



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

Inspection Report on

Surehaven (Pembroke) Ltd

**Fort Road
Pembroke Dock
SA72 6SX**

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Description of the service

Surehaven was registered with the Care and Social Services Inspectorate Wales (CSSIW) in 2002 to provide nursing care to people with enduring mental illness.

The home is registered to take up to 24 people over the age of 18, and at the time of the inspection, there were 14 people living in the home.

Surehaven is located just outside Pembroke Dock town and Claire Cotterall is the manager with day to day responsibility for the running of the home.

Summary of our findings

1. Overall assessment

People are treated with dignity and respect and are cared for by staff and managers who are motivated to enhancing their quality of life.

Staff feel well supported and valued but some improvements are required to ensure that staff are appropriately trained to carry out their work.

2. Improvements

At the last inspection we found the following:

- a medication chart was being used that had not been authorised correctly. During this inspection, the provider had moved to an electronic medication administration system and this was still be embedded into practice.
- care plans were difficult to locate and during this inspection, we found care plans to be detailed, personalised and mostly easy to locate, but they were filed in the middle of a large lever arch folder which meant the reader was required to go through a lot of the file before locating them.
- there was no evidence that supervision was carried out every two months. During this inspection, we found that significant improvements had been made and most staff were up to date with supervision.

3. Requirements and recommendations

Section five of this report sets out the action service providers need to take to ensure the service meets the legal requirements ands recommendations to improve the quality of the service provided to people in the care home. These include the following:

- All staff to receive, and be assessed as competent in all of the required training.
- Managers to review the use of care staff carrying out general housekeeping duties

- Consider ways to extend the opportunities for people to spend time away from the home pursuing activities of their choice
- Ensure that all staff are aware of the legal status of people and ensure this is easy to locate within the care records.
- Management to complete a review to consider the appropriateness of dogs being present within the home.
- Staff files to contain all of the required information
- Ensure the language used in care records is descriptive and professional.

1. Well-being

Summary

People are able to do the things that are important to them some of the time and staff are committed to enhancing the amount of activities available for people. There are, however, opportunities to further enhance these opportunities to improve people's sense of well-being

Our findings

People are able to express their views and opinions. This is because most people we spoke with told us that staff had time to talk to them and they felt able to raise any concerns or worries with staff. Our observations indicated that one person felt reassured by having staff near by and often looked to them for guidance and support which was given in a supportive and patient way.

People told us they had regular community meetings where they could discuss what it was like living in the home and the things they would like to do. However one person expressed some polarised views, telling us "*I don't like to ask for help.. I don't like the staff.. I don't trust them*". We discussed this person's concerns with the managers who have arranged to meet with the person again to discuss their concerns further.

The written information we were provided with, together with the comments made by people, demonstrate that people, in the main, feel able to express themselves.

People can, to some degree, do things that matter to them. We saw that information was provided on the notice boards about possible days out and on the day of the inspection, staff were arranging a quiz in an attempt to engage a person who had been unwilling to participate in any activities, thereby remaining isolated. One person told us that staff regularly took them to the cemetery to visit the grave of their spouse which they were appreciative of. One person also told us they enjoyed going shopping and that staff had last taken them a week ago, However some people felt there were not enough things to do, telling us how they would like to go out more and that most of their time was spent in *these four walls*". One staff we spoke with described the level of activities as "*fantastic*" and mentioned a recent musical evening; quizzes and how the home always celebrates people's birthdays. Other staff told us how they would value the time to spend more time away from the home telling us "*we could do with a few more activities*". We have asked the provider to consider how the additional cleaning duties placed on care staff is impacting on staff's ability to spend quality time with people.

People told us they had the choice of when to go to bed and when to get up and we saw care plans contained information about people's preferred waking and going to bed times. Staff also appeared to show a good understanding of people's right to exercise choice. One person, however, told us "*staff make it difficult to do anything.. they ignore what I like*".

People appeared content to spend time in the home, making use of the facilities and spending time either in their rooms; the lounge areas or the gardens. Some people were able to freely leave the home as they chose to do so.

We are satisfied, therefore, that people are supported to carry out the activities that are important to them, but there are opportunities for staff to further engage with people, either individually or as a group.

