



## 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 there is a registered manager with day-to-day responsibility in place.

## **Summary of our findings**

### **1. Overall assessment**

We found that each person living at 22 Tal y Wern is supported to live their lives as they wish. The manager provides clear support and guidance to the staff team.

### **2. Improvements**

We saw that the issues identified at the last inspection have been addressed.

- All care records are being completed correctly, without any gaps.

### **3. Requirements and recommendations**

We recommended that:

- The manager researches ways of demonstrating people and/or their representative's involvement in the writing and reviewing of their own support plans.
- The manager arranges for the statement of purpose and the service user guide to be made available bilingually, in Welsh and English.

## **1. Well-being**

## **Summary**

People are listened to and their preferences are understood. Each person's rights are upheld and their safety is promoted. People are supported to develop positive relationships with care workers and the people they live with.

## **Our findings**

People are listened to and their preferences are understood. Each person is asked about their lifestyle choices in pre-admission assessments; these documents described the person's preferences and relevant support needs. Each person had been asked to describe their feelings about where they lived by the use of easy-read surveys; we noted that there were several positive responses. Personal profiles recorded each person's family background and described what was important to the person and what they did and did not like. Care workers told us that this helped them understand people in the context of the lives they had lived before they came to the service. Individual risk assessments supported people's choices by describing what needed to be done to reduce any risks to their safety and well-being. We saw that people followed their own preferred routines, such as when to eat, go out and where to go. In people's care records, we found a number of personal outcomes that were designed to assess the person's level of community presence, work or education, together with maintaining good circles of friends and keeping healthy - these outcomes were arrived at by asking the person what was important to them, and by obtaining information from families and friends. This information was clearly recorded in each person's care records for care workers to refer to when necessary. Although we saw evidence that people and/or their families had been involved in the initial pre-admission processes, it was not evident that they had been involved from that point onwards. For example, people and/or their families had not signed the support plans that had been developed from the initial assessment information. We also saw that all support plans had been regularly reviewed, but again the home could not evidence that people or their representatives had been involved in the reviewing process. We therefore recommended that the manager researched ways of demonstrating people and/or their representative's involvement in the writing and reviewing of their own support plans, in order to denote their agreement to the contents and to ensure their opinions were heard. At the last inspection, we noted that there were gaps left in people's daily care entries – something that could lead to falsification of records - so we checked on this inspection and found that the issue had

been resolved, with all care records completed correctly. Our conversations and observations indicated that people's care records were an accurate reflection of the support being provided. From this, we conclude that people are generally involved in their care provision and as a result, feel listened to.

People's views are valued. Care workers demonstrated a commitment towards providing people with the support they needed and were knowledgeable about people's interests and lifestyle choices. Some people were not always able to verbally express their needs and wishes. We saw that care records for people with these issues included information regarding their preferred methods of communication; this meant that care workers were aware of each person's wishes when they came to the home. Care workers regularly checked people's welfare and demonstrated patience and genuine caring support with each person in the home. This shows that people are listened to and their views are valued in regard to the support they receive.

As far as possible, the provider takes appropriate steps to safeguard people from neglect and abuse. The front door to the property was unlocked at all times; care workers explained to us that anyone who wished to leave the premises could do so at any time. People who did not have enough awareness of 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 information was retained in care records and referred to in the person's support plans. Care workers recognised their personal responsibilities in keeping people safe and were aware of the whistleblowing procedure - they told us they would go to the manager or the local safeguarding office if they felt they needed to. Within employee training records, we saw that safeguarding training had been completed. This illustrates that the provider ensures that people are safeguarded as much as possible.

People are able to develop positive relationships with care workers and the people they live with. People appeared to be relaxed in the company of each other, the manager and care workers. Care workers were respectful in their interactions with people, demonstrating genuine affection and we saw people responded in kind. A keyworker system was in place to support the development of relationships between each person in the home and the care

workers who supported them every day. Each person's keyworker had been identified in their care records and care workers worked with people who they had built particularly good rapport with. There was a relaxed atmosphere in the home that helped people and their relatives feel at ease. This confirms that people can feel they belong and have positive relationships with the care workers who support them.

