



Inspection Report on

Hudson House

**16 Ludlow Street
Caerphilly
CF83 1GG**

Date Inspection Completed

11/01/2024

Welsh Government © Crown copyright 2024.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context.

About Hudson House

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Ocean Community Services Limited
Registered places	9
Language of the service	English
Previous Care Inspectorate Wales inspection	28/08/2019
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 are very happy with the care and support they receive from all staff. Care workers are well supported in their roles and receive suitable training to ensure they have the necessary skills to carry out their roles successfully. People's well-being is enhanced by the opportunities they have to engage in activities they want to pursue in the service as well as in the community. The home provides them with comfortable accommodation which reflects their needs and interests.

There are excellent systems in place to enable the manager and care staff to plan, deliver and review the care and support provided to each person. We noted these systems involve continually seeking people's view to ascertain what they want to do and how they want to be supported. Staff also work effectively in collaboration with external professionals to manage risks and to meet people's needs.

The service is well managed and overseen. A well-established manager and senior staff are in post. They are held in high regard by people and the care team. Care staff feel valued and supported in their role. The Responsible Individual (RI) visits the service and completes the required regulatory reports. The provider has many other quality of care oversight procedures in place to ensure that the service is the best it can be for people.

Well-being

People who live at the home have choices about the care and support they get and about doing the things they like. People spoke to us about what matters to them, how they spend their days and about the support they receive from care staff. Our observations and discussions with staff show they cater for people's preferences and because they know them well, can anticipate their needs. People engage in a range of activities within the home and in the local area. During the inspection visit, we observed each person pursuing their own interests. Records show people are involved in all decisions which affect them. The RI seeks feedback from people when they visit. The service provider gives each person 'a guide to the service' which outlines the support they can expect. It also gives them the contact details of people and agencies they can contact if they have any concerns. The Welsh language and culture is promoted in the service. This includes the guide to the service which is available in Welsh, two members of staff are Welsh speakers and people are asked their language preferences.

People are supported to remain as healthy as possible both physically and mentally. This includes supporting people with their medication. For one person, this involves regular daily one-to-one time with a care worker to discuss any worries they may have. Care workers monitor people's health, and referrals and appointments with health professionals are arranged when necessary. People are encouraged to make their choices, to be active and to maintain meaningful relationships. This promotes their emotional well-being.

Measures are in place to protect people from abuse and neglect. Care staff are trained in safeguarding and have policies and procedures to guide them. If they are concerned about somebody's well-being or safety, they can speak to the manager or they can contact the company's 'Freedom to speak up Guardian.' People who use the service can also contact the Guardian directly. How to contact them is visibly displayed in the office and in the laundry. There are risk management plans in place, and these are kept up to date to keep people as safe and as independent as possible. The manager liaises with relevant agencies to ensure any restrictions placed on a person's liberty are only in their best interests. The home provides people with suitable accommodation which reflects individuals' needs and interests and where there are good standards of hygiene.

Care and Support

People receive the support they require when they need it. We observed care workers supporting people and noted a natural rapport between them. Care staff are encouraging and reassuring, and demonstrate a clear understanding of people's needs. The atmosphere at the home is relaxed and the routines are primarily guided by what people need and want. We saw each person who uses the service has a different routine. People also access services from external professionals on a regular basis. Records show this includes GPs, district nurses, community psychiatric nurses and psychiatrists.

There is high quality documentation in place for each person. It reflects information gathered from people and significant others including health care professionals. There are comprehensive records of people's life histories, their interests and their hopes for the future. Along this information, the areas in which people struggle and need help are fully considered and listed. There are detailed personal plans in place for all the areas in which people need care and support. They consist of a summary of their needs, the person's goals and clear instructions for staff on how to support the person so that they can achieve their goals. Personal plans viewed included plans for their activities, hobbies and health care needs. We noted, each plan contains a record of discussion with the person who receives support.

