



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

Inspection Report on

5 - 7 Ffynnon Waun Care Home

Carmarthen

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Description of the service

5-7 Ffynnon Waun care home is registered with the Care and Social Services Inspectorate Wales (CSSIW) to provide accommodation and personal care for up to four younger adults between the ages of eighteen and sixty-four who have a mental health condition. At the time of the inspection there were three people living in the home, and one person moving into the home as part of a structured resettlement plan.

The service is currently without a registered manager. However, the manager with day to day responsibility for the service was appropriately qualified and registered with Social Care Wales. They were at the time of inspection going through the registration process with the CSSIW. The registered provider is Bro Myrddin Housing Association Ltd.

Summary of our findings

1. Overall assessment

People receive a good service and are supported by staff, who have a good understanding of their needs and what is important to them. They can also be assured that they are safe and protected from risk by experienced staff.

People are supported in an environment where their needs are met whilst enabling and promoting their independence. However, further work is required to ensure people continue to access activities of their choice. Also any activities that are undertaken are accurately recorded.

Care plan documentation was detailed and reviewed at regular intervals. However, further work was being carried out by the management team to ensure care plans were more outcome focussed.

2. Improvements

There was good evidence of improvements made since the last inspection. We saw the manager was going through the registration process and provided stability within the service. An annual report has been completed. However, we recommend that consultation with external professionals who use the service are referenced in the report.

Policies and procedures are reviewed and overall reflect current legislation and good practice. There are stringent evacuation procedures now in place minimising the risks to people in relation to fire.

Care and support plans are now being reviewed in consultation with representatives within appropriate timescales. Deprivation of Liberties Safeguards (DoLs) are clearly noted. Risk

management documentation for people living in the home is clear and reflected current circumstances. Supervision is now being carried out on a bi-monthly basis with all staff. In addition a simple staff guidance document has been developed on dealing with medication errors.

3. Requirements and recommendations

Section five of this report sets out the action service providers need to take to ensure the service meets the legal requirements and recommendations to improve the quality of the service provided to people in the care home. No areas of non-compliance were identified at this inspection, but the following recommendations were made:

- Lifestyle: To ensure all activities with people are recorded. Also consider further developing the range of activities of which people can be involved as there was limited evidence of new activities being introduced.
- Service user plans: Although care plans were detailed and well presented further improvements are required in relation to clearly identifying & recording the goals and aspirations of people.
- Environment: To develop a redecoration plan for the home in consultation with residents.
- Environment: To source a more appropriate location for storage cabinets within the communal lounge.
- Quality assurance: To further develop the annual quality assurance report to include consultative feedback from a range of people who use the service.

1. Well-being

Summary

People are supported by staff that have a good understanding of person centred care and are committed to promoting independence. People can be assured that the care and support provided in the home focusses on maintaining their health and well-being

Our findings

Staff and people living at the home have good relationships and are mutually respectful of one another. When we arrived at the home a member of staff spoke fondly of all the people they supported. They were able to provide us with a detailed overview of the history and support needs of all the people living at the home. The staff member also spoke positively on working for the organisation and told us *"I really enjoy my role"*. We saw both the member of staff and agency support worker interacting with people throughout the inspection. We saw people living at the home experienced changing moods, and could become easily agitated. All interactions between staff and people were relaxed and friendly, and provided a positive feel to the environment. A health and social care professional said *"it's an improved service"*. People, therefore benefit from staff that are alert and responsive to people's mood, and have the skills and confidence to respond positively.

People have control are able to make choices, and have their individual identities and routines recognised. The home accommodated a small number of people, thus allowing for the development of close relationships amongst themselves and staff. We saw one person was fiercely independent and had set routines requiring minimal support from staff. They were out when we first arrived at the home but returned later that day. They told us they *"enjoyed going into town for a coffee"*. Another enjoyed being supported by staff to go shopping and visiting the local pub. Staff told us another person enjoyed watching television, listening to the radio and sitting in the garden. We saw people were able to get up at different times, and made their own breakfasts. One person told us they could get up in their own time in the mornings, but routine wellbeing checks would be carried out by staff. This showed a balanced approach between individual preferences and support. We read the support plans for the people living in the home and saw that their preferred routines were recorded.

We observed people could personalise their rooms with photographs, furnishings, furniture and equipment such as satellite televisions if they wished. The people we spoke to confirmed they could personalise their rooms with choice of paint colour and furnishings. One person had posters and equipment relating to their particular interests. We saw house meeting records that demonstrated people were encouraged to think about activities they would like to get involved. However, on reading staff logs for a period of seventeen days leading up to the inspection found activities for some residents were largely confined to

watching TV. This was discussed at length with the manager who was able to describe a number of additional activities and trips that had taken place. The manager told us all staff would be reminded on the importance of accurate record keeping. We found there had been some staff turnover within the home that had resulted in staff shortages. This had been covered by staff working additional hours and the use of agency staff. A member of staff told us this had caused difficulties in supporting people to access community-based activities. The manager said two new staff members had recently been recruited. The manager also explained that they were developing a more flexible staffing approach with their other home. This they told us would enable both homes to share resources and provide further flexibility for people to engage in additional activities. People, therefore are happy and content but more focus is required in exploring further activities of which people may want to be involved.