## **2. Care and Support**

## **Summary**

People's support needs are understood and their medication is managed appropriately. People are encouraged and supported to make choices and decisions about how they spend their time. The home is working towards providing a Welsh language 'active offer.'

## **Our findings**

People's individual support needs are understood. We saw information from physiotherapy and social worker reports and nutritional information from speech and language therapist assessments, such as whether any foods needed to be soft, or any specific support a person might require in order to eat safely. This meant that care workers were aware of people's healthcare support needs when they first came to the home. Care records were well organised and the information they contained was easily accessible. We saw assessments of each person's physical and mental health and up-to-date risk assessments that enabled people to be as independent as possible. In order to remain current, all care records were regularly reviewed, or more frequently wherever support needs had changed. In the event of an emergency, we saw that people's safety was promoted within their Personal Emergency Evacuation Procedures (PEEPs); these documents described the level of support required in order to assist people to evacuate to a safe place. This evidences that people can expect to receive the right care and support at the right time in the way they want it.

A clear procedure for medication management is 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 manager undertook regular spot checks and weekly audits of medication administration. 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 shows that medication is managed appropriately in the home.

The home does not currently provide the active offer of the Welsh language; this means being proactive in providing a service in Welsh without people having to ask for it. The manager told us that this was because the home was in a primarily English speaking area.

However, the manager told us that they were looking into ways of working towards the active offer. For example, the provider had sourced some Welsh language training. We recommended that the manager considered the Welsh Government's 'More than Just Words' guidance for Welsh language in social care, and arranged for key documents such as the statement of purpose and the service user guide to be made available bilingually, in Welsh and English.

People are encouraged and supported to make choices and decisions about how they spend their time. Each person had a clear structure for their days; all routines were recorded in people's care records in vocational activity planners. We saw that activities people took part in were referenced in their care records as being activities that they enjoyed. We saw evidence that people visited day services, went out for meals and visited cafes, shopped, had their nails done, enjoyed sensory sessions and went swimming. In addition, we saw that although people had firm plans in place for each day, they were able to be spontaneous too – one person had mentioned going shopping when we arrived on the first day, and we noted that they were supported to do so straight away. All activities were risk assessed in order to keep people as safe as possible. This illustrates that people are encouraged to participate in activities that are important to them.

### **3. Environment**

## **Summary**

22 Tal y Wern provides a comfortable and homely environment that is suitable for people's needs. The layout of the home promotes accessibility and independence where possible. People are supported in a safe environment and 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 premises were clean and homely throughout. There was a large kitchen-diner where people congregated for meals, and a lounge where people could socialise with friends and relatives, watch TV or listen to music. Outside, there was a good sized garden where people could safely spend time and enjoy barbeques in nice weather. People could choose to use either the wet-room or a bathroom, both of which were spacious and easy to navigate for people with mobility problems; we saw that ceiling tracking was in place for people who used hoists. Each person's room was personalised in keeping with the occupant's wishes; we saw clear evidence of people's hobbies and interests displayed in their rooms. People told us they felt happy and comfortable. This shows that people can feel valued because they are supported in an environment that suits them.

People are supported in a safe environment. Maintenance records demonstrated that all equipment was suitably maintained. Monthly audits of the physical environment were undertaken, together with action plans to address any shortfalls. All COSHH (Control of Substances Hazardous to Health) materials we saw were stored correctly, in line with the COSHH Regulations 2002. This evidences that people can feel reassured that they live in a safe 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 was properly protected. Care records were kept in a locked cupboard at all times to maintain people's confidentiality. In addition, people were safe from unauthorised visitors entering the building, as all visitors had to ring the front door bell prior to gaining entry and were requested to complete the visitor's book when entering and

leaving. We conclude that people are safe, and their privacy and personal information is well protected.

