



Inspection Report on

Caerlan

**East Caerlan Farm
Newbridge Road
Pontyclun
CF72 8EX**

Date Inspection Completed

07/09/2023

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About Caerlan

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	PARKCARE HOMES (NO.2) LIMITED
Registered places	8
Language of the service	English
Previous Care Inspectorate Wales inspection	29 December 2022
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

Good progress has been made in several areas since the last inspection at Caerlan. A new manager, deputy and administrative assistant have all started at the service within the last year, which has helped to stabilise the staff team and address areas of improvement. The use of agency staff has reduced, which has improved continuity of care for people living at Caerlan and enabled them to make progress with accessing the community, socialising with others, and completing aspects of their daily living more independently.

Support workers know the people they work with very well. Personal plans and risk assessments are detailed, and there has been progress in reviewing them to ensure they are reflective of people's current needs and the strengths they are building on. Staff morale has improved and they report feeling well supported by the management team. The environment supports people to achieve their outcomes. The Responsible Individual (RI) has oversight of the service and events that occur. There are ongoing quality assurance processes in place.

Well-being

People are supported to have control over their day to day lives. We saw personal plans include detail about people's specific preferences, routines, and communication styles. Support workers are encouraged to think about things people may like and support people to choose between the options.

There are processes in place to protect people from harm and abuse, and the manager has reminded staff to ensure these are followed. Risks to individuals' health and safety are recognised, behaviours caused by distress are ranked by a traffic light system, and the management plans describe the intervention required at each stage. Safeguarding and whistleblowing policies are in place, offering guidance to staff should they wish to not involve the manager in an issue they have to raise. Safeguarding training is also up to date. The service provider analyses safeguarding incidents for lessons learned to change staff practice moving forward.

People live in an environment which supports their wellbeing. The main house has six bedrooms, all of which have furnishings which can be removed or adapted depending on individual need and décor is personalised. There are two individual bungalows for two people who require their own living space, they can also come to and from the main house with support as they choose. There are a variety of communal areas and a secure garden people can access at any time.

Care and Support

There have been many positive changes since our last inspection of Caerlan. People gave very good feedback about their experience of living there. They told us: *“I’m much happier, things here are much more relaxing,” “I’ve done a lot of stuff here, I like being here.”*

On the day we visited, we found that most people were out doing activities for some or all of the day. This was reinforced by support workers who told us due to changes in the staff team and reduced agency staff, they are taking people out into the community as often as they can and are seeing a real benefit to people’s mood and behaviour for doing this. We met with one non-verbal person who showed vast progress in social interactions and confidence around other people since our last visit. The manager and deputy manager both explained their vision for the future of the service is to continually encourage and develop people’s independent skills and social interaction.

Support workers have appropriate information to provide people with the right care at the right time. Personal plans contain detail of people’s needs and their preferred routines and way of completing daily tasks. Risk assessments and behaviour management plans highlight possible triggers, and thresholds at which support workers should intervene. Some progress has been made in ensuring the plans are reviewed and updated to keep information available as accurate as possible, and this is something that needs to be maintained by each person’s keyworker.

People are supported to be as healthy as they can be. Support workers facilitate people to attend their health appointments and implement the guidance or treatment that is given. Medication is stored safely and administered as prescribed, with reason for giving ‘as needed’ (PRN) medication and its effectiveness recorded as good practice. Additional support workers have been trained to give medication, decreasing restrictions on support workers and enabling day trips and so on to be more flexible.

Environment

People's environment supports their wellbeing and progress towards their outcomes. There is a main house and two bungalows adjacent to the house. The service is in a rural area, with amenities a short drive away. All buildings are secure, and visitors must make themselves known on arrival.

There has been refurbishment to both the bungalows and the main house. Domestic and laundry tasks are completed by support workers, and people living at the service help where they are able. During our visit, we found the home to be clean and tidy. There are communal areas and people's individual rooms, all decorated in a homely way. People's rooms have their personal items in and are tailored to their individual need. The main house and the bungalows all have secure garden areas that people enjoy in the good weather. There is a sensory pod separate from the house. As the office is quite small, an additional workspace has been made for the deputy to use when needed.

There is an ongoing schedule of servicing and maintenance to facilities and utilities used by the service. The service provider oversees any maintenance requests. Fire equipment is tested and checked, and the service conducts evacuation drills. People have personal evacuation plans, which details the assistance they would need in an emergency.

Leadership and Management

There has been improvement since the last inspection in the frequency of using agency staff and the skill mix of support workers on each shift. There are currently three room vacancies in the service, which means people's needs can be met with the permanent staff team. There has also been successful recruitment of additional support workers, a new administrative assistant, deputy manager and manager. Agency staff are used sporadically, and current support workers can use the house vehicles and administer medication, which means people can spend their days out of the house on trips and activities.

Support workers and management give positive feedback about the progress that has been made at Caerlan in the last few months. They told us: *"It's so much calmer here", "a good sign is that the house is empty for most of the day because everyone is out"* and *"[the manager and deputy] are great, you really feel like you're being listened to, and they try to do something about whatever you speak to them about"*.

Staff are safely recruited, and all work with a current Disclosure and Barring Service (DBS) check. The service provider delivers both mandatory training and additional training specific to the needs of the people living in Caerlan. There are some support workers that require training refreshers, and this is being actioned by the manager. Since the last inspection, supervision sessions are now up to date and being completed regularly, giving support workers the opportunity to discuss any thoughts, issues or suggestions with the manager on a one-to-one basis.

There are robust quality assurance processes in place to monitor and analyse events in the home and identify both good practice and areas that may need further improvement. The RI has visited the service multiple times over the last few months to provide additional support to the management and staff as changes and progress have been made. The RI has completed the required reports from their monitoring visits and used the findings from these to inform their biannual Quality of Care report.

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
58	Current medication storage, record keeping and administration practice demonstrates the service provider does not follow current best practice guidance for medication storage and administration.	Achieved
16	Personal Plan reviews are not completed at least three monthly.	Achieved
36	Staff must be supervised appropriately in line with the service provider's policy.	Achieved

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