



Inspection Report on

Ffynnone Care Home

St Clears

Date of Publication

1 March 2019

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Description of the service

Ffynnone Care Home is located on the outskirts of the village of Meidrim, Carmarthenshire. The service is registered to provide care for persons aged between 18 and 64 years of age for people with learning difficulties who may require support with personal care. There is a manager in post, who is registered with Social Care Wales (SCW).

Summary of our findings

1. Overall assessment

People are supported with decision-making and involved with their care. People's independence is promoted and they are supported to achieve optimum health and well-being. Improvements have been made to the environment since the last inspection. The manager is accessible and ensures staff are well supported with training and individual supervision.

2. Improvements

The issues regarding information about the service and the environment, identified at the last inspection, were addressed: the statement of purpose and service user guides had been updated and the fire service and environmental health department had been contacted. Improvements had been made to a person's ensuite bathroom and the washing machine had been moved from under the stairs.

3. Requirements and recommendations

Section 5 of this report sets out recommendations to improve the service which include:

- Resident monthly feedback forms to be used alongside care plan reviews.
- Manager to ensure that references for employees include the previous employer.
- Service User Guide to be produced in a format suitable for all to read and understand.

1. Well-being

Summary

People can be involved, participate and feel valued, doing things that matter to them. People feel valued because they experience responsive care and support where their verbal and non-verbal communication is listened to and acted on. Enhanced well-being is experienced because individual needs are understood and catered for.

Our findings

People have control and are enabled to make choices. We found that people were given a choice of activities that they wanted to participate in and these activities were tailored to their individual needs and preferences. We saw individual weekly activity planners in people's care plans. We witnessed further choices provided during the day for people to decide whether to participate in a scheduled activity. Activities planned included community outings, visiting families, hydrotherapy pool sessions, physiotherapy, baking and many others. We observed music therapy, and iPad activities taking place and saw records of people visiting family members and going out to the local recycling depot to assist with everyday tasks. All people accommodated were able to access the local community via their own adapted vehicles or the adapted vehicle purchased by the home. We saw photographs of people baking and those people said that they enjoyed the activity, especially eating their achievements. We saw people's art work on display in the home that had been framed and given pride of place. We viewed people's bedrooms, which were all individualised and personalised. In conclusion, people participate and feel valued in doing things that matter to them.

People have good relationships with the other people at the home and the staff who support them. The manager told us that compatibility visits took place with family members and prospective people prior to new admissions. We saw detailed care plans which highlighted behavioural triggers for individuals. All care workers had signed the care plan to confirm they had read and understood the content. A staff member told us that they were aware of residents' feelings by means of analysing their behaviours. This enabled them to react accordingly to deliver the care and support that was required. We saw that staff responded appropriately to people, staggering meal times, assisting with fluids and giving them space when indicated. People can feel that they have a sense of belonging and have safe positive relationships.

People feel valued because they experience responsive care and support where their verbal and non-verbal communication is listened to and acted on. We saw the use of gentle touch with the 'total communication' approach used between care workers and people. Support was given to people to convey their message with the use of sign and equipment. Welsh language was also used to ensure understanding. A resident communicated that

they were very happy there and liked the staff very much. They also expressed that they enjoyed doing activities and taking photographs to show their family. We heard care workers talking and signing to people through the Welsh language and saw people responding well. Within the care files seen were sheets of hand or foot gestures used by people for care workers to learn how to communicate effectively with them. The manager and most care workers have been in post for a number of years and therefore were fluent in the 'total communication approach' and the manager told us that new starters were trained quickly and encouraged to read calmly with people so they could become familiar with the voice and the appearance of the new care worker. People experience enhanced well-being because their needs are understood and catered for.

2. Care and Support

Summary

People receive the right care at the right time in the way that they want. People have the opportunity to be involved in all aspects of daily living and their individual needs and preferences are understood and anticipated.

Our findings

People are as safe and as well as they can be because they receive proactive, preventative care and support and their wide range of needs are anticipated. We saw that people had their own medication safes in their rooms. These contained their daily medication. Temperatures were logged and individualised medication administration records (MARs) with resident photographs were completed accurately. Medication stock was stored in a locked cupboard in the office where a further temperature gauge was monitored daily. Audit records were seen to ensure these stock levels were correct. Care files showed that referrals and medical advice was sought quickly if staff observed any changes in peoples' health. Specialist equipment was used to meet individual needs and the manager told us that a new hoist in the sensory room was purchased a few months ago to enable people to use the floor space with a specialist mattress supplied through the occupational therapist. Recordings detailed that care workers supported people to attend ongoing appointments and hydrotherapy sessions and staff were observed carrying out massages to people to enhance their treatment, using guidance instructed by other professionals. We conclude that people receive the right care at the right time in the way that they want it.

