



Inspection Report on

Baltimore Care Ltd

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

Date Inspection Completed

4 August 2022

04/08/2022

Welsh Government © Crown copyright 2022.

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	4 February 2022
Does this service provide the Welsh Language active offer?	No. This is a service that does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people /children who use, or intend to use their service.

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 there is a newly appointed manager in the process of registration 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 assistance with suitable arrangements in place to cover any staffing shortfalls. People live in an environment which is suitable for their needs and where urgent improvements previously identified have been addressed. Activities and support in accordance with peoples interests and wishes have improved and are carried out daily.

The appointed management team are visible and engaged in the day-to-day running of the service. Systems are in place to ensure the quality of care and support are provided. Care documentation has improved and reflects the care and health needs of people living at the home.

The home environment is secure with all improvements carried out regarding previous identified risks to people living at the service. People are consulted about the care and support they receive as part of ongoing improvements at the service. Infection prevention and control processes are now in place to reduce the risk of infectious diseases being spread throughout the home.

Well-being

People receive support that promotes good physical and mental health. Documentation has improved and contains details of the care and support carried out. Staff make referrals to other healthcare professionals as required. There is documented evidence in care files of support from other professionals such as GP and dietician. People are encouraged to have visitors to the home and supported to stay in touch with important contacts by telephone.

People have a voice to make choices about their day-to-day care. We saw staff respond promptly to people's needs throughout the visit. Personal plans have improved ensuring information is up to date and reflective of each individual living at the home. This serves to ensure care is person-centred and continues to meet people's needs and expectations.

People have a good choice of meals and drinks to suit their nutritional needs and preferences. We saw people enjoying the meals provided and observed drinks and snacks offered throughout the day. Kitchen staff told us of people's dietary requirements' and had a good understanding of people's likes and dislikes. The home has recently been awarded a 5-star (very good) food standards agency rating. People's dining experience is a social time for people to enjoy with menus and fresh flowers on each dining table.

People benefit from an improved variety of social activities and pastimes of their choice with a schedule of one to one and group activities taking place. There are no activity coordinators employed at the home. Instead, one member of staff each shift is nominated to carry out activities each day. Care staff also provide social stimulation on an ad hoc basis. We saw the photographs of celebrations such as the Jubilee parties, painting, and garden BBQ that had taken place. The manager told us additional activities and external visits such as singers are now planned.

People are protected from harm and the entrance to the home is secure. Environmental arrangements for fire safety and general maintenance are in place. The home has carried out refurbishments including new carpets, painting and was clean and fresh throughout. Environmental risk assessments as well as assessing risks specific to each person's health and well-being are carried out appropriately. Staff are up to date with all training and mandatory courses. The RI has engaged and demonstrates appropriate oversight of the home to ensure it operates safely and in accordance with its statement of purpose. The home has shown a commitment to improving and developing.

Care and Support

Care staff know the people they support well, and some staff told us they had worked at the home for several years; therefore, they can recognise any deterioration in health and well-being and act accordingly. Documentation contains details of the care and support carried out. The appointed managers have improved all care documentation and ensured important information regarding people's care is captured.

Care documentation contained information regarding how people's needs, and outcomes should be met. Personal plans and risk assessments had been regularly reviewed and updated when a change in people's health had been observed, although we identified where documentation could be further improved. This included additional detail in the reviews carried out and risk assessments, and ensuring important decisions were prominent in the care files. This was acknowledged and noted by the manager.

People appeared comfortable and happy with the care staff who provide their support. During our visit we spoke with individuals who told us staff are kind and helpful. We saw care staff are readily available, attentive and recognise people's needs and how to respond to them. We observed people throughout the visit, sitting in the dining areas reading, chatting, carrying out various activities and several people going shopping with staff and/or relatives.

The service has systems for medicines management in place. Medication stock is securely stored in the medication room and daily room and fridge temperatures recorded to ensure their quality is maintained. There are measures to promote infection control, such as cleaning schedules and improvements made to minimise cross-infection/contamination risks as far as possible. For example, we saw sanitising areas available throughout the home.

Measures are in place for safeguarding residents. Entry to the home is secure and a log of visitors to the home is maintained. Staff requested identification, a negative lateral flow test result (LFT) and to sign the visitors book prior to our entry to the home. A safeguarding policy is present, and management demonstrate oversight of safeguarding matters. The home has liaised appropriately with the Local Authority regarding incidents and notifies Care Inspectorate Wales (CIW), where appropriate.

