



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru
Care and Social Services Inspectorate Wales

Inspection Report on

22 Tal y Wern

Port Talbot

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Description of the service

22 Tal Y Wern is a detached bungalow, situated on a housing estate in Margam, Port Talbot and provides support and accommodation for up to four people who have a learning disability. The service is owned by Community Lives Consortium and the registered manager with day-to-day responsibility is Sarah Phillips.

Summary of our findings

1. Overall assessment

We found that each person living at 22 Tal y Wern is supported to have a good quality of life, with good healthcare support. The registered manager provides good leadership to the staff team.

2. Improvements

All recommendations from the last inspection have been met.

3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service and any area where the home is not meeting legal requirements. They relate to the following:

- To ensure there are no gaps in care records.

1. Well-being

Summary

People's support needs are understood. People are listened to and believe their views are valued. People are protected from abuse as far as possible and their rights are upheld at all times.

Our findings

People's support needs are understood. The home took information from as wide a source as possible in order to obtain the information required to support each person appropriately. For example, one person was currently in transition, and was being supported to get to know other people in the service by undertaking regular visits; we saw that as they were unable to discuss their support needs themselves, the home took information from their family. In this way, care workers were aware of people's personal preferences when they came to their new home. Care workers demonstrated a commitment towards providing people with good quality support. This showed that people's support needs and preferences are understood.

People feel valued. Each person had been asked to describe their feelings about where they lived by the use of easy-read questionnaires. There were many positive responses in these documents. Care workers regularly checked people's welfare and gave them plenty of time to talk about things that mattered to them. As some people were not always clear in their communication, we noted that care records included detailed information regarding each person's communication. This demonstrated that people are listened to and that care workers are aware of people's wishes at all times.

The service had taken all reasonable steps to identify and prevent the possibility of abuse from happening. People who did not have enough awareness of road safety to spend time outside by themselves had best interest meetings arranged and standard Deprivation of Liberty Safeguard (DoLS) authorisations in place. This meant that any restrictions were minimal and had been approved in the best interests of the person. All DoLS authorisations were retained in the relevant person's care records. Care workers also recognised their personal responsibilities in keeping people safe and confirmed to us that they were given regular safeguarding updates. Employee training records we examined confirmed this. We concluded that people are protected from abuse as far as possible.

2. Care and Support

Summary

The support people receive is person centred. People's support preferences are understood. People benefit from a healthy diet. People's general health is promoted, with access to specialist and medical support when necessary. Medication is managed appropriately.

Our findings

The support people receive is person centred. This is because each person is enabled to be involved in how they filled their days. For example, preferred routines and meals, to the range of leisure pursuits they took part in. There were personal profiles in place; these described the person's preferences and general level of activity. We saw people being asked how they wanted to spend their day. One person smiled and told us, "I'm going out today." This showed that people are involved in their support and believe their views are valued.

People's support needs and preferences are understood. Assessments described each person's support needs, so that care workers were knowledgeable about their interests and lifestyle choices. One care worker told us, "Oh yes, we get to know all about people's needs." Care records were written in ways that promoted people's dignity; all entries were respectfully written. All care records were kept up-to-date by being reviewed every month, or more frequently wherever any support needs changed. Also, keyworkers ensured that people's families were invited to be involved in their relative's care reviews to ensure their opinions were heard. In addition, people's healthcare needs were recognised and catered for; a comprehensive record of medical support was contained in the care records we viewed. Healthcare professionals such as a doctor, dentist or optician had been consulted where necessary, as well as Speech and Language Therapists where people had issues around swallowing. However, we noted that care workers were leaving one-line gaps between entries in the records of healthcare professionals' visits. We recommended that this must stop, in order to prevent any possibility of falsification of records taking place. We concluded that people's individual support needs and preferences are understood by the care workers who support them.

People benefit from a healthy diet and attention to nutrition and hydration. We saw that people received individual support from care workers and were regularly offered drinks throughout the day. We saw that the home promoted choice by the use of photos of foodstuffs on the cupboard doors so that people knew what was in the cupboards. People told us they liked their meals, and those people who needed support, received individual, sensitive attention from care workers. This illustrated that people's health is promoted because their dietary needs are recognised and catered for.

A clear procedure for medication management was in place. All medication was stored in locked cupboards in people's rooms. The system for ordering and storing medication was robust. Medication recording charts were completed correctly, with no indication of missed doses. The staff team undertook regular spot checks of all aspects of medication administration – this included daily stock counts and weekly audits, as well as Pharmacy audits. The care workers' training matrix showed that all care workers who administered medication had been suitably trained. We were told that no one self-medicated at the

moment, but there was a policy in place should that situation change at any time. This confirmed that medication is managed appropriately.

