



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru
Care and Social Services Inspectorate Wales

Inspection Report on

Zoar Care Home

**Marian Street
Clydach Vale
Tonypany
CF40 2DN**

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Description of the service

Zoar Care Home is operated by Malcolm Simon Developments Limited. The home is situated near Tonypany and is registered with the Care and Social Services Inspectorate Wales (CSSIW) to provide personal care to 30 people aged 60 and above, including 15 people with dementia care needs. There is a nominated responsible individual acting on behalf of the company. The registered manager is Karen Anne Williams.

Summary of our findings

1. Overall assessment

Generally, people are happy with their care provision and are well cared for. Staff are proactive in identifying when people need help and show a good understanding of their needs when providing support. People are treated as individuals and feel valued by staff. People are encouraged to have as much choice and control over their lives as possible. Opportunities for activities are provided and people are supported to access the community. People are supported to meet their healthcare needs and they have access to community health and social services. People have space to socialise and opportunities for quiet time and privacy if they wish. The home is currently undergoing a programme of external refurbishment and we were informed of plans to replace and repair some of the carpets. People are able to personalise their bedrooms to reflect their taste and personality. The home's care documentation evidences that people are generally receiving a good standard of care. Some minor improvements are needed in the provision of nutritional support throughout the day, the safe administration of medication and in ensuring reviews of risk assessments and care plans evidence consideration of people's current level of needs.

Improvements

At the time of the last inspection we (CSSIW) drew attention to areas where legal requirements were not being met. The following have now been addressed:

- The administration of medication is generally well managed.
- Risk for people using the service was generally well managed

2. Requirements and recommendations

Section 5 of this report sets out where the home is not meeting legal requirements and recommendations to improve the service.

The legal requirement identified is in relation to:

Administration of medication: Staff administering medication and creams should sign the medication administration chart. Guidelines for administering PRN (as needed medication)

should be set out in the person's care plan and an evaluation of the effectiveness of the medication recorded.

Risk assessment: The review of each risk assessment should evidence consideration of whether this has been successful in managing the identified risk.

Care plan reviews: The review of individual care plans should evidence consideration of the effectiveness of the support provided over the previous month and whether any changes are needed to the current care plan.

Staffing: The level of domestic cover at the weekend needs to be reviewed.

Recommendations

The smoking room should be fitted with an extractor fan

Worn carpets should be repaired or replaced.

1. Well-being Summary

People are supported by a stable staff team who respect their needs and wishes. People enjoy positive relationships with staff and are supported to exercise choice and control over their lives. People are provided with emotional support and encouraged to join in the daily activities programme.

Our findings

People's individuality and culture are recognised and valued. People are able to make choices regarding their care and they are treated with dignity and respect by staff. We saw that people were offered a choice of food and drink at breakfast and drinks were also available throughout the day. People told us they liked the food and they had plenty of choice. Staff treated people with respect and we saw that people reacted positively when staff sat beside them. People told us they were able to get up and go to bed when they wanted. People were given support to access the community activities they enjoyed. We observed that staff were proactive in establishing if people needed assistance and responded quickly if people asked for help. Whilst we observed staff sitting and talking to people in the dining room and we saw some people watching a film in the conservatory in the morning, there did not seem to be any other activity on offer. We saw that most people in the conservatory seemed to be sleeping in the morning. We were told that the activities coordinator generally provided activities in the morning and was not working that day. In contrast to this, we saw people sitting in the conservatory were awake and positively occupied in the afternoon, when staff were helping them plant sunflower seeds into pots and facilitated a game of bingo later on. The RI told us that they had employed an activities coordinator after they had identified the need to provide more opportunities for activities during their monitoring visit. We advised the registered manager and RI to consider how opportunities for activities could be offered when the activities coordinator was not on duty. However, we found that, in general people feel valued and can have confidence that their wishes and choices will be respected.

People using the service have good relationships with staff and receive encouragement to have a say in how their care is provided. We observed that staff took time to talk to people and find out what they wanted when providing care. People also told us that they liked the way their support was provided and were listened to by staff. We were provided with examples of how people's independence was being promoted and maintained. We also saw staff providing comfort and reassurance when people were anxious or upset. We concluded that people are able to express their views and opinions and have relationships with staff which are safe and positive.

