



Inspection Report on

Calon Celtiadd

Port Talbot

Date Inspection Completed

27/11/2024

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About Calon Celtiadd

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Celtic Care (Swansea) Ltd
Registered places	4
Language of the service	English
Previous Care Inspectorate Wales inspection	11 April 2023
Does this service promote Welsh language and culture?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

People and their relatives are happy with the care and support provided at Calon Celtiadd. They live in a comfortable homely environment that is clean and suitable to meet their needs. People living in the service are treated with kindness, dignity and respect by a dedicated care team who know them very well. There is quality information available for staff to understand how to best meet people's care and support needs. People have personal plans in place which are reviewed regularly. There is a Responsible Individual (RI) in place and a manager registered with Social Care Wales.

Staff are available in sufficient numbers and have a mix of skills to adequately provide support to people. Care workers are respectful and caring. Safety equipment is in place and health referrals are made when necessary to promote peoples' health and well-being. There are opportunities for people to take part in activities both at the service and in the local community.

Improvements have been made to administration of medicines, notification to the regulator, staff records, provider assessments, and monitoring of the service.

Well-being

People are treated with dignity and respect and get the right care and support. There is good information available for staff to understand how to best meet people's care and support needs. People indicated to us and we observed people getting on well with staff. A relative commented "*They provide people with good extracurricular activities, [and] regularly take them out.*" Records show people are offered choices to make everyday decisions. The RI regularly speaks with people who live at the service and their families about what is important and how to best support them. This was supported by documentation. Care documentation outlines people's needs and guides staff on how these should be met. Documents are reviewed to ensure they are accurate and referrals are made to professionals when required. However, we discussed with the manager that records of reviews of personal plans need to be available in a timely manner.

People are safe and protected from abuse and harm. The service has an appropriate safeguarding policy in place and staff receive training in the safeguarding of adults. The Service Manager has a good understanding of the safeguarding requirements and understands when a safeguarding referral needs to be made to the Local Authority. Calon Celtiadd is a welcoming service and there are checks in place to ensure it remains safe, clean and homely.

People get the right care and support. Records show that timely provider assessments are completed and referrals are made to a variety of healthcare professionals such as psychiatrists and physiotherapists. This is confirmed by comments from visiting professionals who told us they are satisfied with the care at the service.

People are happy and do the things that make them happy. There are a range of activities available which are meaningful to people. Throughout our visit we observed some activities taking place facilitated by care workers at home and in the community. Relatives told us their family member is encouraged to stay active and to do as much as they can for themselves.

People live in a home that best supports them to achieve their well-being. People's bedrooms contain personalised items of their choice and are suitably furnished. They have facilities and equipment which encourage independence. The property has had some updating of décor and internal repairs and maintenance. Safety checks are completed but oversight requires enhancing.

Care and Support

People are supported with personal plans and risk assessments that reflect their needs. A sample of personal plans viewed contain detailed information regarding personal interests, likes and dislikes. Personal plans are developed following discussions with people, their family, and professionals. Personal plans and risk assessments are mostly regularly reviewed in consultation with people wherever possible but this could be strengthened to ensure reviews take place in a timely manner.

People can do the things that matter to them when they want to do them. We saw there are a range of activities available which are meaningful to people. There was photographic evidence and written documentation as well as observations of people undertaking activities that matter to them. People indicated to us they enjoy taking part in a variety of activities. We observed people attending activities both at the service and out in the community. Records show people regularly access local community facilities and this was confirmed by comments from family and visiting professionals.

People are protected from abuse and neglect. Policies and procedures have been reviewed to make sure they are relevant and up to date. Care workers are aware these are in place to guide them and are supported by management. Staff have completed safeguarding training relevant to their role. We discussed with the manager the need to ensure oversight of analysis of safeguarding referrals was in place.

The service has improved safe systems in place for medicines management. There is an appropriate medication policy and procedure in place with regular audits completed by senior staff. Medication administration records (MAR) are accurate. Medication is kept in a secure cabinet in a locked room.

Policy, procedure and application of hygienic practices are in place to reduce risks of infection. Staff demonstrate an understanding of infection control and the use of personal protective equipment (PPE). Staff wear appropriate PPE and follow correct procedures when needed. The home is clean and uncluttered. Staff maintain appropriate standards of hygiene and cleaning schedules are in place with supervision from the manager. Oversight and auditing of infection control measures are in place. The home has sufficient stocks of PPE.

