



## Inspection Report on

**Conway House**

**6 PEN-Y-LAN ROAD  
CARDIFF  
CF24 3PF**

## **Date Inspection Completed**

**5 February 2020**

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## **Description of the service**

Ocean Community Services Limited is registered with Care Inspectorate Wales (CIW) to provide a care home service, known as Conway House. The home is registered to support a maximum of eight people over the age of 18. The home's statement of purpose states the service *'provides care and accommodation for eight service users who have a mental health diagnosis, a learning disability or an autistic spectrum disorder.'*

The registered service provider (Ocean Community Services Limited) has nominated Hazel Orr as the Responsible Individual (RI), who has responsibility to oversee the strategic operation of the service. A manager is in post, who is registered with Social Care Wales (SCW), which is the workforce regulator.

On the day of our visit, five people were accommodated. The manager informed us that assessments are in progress for two more people to move into the home.

## **Summary of our findings**

### **1. Overall assessment**

People who live at the home told us they are happy with the care and support provided. The home is comfortable and the environment meets their needs. Staff know people well and are responsive to their individual needs. People receive personalised care and support, which is guided by their personal plans. Staff work closely with healthcare professionals, where timely referrals are made as necessary. People are encouraged to maintain contact with families and others who are important in their lives. The service provider and staff demonstrate a commitment to providing a good quality service.

### **2. Improvements**

The service was re-registered under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA 2016) on 24 September 2018. This was the first inspection since re-registration.

### **3. Requirements and recommendations**

We did not identify any areas of non-compliance. Please refer to section five of this report for details of any recommendations.

## 1. Well-being

### **Our findings**

People's well-being is promoted. Staff demonstrated friendliness and respect throughout our visit. People spoken with were positive about their experience of living at the home. People could exercise choice, and consideration had been given to the range and frequency of opportunities offered. Personal plans were in place, which were relevant and guided staff in the delivery of care and support; regular reviews had been undertaken. People were protected from harm as the home had internal policies in place and staff had received necessary training. The service was proactive in requesting deprivation of liberty safeguarding (DoLS) authorisations, when necessary, therefore acting in people's best interests. There was good oversight of people's emotional and physical well-being by the service provider. People had access to advocacy if needed, measures were in place to safeguard people and to minimise risks associated with medications. We judge people receive the necessary level of care and support, where their rights and safety are promoted.

Governance and auditing arrangements are in place, in order to oversee the performance and operation of the service. There was an established staff team and clear management structure, which was outlined in the statement of purpose. Legally required information and/or documentation in relation to recruitment was available within files examined. Staff told us they felt valued, listened to, had access to regular one-to-one supervision and a range of training. Internal systems and processes were in place to oversee the developmental needs of the staff, to ensure they maintained the skills and knowledge to deliver safe care. Internal auditing and quality control practices, which included seeking feedback from people associated with the service, were in place. We saw evidence of the quarterly monitoring visits undertaken by the RI and the six monthly quality of care review. The statement of purpose and service user guide needed updating to ensure they were fully compliant with legislation. We conclude systems are in place to facilitate daily operations, to promote the smooth operation of the home.

The environment enables people to maintain independence. We saw effort had been made to create a welcoming home, suitable for people's needs. People benefitted from sufficient personal and communal space. The home was safe and well maintained, supported by internal policies, records and safety checks. Measures were in place for minimising risks associated with medicines and infection control. Maintenance records demonstrated necessary practices in connection with safety had been undertaken. A record of visitors to the home had been maintained as required. We are satisfied people can feel assured of a service in which there is robust oversight of ongoing health, safety and maintenance.

## **2. Care and Support**

### **Our findings**

People are treated with dignity and respect. We saw staff interacting with people living at the home in a friendly, respectful manner, which promoted dignity. Staff spoken with were knowledgeable about people's particular care and support needs. People told us they were able to exercise daily choices of how they spent their time. Management told us the service experienced a low turnover of staff; this promoted good continuity of care for people. People spoke positively regarding the staff. We saw people had been encouraged to sign their plans of care and when they refused, this had been documented. We viewed the minutes of meetings held between staff and people living at the home, which evidenced people had been given a 'voice' in matters relating to the home. People's well-being is promoted, as they benefit from positive relationships with staff, where they are provided with opportunities for consultation in matters relating to the running of the home and how they live their lives.

There is a clear emphasis on promoting people's independence. On the day of our inspection visit, people's support was tailored and individualised. Individuals were encouraged to identify their preferences, which included visiting the gym, the cinema, shopping and pub lunches. Facilities were available for people to prepare their own food and drinks. They were encouraged to complete their own laundry tasks, prepare meals, wash dishes, clean their rooms and pursue interests within the wider community. Additionally, independence was promoted in respect of the administration of medication and the use of public transport. Where people were in the process of moving to self-administration of medication, checks were in place to ensure medication had been taken as prescribed. Evidence suggests people are supported to develop a level of independence and to make use of community services, facilities and activities to pursue interests and hobbies, in order to promote their emotional well-being to the fullest extent.

There are measures in place for promoting people's rights and safety. We saw DoLS authorisation requests had been submitted where necessary. A safeguarding policy was in place and information about how to raise a complaint was included within the service user guide and statement of purpose. People told us they felt safe living at the home and were satisfied with the care provided. Information examined indicated staff had received safeguarding training and when spoken with demonstrated they knew what action to take if they had any concerns. We judge people can feel confident of a pro-active service where people's safety is paramount.