People are content and comfortable when relaxing in the home. There was a relaxed, quiet atmosphere in the dining room, conservatory and smoking room during our visit. Music was playing in the smoking room and the conservatory during the afternoon. People were able to socialise with staff or other residents or could spend time alone in their room if they wished. People had a choice of seating areas were able to go in to the dining room for meals. Therefore people have the freedom to choose where they wish to spend their time.

2. Care and Support

Summary

People's individual care needs are understood by staff. People are supported to maintain healthy lifestyles and referrals are made to health and social care professionals when their needs change. Some improvements are needed to the safe administration of medication

Our findings

People are treated as individuals and supported by staff that have a good understanding of their needs. Staff recognised people who were in need of additional support to meet their needs and we saw evidence that this was consistently being provided. People who were nutritionally at risk were offered high calorie snacks in the afternoon, but tended to be offered biscuits in the morning. Milkshakes were offered at 1100 hours, but most people in the conservatory tended to prefer tea or coffee. People's records did not indicate any significant weight loss and some people were gaining weight. We advised the registered provider to consider offering high calorie snacks and drinks between meals in the morning for people nutritionally at risk. We saw that people had access to cold drinks in the communal areas and also in their rooms. We also observed staff regularly offering people a choice of drinks. A number of people spoke very positively about the care provided and said staff responded quickly to calls for assistance. We also noted that additional support with personal hygiene was being provided for a person who sometimes refused to wash or bath. The record of accidents and incidents showed that there were very few falls and each accident was assessed to determine if further action was needed. Risk assessments were in place to guide staff in the actions they needed to take to help people maintain their safety. Risk assessments and care plans were being reviewed regularly and we saw evidence that these were being updated as people's needs changed. We advised the registered manager that the reviews should include the rationale for deciding whether any changes to the risk assessment and care plans are needed. We judged that in general people's needs are understood and individual needs are anticipated.

People are supported to make informed healthy lifestyle choices. The general practitioner (GP) had been consulted and informed following reports in the handover record that people were unwell. A review of medication administration charts showed that people were regularly receiving their prescribed medication. In general PRN (as needed) medication was being given and recorded appropriately. We also read some comments in a person's records which indicated that their PRN medication, which was being given regularly, was not effective on all occasions. We were told that this person had had a recent GP review, which raised no concerns, but it was not clear from the records that staff had informed the GP that the PRN medication needed to be given regularly and was not always effective. We advised the registered manager that clear guidelines for administering PRN medication should be included in the person's care plan. The daily records should clearly evidence that they have discussed any signs that the medication is not effective with the relevant health professional. We were told that the registered manager had written to the GP following the inspection. We also observed that care staff were signing the medication administration chart when they were not the person actually administering the medication, although on some occasions staff were under observation from the person signing the chart. The registered manager agreed to review this practice. We concluded that people are supported to be as healthy as they can be and benefit from timely referrals to relevant health and social care professionals.

3. Environment

Summary

In general, people live in an environment which is well furnished and equipped. Although the home is decorated to a reasonable standard, some of the carpets were in need of replacement as they were very worn. Consideration also needs to be given to the suitability of the bathing and showering facilities. Although the home looked clean in all areas on the day of inspection, a review of domestic support is needed to ensure this is the case throughout the week.

Our findings

People are supported within a safe, clean and secure environment, which enables people to spend time privately or communally. The areas on the ground floor were spacious and well furnished. There was sufficient room to allow wheelchair access to people's chairs and the use of a hoist if needed. A key pad was used on the front door and stairs, which ensured people were able to wander freely and safely around the home. The exterior of the home was undergoing a programme of repair and refurbishment and scaffolding was in place around the outside of the home. We were also informed that some of the carpets on the ground floor were going to be replaced. However we noted that there were a couple of worn areas to the carpeting on the third floor. Additionally there was no extractor fan in the smoking room, (although we were told this had been advised by the South East Wales Fire Service) and the door into the corridor was left open. These are areas which require attention from the registered manager and RI within their current annual refurbishment plan. Domestic assistants spoken with did not feel that there was sufficient domestic support at weekends. Two domestic assistants were on duty during the week, but this fell to one domestic assistant at the weekend. The domestic assistants spoken with did not feel this was sufficient to allow them to keep the home clean at the weekends. The RI agreed that they would review domestic support at the weekends, in order to ensure the cleanliness of the home was maintained.

