



Inspection Report on

Innovate Trust Respite Service (Short Stay Service)

**66 Hamilton Street
Cardiff
CF11 9BQ**

Date Inspection Completed

18 June 2021

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About Innovate Trust Respite Service (Short Stay Service)

Type of care provided	Care Home Service (Adults Without Nursing)
Registered Provider	Innovate Trust Ltd
Registered places	4
Language of the service	English
Previous Care Inspectorate Wales inspection	06 September 2019
Does this service provide the Welsh Language active offer?	The service provides an 'Active Offer' of the Welsh language, meaning it anticipates and identified the Welsh language and cultural needs of people who use, or may use, the service.

Summary

Innovate Trust Respite Service (Short Stay Service) is a care home in Cardiff able to accommodate up to four individuals. According to its statement of purpose, it provides overnight and weekend sessional support to individuals with complex needs, a learning disability, physical disability, mental health needs and/or sensory needs.

The service is operated by Innovate Trust Ltd, a registered charity. The Responsible Individual (RI) who oversees the service's strategic operations is Karen Baker. There has been a change in manager since the last inspection. We note the RI is making the necessary arrangements to ensure they are appropriately registered and that the service's documentation is updated.

People are happy with the care and support provided. There is a strong focus on promoting people's independence, choices and participation. There is good written information for care staff to follow about people's needs, preferences and routines. Care documentation needs reviewing more regularly. The home is clean, welcoming and management oversee its health and safety requirements. The provider shows commitment to improving the service. There is good oversight of staff recruitment, supervision and training. Measures are in place to safeguard people and manage cross-infection and medication risks. There is good oversight of the service's performance and operations; but RI engagement with care staff and individuals needs demonstrating and the statement of purpose must be kept under review.

Well-being

People are happy with the level of care and support they receive. There is a strong focus on promoting their choices, independence and involvement within the home and wider community. The feedback we received from people or their representative shows the service is highly regarded and that people are central to the care they receive, feel safe and enabled to achieve their personal outcomes. Feedback about care staff is likewise positive and a stable staff team promotes good continuity for people.

Care documentation is relevant and reflective of people's preferences and routines. Written guidance for care staff is clear. Relevant risks regarding people's care and support are considered, but care documentation needs reviewing more regularly. This is particularly important considering the nature of the respite service, where there may be long periods between people's stays. Measures are present to promote people's safety and reduce risks regarding cross-infection and medication. The provider should ensure all people have received copies of the necessary written information about their care and about the service.

The home provides a welcoming, clean and tidy environment, with access to suitable indoor and outdoor communal space. Management oversee its health and safety requirements and take prompt action, where needed, to address safety issues. Internal audits and quality checks promote a safe environment. The provider has achieved two areas of required improvement from the last inspection, relating to fire safety checks and care staff supervision.

Relevant policies and a written guide are in place, but they should be reviewed regularly. The service must also review its statement of purpose regularly and, where necessary, update it. Arrangements are in place for overseeing the delivery of the service and reviewing the quality of care and support provided, which includes seeking people's views. However, quarterly RI engagement with individuals and care staff remains an ongoing area for improvement, which we have discussed with the RI.

Care and Support

People are happy with the service they receive. We received good feedback from people or their representative indicating people enjoy staying at the home. Care staff know people well and they engage with them in ways they understand. A stable staff team promotes good continuity. People's wishes and choices are promoted and they are encouraged to learn and try new things. The service maintains good lines of communication with representatives and care staff support people to reflect on the outcomes achieved following their stay.

People's suitability for the service is determined in collaboration with the Local Authority, but the provider should ensure relevant assessment documentation is available at the home. Arrangements for commencing a service are contained in the statement of purpose, supported by a written referral procedure. The provider should review this to ensure it is consistent with the relevant guidance.

The service ascertains and documents people's particular communication preferences. There is good written guidance for care staff to follow. The provider should ensure relevant people contribute to best interest decisions and document them clearly. People's particular communication preferences are sought and recorded. The statement of purpose references the Welsh language 'active offer', but it could contain more detail. Feedback and care records indicate people receive care and support in accordance with their needs. The provider should ensure people's personal plans and key documents are reviewed regularly to ensure they remain current. It should further ensure all people have received copies of their service agreement, current personal plan and the written guide. The provider told us it is reviewing this.

