Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report on

Cedar House

6-10 Llys Gwynfryn
Neath
SA10 7UB

Date Inspection Completed

17/02/2025

About Cedar House

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Accomplish group ltd
Registered places	14
Language of the service	English
Previous Care Inspectorate Wales inspection	17 November 2023
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

Cedar House is a service which provides accommodation, care and support to adults with physical and mental health support needs. The service is one of many owned by a large provider which benefits from having departmental oversight over many aspects of the service including Human Resources (HR), Health and Safety and Quality Assurance.

People are supported with care documentation that reflects their up-to-date needs well. Despite there being a lot of staff vacancies at the time of the inspection, continuity of care to people was being maintained overall by the block booking of agency staff into the service. As a result, care staff supporting people know them quite well and can recognise any changes in their mental of physical health. Some refurbishment has taken place at the service since the last inspection and further plans are in motion to improve the environment further including the installation of a sheltered area in the garden.

There is a manager in post who is supported by the Responsible individual (RI) and two deputies. Whilst the service are utilising agency staff at present, many new recruits are waiting to start and completing induction training. The providers HR department have robust recruitment procedures in place and documentation is stored in personnel files. Care staff receive regular supervision, annual appraisals, and complete lots of ongoing training in their roles. There are systems in place to oversee the service through audits and monitoring in place. RI visits take place routinely where feedback is obtained from people, relatives and staff to drive improvements in the service.

Well-being

People are treated with dignity and respect and are encouraged to participate in the development of their personal plans where possible. Care documentation reflects people's current needs well and is reviewed regularly with people and /or their advocates. Personal plans are supported with appropriate and person-centred risk assessments that guide staff on the best ways to support people at different times of need and what triggers to be mindful of. The RI visits the service regularly to speak with people and staff to get their feedback about the service and any improvements they feel could be made.

People's physical and mental health is supported. There are robust procedures in place to maintain safe and effective medication management in the service. There has been a high turnover of staff in recent months, however the manager has block booked regular agency staff so that people receive continuity of care. As a result of this, care staff know the people they support well and can recognise any signs of ill health and take appropriate action to seek further support if needed. People enjoy going out in the community and the service have access to vehicles to facilitate this. At the time of this inspection, people are not able to go out as often as they would like due to the lack of care staff able to drive the service vehicles. This has been addressed by the provider and newly recruited staff will be able to support people with this going forward.

People are safeguarded from harm and neglect. There are policies and procedures in place to ensure the service is run effectively. This includes a safeguarding policy which reflects current legislation. The provider has robust procedures in place for the safe recruitment of care staff to ensure they are fit to work in the service. Care workers undertake mandatory and service specific training to ensure they have the necessary skills to support people effectively. Care workers have a good understanding of their roles and responsibilities and know how to report concerns should they arise about the people they support. There are security arrangements in place to keep people safe in the service.

Overall, oversight of the service is good. Quality audits and procedures take place routinely to ensure policies and procedures are adhered to and the service remains suitable to meet people's needs. Cedar house is one of many owned by the provider which benefits from having dedicated departments for different aspects of the service including human resources, health and safety and quality assurance. The RI supports the manager and visits the service as required to obtain feedback from people, carry out dip sampling of documentation and auditing the environment.

Care and Support

People are encouraged to participate in the development of their personal plan where possible and set their own goals and make their own choices in what to do. Care files viewed are up to date and reflect the current needs of people well with regular reviews documented. Personal plans are person specific and contain information for care staff to understand how to support people to meet their needs. Corresponding risk assessments are colour-coded in a traffic light system which recognises known triggers to people. Detail is included on how staff can try to avoid these triggers and how best to support people depending on how they are presenting. Some signatures of people are available on care documentation however most care plan updates are completed by keyworkers following a monthly one to one meeting with the individual which are logged on the care file.

The service has effective systems in place to safeguard people. There is a safeguarding policy in place which reflects the current legislation and the Wales Safeguarding Procedures. Up to date Deprivation of Liberty Safeguards (DoLS) are in place for people who do not have the understanding to make decisions about their accommodation, care, and support. Notifications for any safeguarding concerns and DoLS applications are submitted to Care Inspectorate Wales as required. Care workers complete safeguarding training as part of their mandatory training. Those spoken with have a clear understanding of the procedures to follow to report the concerns they have about the people they support.

