



Inspection Report on

Maes Y Rhyddid

Pontypridd

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

15/12/2022

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About Maes Y Rhyddid

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Values in Care Ltd
Registered places	5
Language of the service	English
Previous Care Inspectorate Wales inspection	15/10/2021
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

People at Maes y Rhyddid appear happy and well cared for. Care staff provide support to people in line with their personal plans. Regular reviews ensure plans remain accurate and effective. Medication is well managed and recorded correctly. People and their relatives have opportunities to provide feedback around the care they receive. Care staff appear knowledgeable about the people they support. There are opportunities to engage in a range of activities within the service and wider community.

Care staff feel supported by the management team and receive regular training and supervision opportunities. Policies and procedures are in place and staff recruitment checks are robust. Staffing levels are sufficiently maintained. The environment is comfortable and appealing. There are systems in place to ensure people's best interests are promoted. Maintenance and fire checks ensure the property remains safe and free of hazards. Complaints and queries are responded to appropriately. The management team are visible, and the Responsible Individual (RI) maintains oversight and understands the needs of the service.

Well-being

People benefit from positive relationships and the service recognises choice and individuality. Personal plans consider individual outcomes, interests, and preferences. Staff know people well and respect and promote choice. People receive support to keep in touch with relatives and those who are important to them. The service carefully considers compatibility issues when offering placements. Bedrooms are decorated to reflect personalities and interests. Mealtimes are flexible and reflect individual diets and preferences. The service offers a range of daily activities to occupy people's days and support their individual interests. Ongoing consultation and feedback with relatives and professionals support positive relationships.

People's overall health is supported. Personal plans outline physical health and emotional needs. People attend health appointments in a timely manner. Effective medication administration and recording ensures people remain as healthy as they can be. Personal plans are followed, and records show any necessary daily checks are completed and logged. The environment is clean, safe, and well maintained. Personalised care is provided to ensure the best outcomes for people and the service understand and adapts to any changing needs. Regular reviews ensure plans remain up to date and effective. Rotas we viewed show sufficient staffing in place to ensure outcomes are met.

People are safe and protected from harm. The RI maintains sufficient oversight to ensure they understand the needs of the service. Ongoing quality assurance audits ensure systems remain effective and improvements are identified and addressed. Access to the service is restricted to authorised individuals. Fire and utility checks are completed, and the environment is free from hazards. Ongoing training and supervision ensure staff are sufficiently skilled and supported. Policies are comprehensive and legal rights are recognised. The service is proactive in identifying potential risks to people or employees.

Care and Support

People benefit from positive care and have things to look forward to. The service encourages people to have control over daily decisions such as the time they wake up, the food they eat and where and how they spend their day. On the day of inspection, we saw sufficient staff supporting people in a kind and caring manner. We were unable to gather feedback from people living at the service; however, those we saw on the day appeared happy. Relatives told us they felt the care provided was of a good standard; comments include:

“X is very content and happy within the service”

“X is very happy and gets a personal service”

Tailored daily programmes of activities are planned to meet people’s personal outcomes. The Hub, a group day resource managed by the provider, offers people opportunities to develop wider friendships and engage in group activities. Records show people also have access to social and recreational opportunities within the wider community. Relatives we spoke with told us they visit the service on a flexible basis and feel welcome by staff.

Detailed and up to date care documents are in place. The service considers a range of information and undertakes a staggered transition period before accepting a new admission. Personal plans we viewed appear robust, detailed, and personalised. Risk assessments provide guidance on behaviours which may challenge and strategies to manage these. We saw Deprivation of Liberty Safeguard (DoLS) authorisations in place where people lack mental capacity to make important decisions. Daily notes contain a good level of detail and monitoring charts are completed. Records show the service liaises appropriately with healthcare professionals to ensure people remain as well as they can. Routine reviews support plans to remain up to date, considers if individual goals are being met and whether care approaches require changing. Relatives told us they are involved in people’s care reviews and feel their opinions are considered.

Medication is well managed, and people receive medication as prescribed. The service completes checks to ensure medication is stored at the correct temperature to remain effective. Medication administration records (MAR) are fully completed with no gaps or errors. Regular medication auditing ensure staff maintain good practice and identify any areas of improvement. Medication is stored safely in a locked facility and stock checks are managed effectively.

Environment

The service provides a pleasant, comfortable environment and maintains good standards of cleanliness. All areas of the home appear clean, well maintained, and decorated to a good standard. The furnishings and decor were in good condition and bathrooms and bedrooms appeared clean and in good order. The property has a private garden with a small separate building containing a sensory room. People's rooms are personalised to suit tastes and there are two communal areas where people can spend time socialising or meeting with visitors.

The service completes safety checks on a regular basis. On entering the building our identity was checked and we were asked to sign the visitor's book. We found checks and safety certificates were available for various appliances and utilities. Fire safety checks are undertaken, and people have personal evacuation plans in place in the event of an emergency. Substances hazardous to health are stored safely and we saw no obvious trip hazards during the inspection. We found medication cupboards locked to ensure safe storage. Confidential files including staff records and personal plans stored are securely to ensure they are only accessed by authorised individuals.

Leadership and Management

Staff are recruited safely and feel supported and valued by the service. Care staff we spoke with report they work well with their colleagues as a team and feel adequately supported by the provider. Staffing rotas, observations on the day, and feedback from staff, evidenced sufficient staffing levels are in place. Overall, we found recruitment files contained the required pre-employment checks to ensure staff are of good character and suitably skilled to undertake their roles.

There are systems in place to support the running of the service. We viewed a selection of policies and procedures and found them to be comprehensive, routinely reviewed and fit for purpose. Three monthly visits by the RI and six-monthly quality assurance reports are undertaken in line with regulatory requirements. These are important tools, which look at positive practices and any areas requiring improvement. We found the service referred safeguarding concerns promptly to the local authority. Relatives told us the service maintains good communication to ensure they are kept informed of any changes and they feel able to raise issues or queries. One relative commented “*The staff and the manager are approachable*”.

Staff receive ongoing training and supervision opportunities. We saw evidence staff benefit from an initial induction period followed by several shadowing opportunities. The training matrix we viewed evidence staff receive ongoing core training to ensure they remain sufficiently skilled to undertake their duties. Care staff told us they are aware of how to report safeguarding or whistleblowing concerns and feel confident raising any issues to the management team. The supervision matrix we viewed and feedback from staff evidence the service offers regular supervision sessions to support professional development and discuss any changes or concerns.

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

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. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
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N/A	No non-compliance of this type was identified at this inspection	N/A
36	Scheduled training is not being completed in a timely manner.	Achieved
36	Supervision is not always provided in a timely manner.	Achieved

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