



Inspection Report on

Baltimore Care Ltd

**Baltimore House
1-2
Park Road
Barry
CF62 6NU**

Date Inspection Completed

25/01/2023

Welsh Government © Crown copyright 2023.

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 Baltimore Care Ltd

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Baltimore Care Ltd
Registered places	26
Language of the service	English
Previous Care Inspectorate Wales inspection	04 August 2022
Does this service provide the Welsh Language active offer?	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

Baltimore Care Ltd can accommodate 26 residents with personal care needs. This inspection was unannounced. Rhiannon Arthurs is the responsible individual (RI) for the service and the manager is registered with Social Care Wales, the workforce regulator in accordance with legal requirement.

People receive appropriate care and support from a friendly staff team. There are sufficient staff to provide prompt assistance and staff deliver care that meets people's needs. There are arrangements in place to cover any staffing shortfalls. People's voices are heard and their opinions valued.

People live in an environment which is suitable for their needs and where improvements have been and continue to be made.

The home environment clean and secure throughout. People confirmed that they are able to approach the manager with any issues and that they received regular support. The registered person maintains some oversight of the service and the quality of care.

Well-being

People feel safe and protected from harm. The entrance to the home is secure. Arrangements for fire safety and general maintenance are in place. The home is clean and staff practice good infection control. The home is suited to people's needs. People can move freely in accordance with their abilities and assessed risk. Bedrooms are personalised and communal areas are spacious with various areas available to spend time.

Care staff treat people with respect and have good relationships. During our visit, we saw staff interacting positively and people told us they had a good working relationship that was respectful. We saw staff putting people at ease through conversation and support.

We saw people have a good choice of meals and drinks to suit their nutritional needs and preferences. Menus are available on dining tables to enable choice and discussions at mealtimes. The home has achieved a 5-star (very good) food hygiene rating. Staff told us they ensured drinks and snacks are available throughout the day and night as required.

Care and Support

Care staff know the people they support well: therefore, they can recognise any deterioration in health and well-being, and act accordingly. We spoke to several staff who told us they had worked at the home for several years and told us; *“I could not think of working anywhere else, we are supported well by the new manager and things have really improved here”*. We observed staff have clear understanding of the needs and preferences of the people they support. Staff are readily available and answered people’s call bells promptly.

People receive their medication by staff who are trained in how to administer medication safely. Medication is securely stored, and we saw Medication Administration Records (MARs) contained all the required information. The service promotes hygienic practices and manages risk of infection. Discussions with care staff confirmed they are aware of the infection control procedures, and we saw them wearing personal protective equipment when required.

Systems are in place to protect people who use the service. We saw people’s body language and expressions indicated they felt safe and secure around the care staff who support them. People told us they were happy living at the home. Systems are in place to ensure people remain safe whilst promoting their independence. A safeguarding policy is available which informs staff of their roles and responsibilities in relation to protecting adults at risk from harm, abuse and neglect. Staff have received safeguarding training and told us they understand the importance of reporting safeguarding concerns to ensure people are protected from potential harm and abuse.

Environment

The home is clean and welcoming. Staff were carrying out domestic duties and the time of our night visit and we were told that housekeeping/domestic staff also work every day at the home. Staff practice good infection control measures, and the home is warm and as hazard free as possible. The entrance to the home is keypad-protected and visitors have to ring to gain entry. There is good access and egress for people with mobility needs. The grounds of the home are spacious for people use in the warmer weather. Requirements identified at the previous inspection have now been completed and we saw the pipe work in the dining area to be appropriately covered.

People benefit from a safe and secure environment. Staff carry out regular safety checks and people have personal emergency evacuation plans (PEEPS) in place. However, we identified several PEEPs required updating. The manager has informed us following the visit that this has been immediately addressed. Window restrictors are in place and staff ensure they keep all cleaning chemicals hazardous to health securely stored.

People's bedrooms are warm, neat and tidy and personalised to their taste. Communal lounge areas are spacious and the home benefits from a choice of several pleasant lounge areas to sit and enjoy. All confidential files including care and staff files were stored securely in lockable areas. However, we identified several personal charts in bathrooms or the landing area throughout the home, staff told us that they are for the night-time checks carried out. We advised the manager to ensure the appropriate storage of these charts to ensure confidentiality.

The statement of purpose describes the home and its facilities appropriately.

Leadership and Management

People can be confident that the management monitors the quality of the service they receive. The provider visits the home on a regular basis to speak with people and report on their findings. We spoke with staff during our inspection who feel supported in their work and told us the manager is approachable, supportive and friendly. Staff contributing to this inspection felt able to discuss any concerns they may have with the service manager or deputy. The staff team feel supported and have access to team meetings and regular supervision. This ensures staff receive feedback on their performance and support to identify areas for training and development in order to support them in their role.

People's needs are met in a timely and responsive way and we saw staff attending call bells within an appropriate time and assisting people in a friendly calm manner.

Systems are in place by the provider/management team to monitor the quality of the service provided on an ongoing basis, to further develop and improve the outcomes for people who live at Baltimore House.

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
44	The provider is not compliant as we identified at the previous inspection that there are exposed pipes in the dining area where action was required to ensure the home is free from hazards	Achieved

Date Published 14/02/2023