Environment

People have a sense of belonging. The home offers several communal areas for people to sit and enjoy chatting to others or spend quiet time. Bedrooms are personalised with items of people's choice and personal belongings. There is a large conservatory area and garden area which gives the home a pleasant feel and where people can enjoy spending time in the warmer weather. There is good access and egress for people with mobility needs. The entrance to the home is secure and visitors must ring to gain entry.

People are cared for in a clean and homely environment. There are three floors to the home, each accessible via a passenger lift. The home offers suitable accommodation for the residents and management has shown a commitment to developing and improving it for their benefit. We saw staff undertaking cleaning duties throughout the home and found the home to be generally clean and well-maintained. When we spoke with people, they were complimentary about the home and told us they enjoyed spending time in the garden and conservatory areas.

People can be confident that there are effective arrangements at the home that will protect public safety and minimise cross contamination. There is oversight to ensure staff follow the correct infection control guidance. We saw staff, when required, were wearing the correct level of personal protective equipment (PPE) in accordance with updated guidance. We saw that PPE was stored correctly and staff usage of PPE robust and consistent.

People are protected from environmental health and safety risks. We identified areas where improvements have been made throughout the home. We found weekly call bell checks are being carried out and call bells available throughout all areas of the home. We found the bath aid / hoist on the first floor has been removed and all PPE previously stored in the sluice room removed. The provider has recently purchased new beds and bedding throughout. The hallway benefits from refurbishment including new carpets. New furniture has been purchased for the gardens and where residents spend a lot of time gardening, we saw raised planters available for less mobile residents to enjoy.

Management oversees the home's health and safety requirements. From our walk-around, we noted window openings that may potentially pose a risk to residents are secure. The home has recent a food hygiene rating of 5 (indicative of very good kitchen hygiene practices). Staff carry out regular fire safety checks and people have personal emergency plans (PEEPs) in place; with an additional 'grab' file that all staff are aware of in the case of any emergency. There is a fire risk assessment and care staff have received recent training in fire safety, first aid and manual handling with all current training up to date.

Environmental audits to ensure areas are clean and safe are carried out daily and any shortfalls addressed immediately.

Leadership and Management

People can be confident the provider monitors the quality of the service they receive. The appointed manager in place is currently awaiting registration with Social Care Wales. We were told the responsible individual (RI) visits the home on a weekly basis and has worked towards improving the areas requiring improvement identified at the previous inspection. We were told by appointed manager that the RI carries out regular supervision and training is available for them to gain the appropriate skills to support them in their new role. We spoke with staff during our inspection who feel supported in their work and who told us the manager is approachable and friendly. Staff supervision is consistent, the manager has carried out supervision for each staff member in accordance with regulatory requirements. Supervision provides each staff member with opportunities to discuss their performance, development, and to raise any concerns they may have.

People can be assured that staff are competent to undertake their roles. We looked at training records undertaken by staff. We saw that all training requirements are up to date. The manager told us that one member of staff has recently completed the All-Wales Manual Handling Passport Scheme Train the trainer; This will benefit the staff as all training in this area and refresher training can be carried out in-house. The general workforce has the training, skill, and knowledge for the role they undertake. Recent training includes manual handling, safeguarding, diabetes care, infection control and medication administration. We discussed this area with the manager who evidenced when all refresher training and updates are due to be carried out.

People can be assured that the service is run in accordance with up-to-date policies and procedures. We found the policies recently reviewed and contained updated information considering changes to guidance. Therefore, any staff provided with this information would be following information which is current and up to date to underpin their practice when supporting people. Dates for staff, management, relatives, and resident meetings have been arranged with feedback and engagement sought.

The provider has ensured that there are systems and processes in place to enable proper oversight of the management, quality, safety, and effectiveness of the service. We highlighted some additional matters which they should consider. However overall, there is appropriate oversight of the service in place.

The provider has met compliance with all areas where priority action notices were issued at the previous inspection.

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
15	Regulation 15(1)(a)(b)(c) and (d)	Achieved
16	Regulation 16(1)	Achieved
26	Regulation 26	Achieved
36	Regulation 36(2)(e)	Achieved
66	Regulation 66	Achieved

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
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	New

Date Published 22/09/2022