Additionally, people are able to have a choice of bath or shower, as the home is provided with a walk-in shower and two assisted baths. However, the walk-in shower was not suitable for use for people in a wheelchair and the assisted baths did not have a rise and fall facility. Should people's mobility needs deteriorate; we questioned whether the home could safely meet their needs with the present facilities. The RI agreed to look at how the bathing and showering facilities could be improved so they could continue to care for people when they required additional support. These are areas for improvement and we concluded that on the whole people have access to a clean and safe indoor environment.

4. Improvements required and recommended following this inspection

4.1 Areas of non compliance from previous inspections

<ul style="list-style-type: none">• Regulation 13 (2) The registered manager to ensure that medication is administered as prescribed and recorded in line with pharmaceutical guidelines	Met at this inspection
<ul style="list-style-type: none">• Regulation 13 (4) (c) The registered manager to make suitable arrangements for the inputting of risk assessments to ensure that staff are able to support residents to minimise risk with clarity and continuity	Met at this inspection
<ul style="list-style-type: none">• The registered manager shall make suitable arrangements for the timely revision of service delivery plans to enable staff to provide a consistent, safe service	Met at this inspection

4.2 Areas of non compliance identified at this inspection

Regulation 13 (2): Staff administering medication should sign the medication administration chart.

Staff should be provided with guidance within the person's care plan on when to administer PRN (as needed) medication. The daily record should clearly show that any indications that this medication is not consistently effective have been reported to the relevant health professional.

A non compliance notice was not issued on this occasion as we considered these were areas for improvement and we did not find evidence that this was impacting adversely on people's care.

Regulation 18 (1) (a): Domestic support should be sufficient throughout the week to maintain an acceptable standard of cleanliness at all times.

A non compliance notice was not issued as the home appeared clean in all areas and was free from offensive odours on the day of inspection. The RI agreed to review domestic support at the weekend.

4.3 Recommendations for improvement

The reviews of care plans and risk assessments should provide a rationale for deciding whether these continue to meet people's needs.

The bathing and showering facilities should be reviewed to ensure they will be able to meet people's needs, should their mobility deteriorate.

The smoking room should be equipped with an extractor fan and the door closed to avoid other people being affected by smoking.

Action should be taken to replace or repair any worn areas of carpeting.

5. How we undertook this inspection

This was a focused inspection undertaken to test non compliance issued at the last inspection on 30 December 2016. One inspector made an unannounced visit to the home on 13 April 2017 between 0900 hours and 1700 hours.

The following sources of information were used in the writing of this report:

- Consideration of information held by CSSIW.
- A review of risk assessments for all people at the home.
- A review of care documentation for two people.
- Consideration of handover records for April 2017.
- Examination of medication administration charts for all people at the home.
- Discussions with people using the service.
- Discussions with staff and responsible individual.
- Use of the Short Observational Framework for Inspection (SOFI 2). This tool enables inspectors to observe and record life from a service user's perspective.
- Observations of daily routines and care practices at the home.
- Consideration of the home's accident and incident audit.
- Consideration of the home's menu and weight records for four people.
- Consideration of documentation relating to the home's quality assurance processes.
- Examination of records of monitoring visits carried out by the responsible individual.
- Consideration of the suitability of the environment in meeting the needs of people using the service.
- Observations of the home's environment, including toileting, bathing and showering facilities.
- A short discussion with the registered manager after the inspection.

Further information about what we do can be found on our website www.cssiw.org.uk

About the service

Type of care provided	Adult Care Home - Older
Registered Person	Malcolm Simon Developments Ltd
Registered Manager(s)	Karen Williams
Registered maximum number of places	30
Date of previous CSSIW inspection	30 December 2016
Dates of this Inspection visit(s)	13 April 2017
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	This was a focused inspection. The Welsh Language active offer was looked at during the full inspection on 30 December 2016
Additional Information:	