There are appropriate medication storage and auditing arrangements. We discussed with the provider reviewing arrangements for monitoring the temperature of the medication room as appropriate. People have medication risk assessments. A written record regarding medicines administered is maintained and care staff receive relevant training. There is good written guidance for care workers. Care staff monitor the effects of medicines, where appropriate to ensure people's safety. A medication policy is present.

People are safeguarded from the risk of harm and abuse. Care staff receive appropriate training. They know the safeguarding and whistleblowing policies and where to access them. People know who to contact in the service if they have a concern. A safeguarding policy is in place and management oversee incidents, complaints and safeguarding matters.

Environment

A welcoming environment, suitable for people's needs, promotes their well-being. The home is clean, tidy and appropriately presented. Relevant areas are secure from unauthorised access. We were told a carpet had been replaced following the last inspection, and we saw other areas have been refurbished. People have appropriate communal space to enjoy, including an accessible, enclosed rear garden area.

Entry to the home is secure and COVID-19 safety arrangements are in place for visitors. The service maintains a record of visitors, although we spoke with the provider about clearly recording visitor times in and out of the home. There are appropriate measures for minimising risks associated with cross-infection. Care staff receive relevant training and an infection control policy is present. Waste disposal measures are in place, but we discussed with the provider checking they are in line with current guidance.

Regular health and safety checks and audits promote the safe operation of the home and its facilities. This is supported by appropriate certification in respect of equipment, gas, electrical and water safety. Written records are maintained relating to matters such as food, fridge and freezer temperatures, although the provider should ensure care staff are completing these records consistently. We found, at our visit, that not all window openings that may potentially pose a risk if accessed by a resident were sufficiently restricted as per current guidance. There were no people using the service at the time we visited and we received confirmation from the provider that this was addressed promptly following our visit. The provider has made improvement in relation to fire safety checks following the last inspection. Records demonstrate regular fire related safety checks and fire drills. A fire risk assessment is present and individuals have personal emergency evacuation plans.

Leadership and Management

Internal audits help to oversee the smooth delivery of the service. This includes matters such as resources, staffing, documentation, incidents complaints and safeguarding matters. We were told the home had experienced very limited use since the start of the pandemic in early 2020. At the time of the inspection, use of the home was just starting to increase, albeit still with reduced occupancy levels. The service's ethos and vision are reflected in its statement of purpose, but this important document must be reviewed regularly and updated if there any changes.

A written guide and a range of policies are in place to support the delivery of the service, but they should be kept under regular review to ensure they are current and in line with relevant legislation and guidance. The provider assured us it is addressing this.

A robust recruitment system demonstrates the suitability of care workers before joining the service. This helps to safeguard people by ensuring care workers are suitable to deliver care and support to vulnerable people. At the last inspection, we identified improvement was needed regarding care staff supervision. We noted improvement at this inspection, where management oversee care workers' training, supervision and appraisal needs. This helps promote a skilled and supported workforce. We received positive feedback overall from care staff about working for the service.

Arrangements are in place for overseeing the delivery of the service. A quality of care report we looked at reflects engagement with key parties. The outcome of this engagement though should be documented more clearly, to show how it drives improvement within the service. There is evidence of good oversight of resources for ensuring the service operates effectively and in accordance with its statement of purpose. There needs to be evidence of more regular RI engagement with individuals and care staff, however, for quality assurance purposes.

Areas for improvement and action at, or since, the previous inspection. Achieved

Care staff must receive appropriate supervision (Regulation 36(2)(c))	Achieved
Risks to the health and safety of individuals must be identified and reduced (relating to fire safety checks) (Regulation 57)	Achieved

Areas for improvement and action at, or since, the previous inspection. Not Achieved

There must be RI engagement with staff and individuals at least every three months.	Regulation 73(1)
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Where providers fail to improve we may escalate the matter by issuing a priority action notice. Where providers fail to take priority action we may escalate the matter to an Improvement and Enforcement Panel.

Areas where priority action is required

None	
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Areas where improvement is required

The service provider must keep the statement of purpose under review and, where appropriate, revise it.	Regulation 7(2)
The personal plan must be reviewed as and when required but at least every three months.	Regulation 16(1)
There must be RI engagement with staff and individuals at least every three months.	Regulation 73(1)

The areas identified above require improvement but we have not issued a priority action notice on this occasion. This is because there is no immediate or significant risk for people using the service. We expect the registered provider to take action to rectify these and we will follow them up at the next inspection.

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