2. Care and Support

Summary

People are cared for by a team of staff who are motivated and who have a good understanding of people's needs.

Our findings

People enjoy healthy and nutritious meals. We noted the kitchen had been awarded the maximum five stars by the Food Standards Agency and we saw the kitchen appeared clean and well equipped. Catering staff told us they had all of the equipment they needed to prepare meals and also felt valued and part of the team. Most people were satisfied with the quality of the meals with one person describing it as "very nice" but another person told us "*I don't really eat it... they give me brown bread when I ask for white bread*". We saw the meals and noted they were attractively presented and portion sizes appeared appropriate. The catering team told us they were given information about people's dietary needs to ensure their current needs were being met. They also maintained a comments book where the chef asked people their opinions about the meals. People told us they could have a choice of meal and snacks or alternatives could be provided as requested. We were told that meals were prepared using fresh ingredients and the staff were generally satisfied with the quality of the ingredients but would welcome the opportunity to purchase food locally. The dining rooms were comfortably furnished and had adequate seating for all people. We are satisfied, from the information we were provided with, together with what people told us, that people's dietary needs are met by skilled catering staff who understand the importance of good nutrition.

People can be confident they receive proactive and preventative care, and that their range of care needs are anticipated. This is because we saw that one person was going out for an opticians' appointment and had a dental appointment booked for the following week. We saw that the GP had been called when staff had concerns about people and also the mental health team had provided specialist input if staff had any queries or concerns and we noted that as a result of staff concerns, one person's medication had been reviewed in a timely way. At the previous inspection in May 2016, staff told us they had difficulty getting assistance from mental health services, but during this inspection, they felt this situation had, to some extent, improved.

We saw that care plans were detailed and personalised and covered areas of the person's physical, social and psychological health. We noted that people had care plans to address their range of health and social needs; including skin integrity; personal care; mood and mental state as well as relapse prevention. Staff told us they had enough time to read care records and found them helpful. We noted they did contain a lot of information but found them difficult to navigate as sometimes old, and out of date information, was stored at the

front of the file with current information available towards the middle or back of the file. The risks being that staff may refer to old documentation and not provide the current level of support, placing the person at potential risk.

Daily entries were detailed and informative but the language used was not always reflective of person centred care. For example, we saw one entry "*in lounge demanding and stomping feet*". Most entries were, however, descriptive and more professional. We were told, by managers, that there was very little restraint used and staff corroborated this. Staff told us that they tried, where possible, to diffuse situations before they accelerated into situations which required restraint. However one person told us that on one occasion a member of staff told them they had been "*naughty*" and put them in their bedroom. We discussed this with the registered manager who confirmed that an incident had been reported by staff and disciplinary action taken as it was concluded that the action taken by the staff member was both unprofessional and disproportionate to the incident. Most staff were trained in Non Aggressive Physical and Psychological Interventions (NAPPI) but we noted that some staff were out of date with this training. We discussed with the registered manager the importance of only those staff trained in NAPPI should use restraint.

This demonstrates that people can, in the main, be confident they receive appropriate care and support to meet their needs and that managers take appropriate action if they consider the standards of care fall short of the expected standards..

People feel they matter because staff show due regard for their privacy and dignity. We observed staff interacting with people in a relaxed and friendly way, showing patience and implementing boundaries to help improve people's health. For example, one person was repeatedly asking for cigarettes and we saw from the notes the person suffers with a range of physical health problems including chest and lung problems. The member of staff was patiently reminding the person of the need to wait until the agreed time for their next cigarette and the person was agreeable to this.

Staff told us the practical steps they took to ensure people's privacy and dignity whilst assisting them with their personal care and one person agreed that staff were patient and told us that living at Surehaven was "*very nice*".

Prior to the inspection we were told that there were dogs in the home most days. We saw that there were two dogs and both were in the manager's office for almost all of the duration of the inspection. Staff told us that people really enjoyed the dogs and staff felt they benefited from them. Staff told us that they were not aware of anyone who was afraid of the dogs and one person told us they had never seen them. However there was no evidence that people had been consulted about having the animals within their home and we discussed this with the managers at length. The managers agreed to explore this further and consult with people to consider the appropriateness of having the animals in the home.