Staff record the care and support delivered to each person. These daily records and people's plans are reviewed when there is any change and at least every month. We saw people's key workers complete an excellent monthly multi-disciplinary report. People's whole circumstances are considered. People's goals and progress during the month, the activities they did, their health and the contacts they had with external professionals are all reviewed. The monthly review includes a record of the feedback the person themselves gave to their key worker. The review ends with an action plan for the next month.

Care staff keep people safe by following clear policies and procedures and taking timely action when needed. When there are risks, these are comprehensively assessed by staff in collaboration with a range of external professionals. Records and discussions with people show the provider is committed to respecting what each person wants to do and achieve, even when there are risks. All possible measures are put in place to minimise risks. Records show the manager deals promptly and appropriately with any accidents/incidents. This includes liaising with the adult safeguarding team. There are systems in place to ensure medication is stored and administered safely. In addition, we observed good practice in relation to hygiene. We noted good standards of cleanliness and good laundry arrangements.

Environment

People live in an environment that meets their needs and promotes their well-being. The environment is welcoming and clean. The service consists of two houses which are connected and a building which includes a flat for one person, an office, and a laundry. There are communal areas in each house including a kitchen, lounge/dining area and a smaller lounge. Bedrooms reflect people's needs and interests. People have access to outdoor areas. During our inspection, we observed them spending time in their own bedrooms and in the communal areas. We noted the RI reviews the premises when they visit.

There are robust systems in place to identify and deal with risks to people's health and safety. Staff at the home carry out regular health and safety checks, the manager reviews these. External contractors carry out specialist checks such as electrical checks. Overall, the service provider has good oversight of the health and safety systems. This includes ensuring all necessary risk assessments, audits and checks have been carried out. When necessary, they ensure relevant actions are taken. Each person who uses the service has an up-to-date personal emergency evacuation plan in place. The home has a food hygiene rating of five which means standards are very good.

Leadership and Management

The service provider has excellent arrangements in place to support the smooth running of the service. The RI maintains oversight of the service. They are assisted by a team of centrally based staff which include a compliance officer, a health and safety manager, and an area manager. They are each responsible for designated checks and audits. The RI reviews the information collated and seeks direct feedback from the people they support and from staff. They visit the service on a quarterly basis and complete the required reports. The service's quality of care reviews are comprehensive and of good quality. Each of them includes a summary of findings and an action plan to further improve the service.

There are arrangements in place to recruit, train, and support staff. We examined recruitment records. These show the service provider carries out checks before a person can start working at the home. We discussed the robustness of the checks with the manager and RI. They told us they are reviewing these and will ensure the most relevant references are sought.

Supervision and training records evidence good processes are in place for supporting and developing staff. Staff told us they feel supported by colleagues and by the manager. They told us they receive an induction, when they first started. It consisted of a two weeks generic introduction to the company and to the services provided, an induction to the home and shadow shifts. People told us, and records show staff continue to receive training after their induction period. This includes specialist training in order to meet the specific support needs of the people supported by the service. Staff receive regular one-to-one supervision, the records of these are very good. All care workers are registered with Social Care Wales, and hold a recognised social care qualification or working towards one.

There is good oversight of financial arrangements and investment in the service. There is evidence of continuous investment by the provider to maintain the service effectively. This includes investment to maintain and improve the environment, and sufficient staffing levels which are appropriate to give people the support they need and want.

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
------------	---------	--------

N/A	No non-compliance of this type was identified at this inspection	N/A
36	Supporting and Developing Staff Regulation 36 (2)(c)	Achieved

Was this report helpful?

We want to hear your views and experiences of reading our inspection reports. This will help us understand whether our reports provide clear and valuable information to you.

To share your views on our reports please visit the following link to complete a short survey:

- [Inspection report survey](#)

If you wish to provide general feedback about a service, please visit our [Feedback surveys page](#).

Date Published 26/02/2024