People have opportunity to be involved in all aspects of daily living, including menu planning and shopping. A balanced menu plan was displayed in the kitchen where options had previously been discussed with the people who could communicate their likes and dislikes. Some individual's likes were not appropriate for them to eat due to the most recent speech and language therapy (SALT) assessment. The manager told us that where possible the choices would be softened, pureed or thickened, but on occasion, they would speak to the individuals to explain the reason they were unable to have what they wanted due to their SALT assessment and a compromise would be agreed. We observed meals being served and the knowledge that the care workers had of individuals' needs was evident. Portion sizes, consistency of food and timings for serving meals and where to serve them, were all personalised to the individual's needs and choices. We saw on activity planners that people were often supported to go out and purchased their own things, including chocolates, beer, newspapers and other items of their own choice. We saw that people were weighed regularly and records were kept to monitor any changes to feedback to the relevant professionals. It was clear to see that where possible, people are offered a choice of food and drink they enjoy, and are supported to understand and make healthy choices.

Individual needs and preferences of individuals are understood and anticipated. Monthly care reviews had taken place and were documented in the care files viewed; however, there was no evidence within the files that the individuals or their representatives were consulted in these reviews. We did see monthly meeting feedback sheets were being used for people to feedback about their care, which contained simplified questions with happy or sad faces for responses. These forms could be cross-referenced in the review form to evidence that people are involved in making decisions about their care.

3. Environment

Summary

People feel at home at Ffynnone Care Home. The premises' layout and facilities are suited to meet people's needs. Care is given in a clean, comfortable and homely setting. There are suitable systems in place for maintenance of the home and an ongoing plan for improvements is evident.

Our findings

People live in accommodation that supports their needs and maximises their independence. People enjoyed time in the main communal lounge, kitchen areas and their own bedrooms. People's bedrooms were a suitable size to accommodate any specialist equipment such as ceiling track hoists, wheelchairs and personal items. The hoists in use had been checked and serviced within the past 6 months as required with LOLER (Lifting Operations and Lifting Equipment Regulations 1998). We saw one person in the sensory room with an airflow mattress on the floor. It was their preference to watch the television on the floor so the environment was adapted to ensure their skin integrity and comfort was maintained. We were told people were supported to make their own meals as part of their activities and we saw that the kitchen was suitable for this with room for the use of wheelchairs and easy access to the kitchen work surfaces. It was evident the garden was being tidied and cleared following recent bad weather. There was a decking path around the side and back of the home. The path had non-slip floor grips in place with ramps and a fence running alongside the path. This enabled people to safely enjoy the country views, access the washing line, main decking area and the drive to access transport. Chickens were in the garden which one person particularly enjoyed and the manager told us of plans to develop a sensory garden around the chicken house. We saw fence planter boxes on the railing running alongside the decking path. We conclude people's potential is supported and their well-being enhanced.

People are supported in safe, secure and maintained surroundings. We saw a signing in book at the main entrance and could see that visitors signed this on arrival to the home. Staff and people's files were kept in locked cabinets in a locked office. Personal Emergency Evacuation Plans (PEEPs) were completed for each individual if required in an emergency. These documents described the level of support required in order to assist people to a safe place in an emergency. These were present in the fire log and individual files. A fire log evidenced checks completed on the fire alarm system and annual safety checks. We saw the fire extinguishers had been checked within the past 12 months. Since the last inspection, the manager had moved the washing machine from under the stairs to an outside storage log cabin. The electrician was present on the day of our inspection completing checks with the outside storage log cabin and confirmed that he had completed a full installation check of the home six months ago. An installation report was not available

but the electrician confirmed all concerns were addressed at the time. The manager had an emergency services contact list that staff could access in his absence. In the event of an emergency, appropriate works/repairs could be arranged. We saw an annual planner regarding ongoing works that the manager updated quarterly. The manager recognised that further redecoration/repainting of the communal areas in the home was required and told us this would be included in the maintenance programme. Since the last inspection, improvements have been made to an ensuite bathroom, which now comprised of a sink, toilet and shower. The manager told us the carpet was still to be laid. Some watermarks were observed in the ceiling of the main bathroom. The manager told us the plastering had been renewed following a leak from upstairs and needed to dry further before it was repainted. Since the last inspection, the manager had requested a food hygiene inspection. The Environmental Health department have visited and informed the manager that a Food Hygiene Rating could not be issued because people living in the home assisted with preparing their own food. The manager confirmed all staff received Food Hygiene training and updates as required. When walking around the property we noted that there were no window restrictors in place on the ground and first floor windows. The manager told us that he had window restrictors in the event of needing them but he had determined that currently they were not required whilst considering individual's needs and risk assessments. People can be confident that all steps have been taken to protect them from risk and improvements to the environment are ongoing.