People can, therefore, be confident their privacy and dignity needs are met by caring staff although further consultation is required to ensure that decisions made are in accord with people's wishes.

3. Environment

Summary

People live in a home that is mostly clean and maintained to a high standard. There is outdoor space for people to sit and this was seen to be safe and accessible for people. However some areas were found to be malodorous.

Our findings

People are cared for in mostly clean and well maintained surroundings. This is because we saw that most carpets had been replaced with floor covering that was easily washable and many of the communal areas had recently been decorated. We saw carpet samples in readiness for the carpets on the stairwells to be replaced.

People told us that although they had not had any say in the colouring of their rooms, they were satisfied with the cleanliness, and of the furnishings they had available to them. We noted, however, that on the ground floor there were two areas where there were malodours. We also noted that the corridor outside of the smoking room smelt strongly of cigarettes. We saw that care staff had cleaning duties in addition to their caring roles, and whilst they did these additional duties willingly, it did mean that they were not available for caring duties at those times. We discussed this with the registered manager who told us that due to sickness, staff had been allocated cleaning duties but agreed to review this following the inspection. Therefore, from the information we were provided with, together with our observations, the physical environment is mainly clean but there are opportunities to improve the levels of cleanliness in some areas.

People have access to safe and pleasant outdoor space. This is because we saw the garden area was well maintained and accessible to all people. Part of the concern received prior to the inspection centred on the levels of cleanliness in the garden areas but we found them to be clean and in good order. Staff we spoke with confirmed that they were maintained to a good standard.

On the day of the inspection, staff were getting the garden ready to hold a garden party for people due to the good weather.

These demonstrate that people are able to spend time outside participating in either meaningful activities or just relaxing.

People's safety and independence is maintained due to the layout of the home. This is because we saw the corridors were wide and free of any trip hazards. There were seating areas along the corridors for people with restricted mobility to rest if they wished to do so. Bathrooms and bedrooms had some anti-ligature fixtures and fittings, including curtains; showers and door handles. However doors had closing mechanisms with a metal bar at the

top which could, potentially, be used as a ligature. We noted however, that people at Surehaven, although having enduring mental health problems, were not considered to be at high risk of suicide and therefore the environment is considered to be appropriate for the people living there. From the comments made by people, together with our observations, we consider the environment provides people with a safe and comfortable place to live.

4. Leadership and Management

Summary

There are some robust governance arrangements in place to monitor the quality of the service but further measures are required to ensure that the motivated team of staff are up to date with training and supervision.

Our findings

People receive care and support from staff who are trained, feel well supported and have clear lines of communication. Staff told us they felt confident that all relevant information relating to people was passed on to them at handover periods and we saw that as well as care plans and daily records, there was a communication book for all staff and a separate one for the nursing staff. We saw there were some gaps in training and the registered manager assured us that this would be addressed immediately and staff had already been booked on to relevant training. Of particular note, we saw that some staff had either not received moving and handling training or that training was out of date. We have asked the provider to ensure that people's moving and handling needs are met only by staff who have the required training to carry out these duties safely.

One member of staff told us *"I love it"* when describing their work and told us *"the company look after you"*. Another member of staff said *"this is one of the best jobs I have had"* with a further staff member describing the satisfaction they felt from helping someone. Other staff told us they felt valued; supported and part of a good team.

Staff told us they received regular supervision but some were unclear about the frequency of this. We saw the supervision matrix and noted that most staff had received supervision in accord with the National Minimum Standards. Staff told us they found the supervision process helpful and were confident their manager would address areas of their practice where they were performing well, as well as those areas where improvements could be made to enhance the quality of care for people. Staff also told us they felt they could approach their managers with any concerns or ideas at any time.

We saw managers interact with people and staff and noted these to be friendly; relaxed and supportive which indicated that a rapport had been established.

Team meetings were held on a monthly basis appeared to be well attended by staff. Where staff were not meeting the required standards of work, this was managed either through adjusting the staff member's responsibilities, or via a formal performance route to ensure that staff remain competent to carry out their allocated duties.

