freezer. The Manager said that service users are supported to use the washing machine and they ensure that laundry is removed from the area as soon as it is taken out of the machine, and that frozen food is taken straight from the freezer to the kitchen. She also stated that a disinfectant is a feature on the washing machine.

As the home is designed and run on a normal living basis, there are no separate doors to bring dirty laundry in and take clean laundry out, but the Registered Persons stated in the SAF that service users check that the laundry is not being used by others prior to using it, and that they each have their own personal laundry baskets.

The Registered Persons further stated that there is a wash basin with liquid soap, disposable paper towels and dispenser, disposable gloves (non-powdered latex or vinyl) and aprons, and a foot operated bin for disposal of these.

They also stated that the risk of cross contamination is eliminated by educating service users and staff and ensuring that policies and procedures are in place to inform all. There had been no outbreaks of infection since the previous inspection.

Requirements from this inspection: Not applicable

Action required	Timescale for completion	Regulation number

Good practice recommendations:

There were no recommendations arising from this inspection episode.