People are supported to be as healthy as they can be. We saw records highlighting people had their health needs met by the appropriate health care professionals. We saw a range of appointments noted within daily logs and diary entries. These included general practitioners, dentists, district nurses and professionals from the community mental health team. Staff told us that they had discussions with residents on Sundays to plan the menus for the following week and aimed to encourage residents to eat balanced meals. We saw the current menu planner. This was varied and included vegetables as part of the evening meal. We saw medication was well managed. We saw training records that evidenced all staff had completed medication training and were routinely monitored. We saw Medication Administration Records (MAR) charts were accurately completed. The storage of medication was appropriate with the room temperature recorded on a daily basis. The management of medication procedure had recently been reviewed and an updated copy had been provided to the CSSIW. This was appropriate and reflected current legislation and good practice guidelines. The acting manager had developed simple guidance for staff on the reporting of medication errors. We are confident that people are supported to be as safe and healthy as they can be.

2. Care and Support

Summary

People are supported by competent staff that have a good understanding of their individual needs. People can be assured that the care and support provided in the home is what they need when they want it. This will be further improved with the implementation of new care planning documentation.

Our findings

People benefit from staff that go through a detailed recruitment and induction process, and are provided with an adequate level of on-going training. We inspected three staff files. These evidenced that the required pre-employment checks were being undertaken and two satisfactory references were obtained for all staff. Contracts and terms of employment were included as were photographs of each staff member. We saw all records were well maintained and accurate. We saw staff completed a detailed organisational induction process. In addition a service specific induction was completed and overseen by the manager. This was role specific and included checks of the person's competency and understanding of their role and responsibilities.

We were provided with a training matrix that showed staff had attended a range of mandatory training. This training included first aid, fire safety awareness, protection of vulnerable adults, medication and food hygiene. We saw all staff working in the home had completed or were in the process of completing the Qualification & Credit Framework (QCF) Level 3 in Health and Social. In addition the manager held the QCF Level 5 in Management. A staff member told us *"the training could be improved"* and *"I feel I need more training on mental health"*. The manager told us they were trying to arrange training with the local community health team. This we were told would focus on the individual support needs of the people living at the home. At the time of inspection this training had not been confirmed. In addition we saw staff had attended a range of additional training. This had included person centred care planning and positive behaviour management training. Both the manager and head of housing services were keen to stress that the continuous professional development of staff was high on their list of priorities. This area would continue to form discussions within staff supervision and annual appraisal meetings. Therefore, people are supported by skilled, well-trained staff.

People receive timely, appropriate person centred care and support. We looked at the records of two people during the inspection. Assessment documentation included relevant information from both health and social care professionals. We saw appropriate transition arrangements for people moving into the home. This included a series of resettlement visits agreed as part of a multi-disciplinary approach. We saw care and support plans. These were signed by the individual and covered areas such as accommodation, personal

hygiene, behaviour, education and training, medical and social involvement. However, although detailed we found the goals and aspirations of people were not clearly defined, and were being confused with the actions required to achieve their goals. We saw good risk management documentation. These were individualised and recorded important areas such as known risks, triggers and risk reduction measures. At the time of inspection both care and support plan and risk assessment documentation were in the process of being reviewed. This was to ensure a person centred approach to all documents was maintained. The manager showed us the stages of the development of this documentation. This was also discussed in a recent staff meeting. The importance of involving people in the development of their own care and support plans had been reinforced. Staff were also working on 'hospital passports' for each person. This was to ensure all relevant information on each person was held in one place should an emergency admission be required. Therefore, evidence supports the view that people get the right care and support as early as possible. This will be further improved with the implementation of the new documentation.

3. Environment

Summary

People are supported in an environment where their needs are met whilst enabling and promoting their independence. People can be assured that they are safe and protected from risk by experienced staff that are well trained in risk management and health and safety procedures.

Our findings

There was appropriate internal and external space and facilities to meet the needs of people. We saw the home had good communal spaces that were regularly used by people living at the home. We saw two lounge areas that provided comfortable sitting areas. We saw people used these areas throughout the course of the inspection. The furniture within these rooms was of a good quality and people had access to a television in each lounge. However, the rooms lacked a homely feel, as there was nothing to indicate the presence of any of the people living in the home. In addition one of the lounges contained a locked metal cabinet which stored cleaning equipment and a small filing cabinet. The manager told us they would look for more appropriate locations for both cabinets. In addition they would discuss with both people living at the home and staff ways to reflect the lives of people throughout the property.