Environment

The bungalow accommodation is welcoming and homely and benefits from good quality furnishings and decoration. There is a communal lounge with adjacent dining room in the conservatory, sensory/entertainment room, kitchen and utility areas. The sensory room to be a little cluttered and used to store wheelchairs. We discussed this with the manager who agreed to address this. There are four bedrooms with adjoining bathrooms. We saw people spending time in the dining room and lounge and sitting in the comfort of their bedrooms. We saw bedrooms are homely and personalised with relevant adaptations and equipment where necessary to meet people's needs.

At the time of our inspection, we observed outside areas that need updating and were told by the manager of developments planned such as fencing to the rear of the property, the rear garden area surfacing and areas of interest. Relatives, visiting professionals and staff all commented that the external environment would benefit from updating the garden of the property and this was seen by us during our visit.

The planned maintenance schedule and renewal programme for the fabric and decoration of the premises was not available during our visit but the manager was able to articulate these. The system of monitoring and auditing, which supports this, was not sufficiently robust to ensure timely responses to any works identified as part of this process. We discussed this with the manager who agreed to address this as a matter of importance.

The sample of bedrooms we viewed have facilities and equipment which are suitable for the individual and were personalised. Records show equipment is regularly serviced to make sure people remain safe. People's personal records are held securely and access to the home is monitored by staff.

The service provider has procedures in place to identify and mitigate risks to health and safety. The oversight of health and safety is in place with regular audits of the environment but this needs strengthening. The maintenance person and other staff conduct regular checks within the service to maintain the safety of people.

People are supported with laundry as for an independent living setting and is appropriate and well organised. All laundry equipment is in working order. There is an organised storage area for household waste. The storage of substances which have the potential to cause harm is safe. Materials used for cleaning are stored in an appropriate locked cupboard.

Leadership and Management

The service provider has governance arrangements in place to support the smooth operation of the service. Measures for the oversight of the service are in place, such as systems for care planning, monitoring, and reviewing to enable people to achieve their personal outcomes. The service is provided in line with the objectives of the Statement of Purpose, which is regularly reviewed. Policies and procedures are in place and reviewed regularly.

People can be confident the service provider monitors the quality of the service which they provide to a high standard. The RI visits the home regularly and meets with people and staff. The latest quality monitoring report showed people's feedback. Recommendations for improvements are included and implemented effectively. The RI has good oversight of the service and the manager conducts quality assurance monitoring to ensure a high standard of quality care is delivered. However, we discussed with the manager the need to ensure the newly developed quality assurance policy and process is fully implemented to demonstrate quality audits are consistently undertaken to provide oversight of quality and records of this are available.

The service provider has extensive oversight of the financial arrangements and investment in the service. The RI assured us the service is financially sustainable to support people to be safe and achieve their personal outcomes. The RI told us of investment such as *"Since acquisition there has been significant investment in Calon Celtiadd with work already complete on fire doors, decorating and emergency lighting identified. In the next financial year, we plan to invest in white goods and furniture, property repairs, carpets and decorating. This will include the garden area."*

There are enough staff on duty to safely support and care for people as determined by the Statement of Purpose. Records show there is a core staff group in place which is stable, with a mixture of experienced and new staff available. Supporting and developing staff with supervision, appraisal and training is sufficient but should be strengthened with an oversight process for the quality of supervision. The manager informed us that training is being continually updated to ensure all staff have completed the appropriate training required and the new service provider is in the process of redeveloping training for staff.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A
58	People cannot be assured of safe supply of medicines. Ensure the supply of medicines is as prescribed.	Achieved
60	The provider is not compliant because they failed to notify the regulator of a serious failing in the supply of medicines. Ensure the regulator is notified in a timely manner as specified under Regulation 60 requirements.	Achieved

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection.

Area(s) for Improvement		
Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A
18	Not all people had provider assessments. Ensure provider assessments are in place for people.	Achieved
35	Staff records were incomplete. Ensure there is a full record of the staff who are caring for people.	Achieved
8	Monitoring and improvement against plans to ensure quality and safety of the service is insufficient. Ensure there is robust monitoring and improvement.	Achieved

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