People feel uplifted and valued because they are supported in a personalised environment. There were paintings, completed by one person, on display in the corridor and in their bedroom. Another person was seen watching a favourite television programme and then we saw their bedroom reflected their love of this character and television programme. Another person had rosettes displayed in their room so they could remember their achievements. Photographs of days out were on display in the home. We were shown an area of the main lounge that could be separated to create a sensory room with suitable lights and sensory equipment to accommodate this activity. People contribute to their environment with an understanding of what matters to them being evident.

4. Leadership and Management

Summary

People have access to information about the service provided; however, this could be improved for some people to ensure it is in a format that is suitable for them. There is a comprehensive induction process for new staff members in place. New staff feel confident and can deliver care ensuring outcomes for people are met.

Our findings

People have access to information about what services they can expect when living in the home. An updated statement of purpose was available and a service user guide. This was in written format and the manager agreed to ensure it was suitable for all people living in the home and intended to produce a copy with the use of symbols and pictures included. Both documents were in people's bedrooms and were signed and dated. People have sufficient information to, where possible, make an informed choice about the service.

People benefit from a service where the well-being of staff is important and staff are well led, trained and supported. We spoke to several staff and all told us that they felt supported with comments such as *"the staff are fantastic"*, *"the manager is lovely"* and *"staff are brilliant and the manager is supportive"*. A variety of training methods were provided to the staff including practical courses such as Manual Handling held at a training venue, in house training held by the manager and online training. In addition to required training, care workers also attended additional training such as 'Dysphagia in the Community: empowering you to improve the meal time experience' and "Well-being Wales Act". We checked five staff files and the training lists were up to date with corresponding certificates evident. One new starter was completing an induction in line with the All Wales Induction Framework for Health and Social Care (Social Care Wales). A certificate was evident in the file and we were told the staff member was completing the workbook. Staff spoken to told us they were supported to complete or were working towards the appropriate QCF (Qualifications and Credit Framework) Health and Social Care qualification." Staff told us they had regular supervision and we saw records of two-monthly individual supervision in staff files. We also confirmed annual appraisals took place and records of these were seen. Therefore, staff are valued, respected and provided with good levels of training and support to enable them to carry out their roles.

People can be assured that they will be supported by staff who are recruited appropriately. Staff photographs and proof of identification were seen on staff files. Disclosure Barring Services (DBS) checks were evident. On the whole, references were seen. However, one of the five staff recruitment checks seen did not have written references. The manager could recall checking references at the time of employment. The manager knew of gaps in employment but had not recorded these to evidence they had been discussed and verified.

One person's reference was not the last employer and verification of why the position had ended had therefore not been confirmed. The manager recognised the importance of ensuring this information was confirmed and agreed to ensure this was part of future recruitment practice. Whilst improvements are required, on the whole we were satisfied people are protected by safe recruitment practices.

People receive support from a service that maintains effective quality monitoring and strives for continuous improvement. We saw a file of incidents and accidents, though there were very few records due to the minimum amount of incidents. One member of staff told us that medication administration was monitored closely and staff were happy to express any concerns or queries, which contributed greatly to the absence of medication incidents. Policies were checked and these were updated annually on the electronic system. However, the paper copies were several years old but staff were supported to access the electronic copies as required. An annual report was available and dated May 2018 – this included feedback from family satisfaction survey and health workers satisfaction surveys. We also saw a recent report from the responsible individual to evidence quarterly visits took place. This demonstrates that there is a commitment to continuous improvement within the home for the benefit of people accommodated there.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

At the last inspection, the provider was informed that improvements were needed in relation to the statement of purpose (Regulation 4(1)(c)) and the service user guide (Regulation 5). All issues have been addressed.

5.2 Areas of non-compliance identified at this inspection

None

5.3 Recommendations for improvement

We recommend the following:

- Resident monthly feedback forms to be used alongside care plan reviews to include the resident in any amendments.
- Manager to ensure that references for employees include the previous employer and verification of reason for leaving.
- Service User Guide to be produced in a format suitable for all to read and understand.

6. How we undertook this inspection

This was a full inspection as part of our inspection programme.

An unannounced visit was made to the home by two inspectors on 16 January 2019 between the hours of 9:40am and 14:50pm.

The registered manager was present for the inspection.

- We walked around the home.
- We spoke to three people living at the home.
- We spoke to three staff on duty on the day of inspection.
- We looked at a wide range of care documentation and policies in place.
- We looked at two care files.
- We looked at five staff files.
- We looked at two MAR charts.
- We distributed questionnaires to the home to give people, their representatives, staff and visiting professionals the opportunity to provide feedback on the service.
- We did a full feedback of the findings of the inspection to the registered manager on the day of the inspection.

Further information about what we do can be found on our website:

www.careinspectorate.wales

About the service

Type of care provided	Adult Care Home - Younger
Registered Person(s)	Nicola Harris
Manager	Michael Harris – registered with SCW
Registered maximum number of places	4

Date of previous Care Inspectorate Wales inspection	19/05/2017
Dates of this Inspection visit(s)	16/01/2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	Working towards
Additional Information: This service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service if required.	