We discussed the staffing levels with the managers to ensure that people's needs were most effectively met. Staff told us they felt they had enough staff on duty but would value the opportunity to provide more one to one time with people, as well as spend more time away from the home on outings or trips. One staff member told us they felt that more designated drivers would be helpful and we were told that if there were no drivers on duty

then people could spend time away from the home by going out for a walk. We saw that care staff were carrying out housekeeping duties due to a temporary shortage of housekeeping staff. This meant that for the time they were carrying out cleaning duties, they were not available for people, although the manager told us that priority was to be given to meeting people's care and support needs. We discussed our observations with managers who agreed to consider our comments further and consider other alternatives to the shortage of housekeeping staff.

People are supported by a service which has an enthusiastic and motivated staff group who feel well supported by their managers, but consideration must be given to ensure that resources are most effectively utilised.

People can be confident their safeguarding needs are met. This is because visitors to the home are required to ring a bell which is answered by staff and then sign a visitors book so that staff know that only those with a legitimate reason for being in the home are permitted entry. Within the home, people are able to move freely through most areas, but egress from the home is controlled via locks which can be operated by staff.

Staff were able to clearly articulate the action they would take if they suspected a person was at risk or was being abused and we have been provided with evidence that incidents were reported to both the CSSIW and the local adult protection teams appropriately, to ensure their safety needs are met.

Some people were detained under the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) but staff, and people, were not always clear about the legal authority under which people were held. We also noted that it was sometimes difficult to find out this information from the care records as the information was not easily accessible nor clear. This could mean that either restrictions are placed on people unlawfully, or that any restrictions imposed may not be carried out by staff, placing the person at avoidable risk.

Quality is monitored through robust governance arrangements, both within the home and via the company's head office. We saw that a recent quality of life audit indicated a high score (93.5%) in relation to person centred care; risk assessment; staff support and legal aspects of care. We saw the operations manager carried out quality monitoring visits every two months, and the registered manager also carried out service quality audits every two months. These audits looked at a range of service areas including accessibility of the service user guide; care plans; fire safety and medication checks. We also saw that people's views of their care and support were requested and obtained and these showed a high level of satisfaction, which concurred with the views of most of the people we spoke with. Therefore, from the information we were provided with, together with our observations, people can be confident the provider oversees quality via comprehensive audits and checks to ensure compliance with Regulations and with the aim of improving quality.

People can be confident they are care for by staff who have gone through a robust recruitment process. We saw that most staff had the required checks and assessments carried out before they started work. However we noted that for one member of staff, a

reference had not been received from the most recent employer, and in another file, there were unaccounted for gaps in their employment record. We discussed this with the manager who agreed to seek the information from the central human resources team and ensure the information was added to the file. Therefore, we are satisfied that, in the main, a comprehensive recruitment process is followed to ensure people's safety.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

None

5.2 Areas of non compliance identified at this inspection

None

5.3 Recommendations for improvement

- All staff to receive, and be assessed as competent in all of the required training.
- Managers to review the use of care staff carrying out general housekeeping duties
- Consider ways to extend the opportunities for people to spend time away from the home pursuing activities of their choice
- Ensure that all staff are aware of the legal status of people and ensure this is easy to locate within the care records.
- Management to complete a review to consider the appropriateness of dogs being present within the home.
- Staff files to contain all of the required information
- Ensure the language used in care records is descriptive and professional.

6. How we undertook this inspection

We undertook a full inspection of the service following a concern being received by us. We looked at the four themes. The methodology used at this inspection included:

We spoke with the following:

- Four people;
- Seven staff;
- The registered manager and one of the senior managers.

We looked at:

- Five care records of people living in the home;
- Five staff files;
- Quality audits and reports.

In addition, we

- Toured the property;
- Observed care practices and interactions between staff and people.

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 - Younger
Registered Person	Surehaven (Pembroke) Ltd
Registered Manager(s)	Claire Cottrell
Registered maximum number of places	24
Date of previous CSSIW inspection	09/05/2016
Dates of this Inspection visit(s)	04/07/2017
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	
Additional Information:	