## **4. Leadership and Management**

### **Summary**

There are robust systems in place to assess and improve the quality of the service, and suitable procedures in place to monitor care workers' recruitment, training and support. There is a manager in place who oversees the service on a daily basis.

### **Our findings**

There are systems in place that monitor the quality of support people receive, together with an overall commitment to continuous improvement. We saw records that evidenced the manager's attendance at 'forum meetings' with other support managers. In addition, we saw records of health and safety meetings, house meetings for people in the home to discuss issues they wished to raise, and staff meetings for the staff team to talk about any issues that affected the smooth management of the home. The manager regularly completed audits to check people's quality of support, finances and medication and all health and safety issues within the home and we noted that any issues that were identified had been resolved promptly. A complaints policy and procedure was readily available and people told us they knew how to make a complaint - there had been no complaints since the last inspection. Regular visits by the provider were used to check the overall quality of support people experienced. Reports showed that all people spoken to during the two most recent visits were positive about the support they received and the home. The provider issued surveys to people, their relatives and care workers to ask for their opinions about the care and support offered by the home; all responses were complimentary. Findings from surveys, audits and complaints were collated and summarised into an annual care review which identified all planned improvements for the home. During our inspection, we examined the most recent report and noted that all actions were being completed as planned. This illustrates that people can expect to receive care from a service committed to continuous improvement.

There are suitable procedures in place to monitor care workers' recruitment, training and support. We viewed employee recruitment records and saw that all the required employment checks were in place before new employees started to support people. This included reference checks, photo identification and Disclosure and Barring Service (DBS) checks. Employee training records demonstrated that new care workers went through an

initial induction, and thereafter, new employees received regular support from the manager. Staff training records evidenced that employees were up-to-date in their essential training. Employee supervision records and annual appraisals showed that care workers were regularly given the opportunity to discuss any issues they wished to raise, in a formal setting, and have the conversations recorded. This evidences that people are supported by care workers who have been considered fit for employment and who are closely monitored to ensure that they are providing appropriate practice to meet people's needs.

People see accountability and know there are senior staff members who are overseeing the service. It was evident that the manager had an open door policy; we saw them talking to care workers and people in the home throughout our inspection and noted that they were never rushed or hurried, and each person appeared to be happy to have the contact. This demonstrates that people can expect to have regular contact with the senior management who are overseeing the care and support they receive.

## **5. Improvements required and recommended following this inspection**

### **5.1 Areas of non compliance from previous inspections**

- None

### **5.2 Recommendations for improvement**

We recommend the following:

- We recommended that the manager researched ways of demonstrating people and/or their representative's involvement in the writing and reviewing of their own support plans.
- We recommended that the manager arranged for the statement of purpose and the service user guide to be made available bilingually, in Welsh and English.

## **6. How we undertook this inspection**

This was a full inspection undertaken as part of our inspection programme. We made an unannounced visit to the home on 3 December 2018 between 10.00 am and 3.30 pm and an announced visit on 4 December 2018 between 9.00 am and 12.30 pm.

The following methods were used: -

- We walked around the premises, visiting people in their lounge and kitchen-diner.
- We met and spoke with two people living in the home.
- We spoke with three care workers and the manager.
- We examined two people's care records and four employee records and training records.
- We looked at a range of other records, including the home's statement of purpose, service user guide, quality of care report and maintenance records.

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

[www.careinspectorate.wales](http://www.careinspectorate.wales)

## 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 Care Inspectorate Wales inspection	13 September 2017
Dates of this Inspection visit(s)	3 December 2018 and 4 December 2018
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	Working towards
<b>Additional Information:</b>  This is a service that is working towards an 'Active Offer' of the Welsh language; this means being proactive in providing a service in Welsh without people having to ask for it. We recommend that the service provider considers Welsh Government's <i>'More Than Just Words follow on strategic guidance for Welsh language in social care'</i> and arranges for key documents such as the statement of purpose and the service user guide to be made available bilingually, in Welsh and English.	