3. Environment

Summary

People can be confident that they are cared for in a safe and clean environment that provides a relaxed, comfortable and homely environment that is suitable for people's needs. Each person's confidentiality is respected.

Our findings

22 Tal y Wern provides a comfortable and homely environment that is suitable for each person's needs. The building is in good decorative order, with a large kitchen-diner and a homely lounge where people can watch TV together. There is a good sized wetroom, a large communal bathroom and a utility room where all cleaning products and other Control of Substances Hazardous to Health (COSHH) items were stored securely. People's rooms were well decorated, spacious and personalised in keeping with the occupant's wishes. In addition, there was a good sized garden where people could safely spend time and enjoy barbeques. People told us they felt happy and comfortable. This evidenced that the home is suitable for each person's needs.

People are supported in a safe environment. People with reduced mobility used hoists to move from one area to another. The ceiling tracking in two of the bedrooms was regularly checked for wear and tear, and hoists were being serviced when necessary. Maintenance records demonstrated that all equipment was suitably maintained. Monthly audits of the physical environment were being undertaken with action plans to address any shortfalls; these included checks of the electrical components of the hoists, and condition of people's mattresses and slide sheets that were used daily. This all confirmed that people are supported in a safe and well maintained environment.

Confidentiality is maintained. People can be reassured that appropriate safety measures were in place to protect them as their personal belongings were secure in the premises and their personal information is properly protected. There is a visitor's book in place for monitoring anyone entering or leaving the home. Care records were kept in a locked cupboard within the home. We concluded that people's privacy and personal information is well protected.

4. Leadership and Management

Summary

The manager provides all employees with good support. Procedures are in place to monitor care workers' recruitment, training and support. There are robust systems in place to assess and improve the quality of the service.

Our findings

The registered manager has completed their NVQ (National Vocational Qualification) level 5 in Leadership and Management and is registered with Social Care Wales (formerly the Care Council for Wales). The Statement of Purpose clearly outlined the aims and objectives and the ethos of the service, along with all facilities offered. The provider maintained good records, in line with CSSIW standards. The CSSIW registration certificate and Employer Liability Insurance certificate were clearly displayed.

There were suitable procedures in place to monitor care workers' training and support. Employee training records demonstrated that new care workers went through an initial detailed induction. They then received regular support from the manager in regular individual supervision meetings. These meetings were recorded.

There are clear systems in place to monitor the quality of support people receive, together with an overall commitment to continuous improvement. This included the following:-

- Regular audits monitored medication, finances and health and safety aspects of the service. From these records, we saw that any issues that arose were resolved in a timely manner. This showed that the service monitored the systems they had in place and reflected on the findings, so that the risk of issues being repeated was reduced to a minimum.
- A complaints policy and procedure was available for anyone who needed it. People told us they knew how to make a complaint if they needed to. We noted that there had been no complaints since the last inspection.
- Care workers were able to discuss their concerns at regular, individual supervision meetings with the manager. We viewed records that confirmed this.
- Regular visits by the provider were used to check the overall quality of support people experienced. All people spoken to during the three most recent reports were positive about their lives.
- The provider also used questionnaires to ask for feedback about the care and support offered. These were given to people, their relatives and care workers. We viewed completed questionnaires, all of which were complimentary about the service.

Findings from questionnaires, incident reporting, audits and complaints were collated and summarised into an 'annual care review' which identified all planned improvements for the home, including an action plan. During our inspection, we examined the most recent report and noted that all actions had been completed in a timely way.

This evidenced that clear systems are in place to monitor the quality of support people receive, together with an overall commitment to driving continuous improvement within the home.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

- None

5.2 Areas of non compliance identified at this inspection

- None

5.3 Recommendations for improvement

We recommend the following ;

- The manager ensures that care workers did not leave one-line gaps between entries in the records of healthcare professionals' visits.

6. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. We made an unannounced visit on 13 September 2017 between 09:15 and 13:00 and an announced visit on 15 September 2017 between 09:00 and 10:00

The following methods were used:-

- We met and spoke with two people living in the home, and took note of their interactions with the care workers who supported them

- We spoke with two care workers and the registered manager
- We examined three people's care records and four employee records and training records
- We viewed the home's statement of purpose, service user guide and quality of care report
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Further information about what we do can be found on our website www.cssiw.org.uk

About the service

Type of care provided	Adult Care Home - Younger
Registered Person	Community Lives Consortium
Registered Manager(s)	Sarah Phillips Erith Waters
Registered maximum number of places	4
Date of previous CSSIW inspection	30 June 2016

Dates of this Inspection visit(s)	13 September 2017 and 15 September 2017
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	No

Additional Information:

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. This is because each person in this service lives in a primarily English speaking area and the provider does not currently intend to offer or promote a Welsh language service.