Care planning and review is consistently detailed. An admissions policy was in place, summarised in the statement of purpose. From care records examined, we noted the service provider had been responsive in reviewing and updating personal plans and risk assessments, to reflect changes to people's circumstances. We saw documentation, which reflected people's preferences and evidenced professional involvement. Positive behaviour

support plans were in place, which guided staff on how to respond to the behaviours people were at risk of exhibiting. We saw evidence of involvement from specialist healthcare professionals. People had personal emergency evacuation plans (PEEPs) in place. Based on what we saw, we are satisfied the service provider takes appropriate steps to maintain and promote the physical and emotional health of people living at Conway House.

### **3. Environment**

#### **Our findings**

People live in a domestic setting that is appropriate to their needs. Conway House is situated in the city of Cardiff. The home's interior was comfortable and homely. Communal areas were well-decorated and provided adequate social space. The premises was last inspected by the Food Standards Agency on 30 September 2014 where a five star rating was achieved, which is considered 'very good'. People live in an environment, which is personalised, welcoming and suitable for their needs.

Systems are in place to protect people and their personal information. We saw access to the home was secure. We were unable to gain entry into the home without assistance from staff. People's personal information was securely stored and computers were password protected. We judge people live in an environment that is safe and secure.

People's health and safety is promoted and protected. We saw testing and servicing of appliances and equipment was kept up to date, as were risk assessments. We saw the records of visits from private companies for gas, electricity, fire safety and water checks. Based on the information available to us, we are satisfied people live in a home, which is properly maintained.

## 4. Leadership and Management

### Our findings

Arrangements are in place for overseeing the operation and performance of the service. The service provider works with the home's management to ensure it is continually improving. We viewed the two most recent reports of quarterly visits undertaken by the RI. Information viewed evidenced people had been spoken with in order to determine if they were satisfied with the service. In addition to the RI reports, other auditing processes were in place. We considered the last six-month quality review and saw identification of what the service did well, areas where they would like to improve and actions to be taken. A range of policies were in place, which provided guidance to staff. We considered the policies for safeguarding and medication, which were detailed and included necessary information. We made a recommendation to the RI that minor amendments should be made – to which she agreed. We saw policies and procedures in respect of supporting people with the management of their finances had been updated very recently. This will support the service provider to maintain robust oversight. We judge there is commitment to drive continuous improvement.

Staff feel supported, valued and have access to training. We viewed information in respect of staff training and saw over 90 percent of staff had completed the necessary mandatory training. Feedback from staff regarding the extent to which they felt supported and valued was very positive. There was evidence staff received regular one-to-one supervision, which they told us was extremely useful and informative. Records of supervision meetings were detailed and included a range of discussions. We viewed the minutes of staff meetings and saw evidence of discussions in respect of the running of the home and the needs of the people accommodated. Based on what we saw, we judge people are supported by a skilled and supported workforce.

A system is in place for recruiting staff. We found the required personnel information and documentation was present and satisfactory. We saw information in respect of Disclosure and Barring Service (DBS) checks, references, identification and employment histories were in place. We judge the service follows a robust process to ensure the staff it employs are suitable to work with vulnerable people.

The service has clear aims and objectives. The statement of purpose included information to help individuals have a clear understanding of the culture of the service, how it is provided and what they could expect to receive. It identified the measures the service will take to promote the Welsh language needs of individuals. We were told none of the people accommodated were Welsh speakers however, one member of staff was a Welsh speaker. The RI agreed with our observations that the statement of purpose should be reviewed and amended and the updated version submitted to CIW. We requested the written guide to the service and were provided with the service user guide. Again, we advised the RI the document should be

updated to meet regulatory requirements. We are satisfied people can have an understanding of the service they can expect to receive.



## **5. Improvements required and recommended following this inspection**

### **5.1 Areas of non-compliance from previous inspections**

This was the first inspection under RISCA 2016.

### **5.2 Areas of non-compliance identified at this inspection**

We did not identify any areas of non-compliance at this inspection.

### **5.3 Recommendations for improvement**

Newly employed staff should follow the induction published by SCW.

## **6. How we undertook this inspection**

We carried out a full, unannounced inspection on 5 February 2020, in line with our inspection programme.

The following regulations were considered as part of this inspection:

- The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017.

The following sources were used to inform this report:

- Consideration of information we already held about the service, such as re-registration information and any notifications of significant events;
- Discussions with the RI and manager;
- Observations and feedback from people receiving a service. We also received feedback from staff within the organisation who are involved with providing care and support to people living at the home;
- We sent questionnaires to people receiving a service, relatives, staff and visiting professionals. At the time of writing this report we had not received any responses;
- Examination of care records for three individuals. This included care planning documentation, daily care intervention and medication records;
- Personnel records for a sample of staff. This included information relating to recruitment, induction, training and supervision;
- A tour of the home and the environment;
- Examination of records relating to health, safety and maintenance, including fire safety;
- Consideration of the statement of purpose and service user guide;
- A range of auditing information, which the service provider utilised to measure the quality of the service.

Further information about what we do can be found on our website:

[www.careinspectorate.wales](http://www.careinspectorate.wales)

## About the service

<b>Type of care provided</b>	<b>Care Home Service</b>
<b>Service Provider</b>	<b>Ocean Community Services Limited</b>
<b>Responsible Individual</b>	<b>Hazel Orr</b>
<b>Registered maximum number of places</b>	<b>8</b>
<b>Date of previous Care Inspectorate Wales inspection</b>	<b>First inspection under RISCA 2016</b>
<b>Dates of this Inspection visit</b>	<b>5 February 2020</b>
<b>Operating Language of the service</b>	<b>English</b>
<b>Does this service provide the Welsh Language active offer?</b>	<b>The service is working towards the Active Offer. We recommend the service provider further consider Welsh Government's 'More Than Just Words follow on strategic guidance for Welsh language in social care.'</b>
<b>Additional Information:</b>	

**Date Published 25/03/2020**