The service has robust systems in place to manage medication and monitor people's health. Despite the large turnover of staff in recent months the management and senior care team remain stable and know the people they support well, recognising when to seek further support if it's needed. The service has a designated locked medication room which is organised, cool and clutter free. Medication is locked in trolleys with any excess stored in individual, labelled, locked cupboards. Medication Administration Records (MAR) viewed are completed and signed correctly with any discrepancies noted and reasons visible. There are good auditing tools in place to ensure medication errors are minimised.

People can enjoy time in the community and doing things they enjoy. People were out in the community during the inspection, however the manager explained that due to shortages in care workers being able to drive the vehicles at present, there is less capacity to support people in the community than required. Despite this the manager assured us that there are several new recruits currently going through induction training who would be able to drive the vehicles and support people to access the community more frequently. Daily records reviewed, indicate that people can go out and participate in activities outside the service on a regular basis and all appointments and pre-arranged visits continue to take place despite the shortage of drivers. We saw people doing jigsaws, listening to music and watching TV during the visit.

Environment

People receive care and support in an environment that promotes the achievement of their personal outcomes. Cedar House is a detached property and shares its surrounding land and parking facilities with one of the providers other services. Cedar House does have its own large front garden which is currently being upgraded due to the installation of a new pagoda/ gazebo ready for the summer. There are further outdoor areas to the rear of the property and some storage sheds. We walked around the property and noted some improvements have taken place since the last inspection. Walls have been plastered and painted, door frames have been repaired and covered in safety brackets where needed to prevent further damage from mobility aids. The manager explained that refurbishment is ongoing and there is always something to be done. The service is homely, and people were comfortable in the communal lounges or their rooms. Bedrooms seen are personalised with peoples own things. There is a manager's office on the ground floor and laundry room to the rear of the building, both are locked when unmanned.

The provider has systems in place to ensure the service is safe and homely for people and minimises risks to health and safety. Cedar House is one of many services run by the provider, so benefits from having a contract with a maintenance company to carry out any essential or routine maintenance. The manager requests this as needed, and this is then prioritised by the provider with suitable timescales for completion. We saw daily, weekly and monthly checks take place in the service to ensure it is safe for people. Annual servicing takes place of the utilities in the service and certificates are available to evidence this.

Leadership and Management

There are effective oversight arrangements in place in the service for ongoing quality assurance. Being part of a larger organisation Cedar House benefits from having separate departments in the organisation to support them, including a HR, quality and estates teams. This can take pressure off the manager in the service so they can concentrate on overseeing the service in house. The manager of Cedar House has been in post several years and is supported by two deputies and senior carers. We saw management audits take place within the service and these are logged electronically. The manager has been having difficulty ensuring staff attend staff meetings and is working on different methods to overcome this to be able to build morale. We saw records of visits from the RI where feedback from people and staff is captured to inform improvements needed in the service. During these visits the RI also conducts dip sampling of files and documentation in the service and notes any issues arising. The last two bi-annual quality of care reviews were seen, and these provide a good overview of the service, celebrate the achievements of the service and note any areas of improvement identified. The manager submits required notifications through the CIW portal as required.

The service has good arrangements in place to recruit, train and support staff. At the time of this inspection, we noted improvements are needed to minimise the use of agency staff and improve continuity of care to people. The manager told us new staff have been recruited and are currently going through the onboarding process with the provider and induction training. Feedback from staff indicated that the high staff turnover was having an impact on staff morale. The manager is aware of this and is hopeful that new staff being introduced in the service will ease the pressure and improve this. Personnel files viewed contained the required pre-employment and recruitment checks as well as up-to-date Disclosure and Barring Service (DBS) checks. The training matrix was viewed and there are good levels of both mandatory and developmental training recorded for care staff in the service. This training includes safeguarding, infection control and understanding the people we support.

The provider has policies and procedures in place to ensure the smooth running of the service. We reviewed the services Statement of Purpose which continues to reflect the service accurately. A sample of the provider’s policies and procedures were viewed. We noted these have been reviewed in line with the providers timescales and updated when required to reflect any changes in legislation.

Areas identified for improvement

Where we identify **Areas for Improvement** but we have not found outcomes for people to be at immediate or significant risk, we discuss these with the provider. We expect the provider to take action and we will follow this up at the next inspection.

Where we find outcomes for people **require significant improvement** and/or there is risk to people's well-being we identify areas for **Priority Action**. In these circumstances we issue a Priority Action Notice(s) to the Provider, and they must take immediate steps to make improvements. We will inspect again within six months to check improvements have been made and outcomes for people have improved.