People told us they enjoyed living at the home. One person told us they “*enjoyed watching television*” while another liked to sit in the garden. The kitchen and dining area provided good space. We were told by a staff member that these areas were well utilised. In addition they told us the evening meal was a time when all people living at the home eat together. We were told by staff, and saw within case recordings that people were actively involved in meal time preparation, as well as assisting staff to wash-up after the meal. We saw adequate toilet facilities within the property. We were informed that an individual would shortly be moving into the home. This person required additional facilities to a toilet/ wash room to maintain their independence. Adaptations had been agreed and a wet-room was going to be installed in order to maintain the person’s independence. Therefore, people are able to do things for themselves because the layout of the home and facilities promote independence and accessibility.

People are encouraged to influence and choose the furnishings and facilities provided to support them. We saw new curtains and curtain poles throughout the property. The manager told us these had been chosen by people living at the home. In addition a new kitchen was shortly to be installed. We saw a number of plans showing the design of the new kitchen. The manager said people had been consulted on the design, cupboard space and colour scheme for this upgrade. This was evidenced in our discussions with people. We saw a recently decorated bedroom area. This we were told was for the new person

about to move into the home. This room had been painted to the taste of the individual. However, lounge areas, bathrooms and hallway were showing signs of wear, and had not been redecorated for a number of years. We recommended that consideration be given to a programme of communal decoration, in consultation with people living at the home. Therefore, overall live in a home that is well maintained. However further consideration should be given to the communal areas.

Unnecessary risks to people have been identified and as far as possible eliminated. We found detailed health and safety policies and procedures which were reviewed and updated on a regular basis. Testing of services and equipment was kept up to date. Evidence such as gas, water and electricity tested certificates supported our findings. We saw substantial improvements in safe systems of work in relation to fire safety. We observed new fire doors with automatic door closure mechanisms, and new emergency lighting throughout the property. Where appropriate a personal evacuation plan was held in each file. These provided detailed information on the ability of the individual to leave the premises in an event of a fire. The manager told us an emergency file was in the process of being developed. This was described as a "grab file" and would be held in a secure location near to an exit. This would include a range of useful documents and contact details to be used in an emergency. We spoke to a staff member responsible for regular fire safety audits. These audits were carried out on a regular basis and recorded within a dedicated file. In addition records showed that all staff had received training in fire safety. People, therefore can be confident that all steps have been taken to protect them from risk.

4. Leadership and Management

Summary

The leadership and management are approachable, easily accessible and ensure both staff and people living in the home are well supported. There is a strong commitment to quality assurance and continuous development.

Our findings

People are clear on what the service provides and how they provide it. We saw a detailed statement of purpose and service brochure. They described the values and philosophy of the service. This was based on being proactive, working together, accountability and motivation. We saw staff working in a way that demonstrated these values. We observed staff interacting with people throughout the course of the inspection. All interactions were done with sensitivity and patience. It also ensured the person had time to communicate their wishes. Therefore people have control and are able to make choices.

People benefit from being supported by staff that are valued and supported, and given opportunities to contribute to the development of the service. We felt a relaxed, positive atmosphere at the home, where the manager was approachable at all times. We saw good communication was being maintained. This is because daily communication was via handover meetings, daily interactions and communication books. Staff supervision and team meetings were arranged on a bi-monthly basis. Although records indicated a gap between June and September due to staff shortages. Meeting minutes showed the manager had updated staff with key information relating to the running of the home. This included on-call management arrangements and planned home improvements. In addition professional issues such as staff training, changes to regulatory requirements and codes of practice for social care workers had recently been discussed. We saw staff meetings were also used to share information about particular issues for residents.

We saw staff supervision was inclusive and enabled staff to discuss a wide range of issues pertinent to their roles. They also evidenced that the manager appreciated the opinions of staff as part of the decision making process. A staff member told us *“we can speak as a team to our manager about anything”* and *“my supervision meetings are relaxed, and my manager approachable”*. Supervision also enabled staff to use reflective practice as a learning and development tool. Staff we spoke to told us that there had been a positive change in terms of the nature of supervision. They said that supervision was a two way *“open and honest”* conversation. They said notice of the date and time was given to provide an opportunity for them to prepare for the session. Also both parties received a copy of the record. Therefore, people benefit from a service where the well-being of staff is given priority.

People receive support from a service that maintains effective quality monitoring and continuous quality improvement. We saw reports that confirmed quarterly visits were being completed. These were carried out by the head of housing services on behalf of the responsible individual. These were detailed and ensured people living in the home continued to experience a good service. We were provided with the newly developed annual quality assurance report. In discussion with the acting manager we felt referencing consultation with health and social care professionals that use the service could further improve the report. The manager told us they carried out a range of additional visual checks as part of their role. These included checks in relation to health and safety. They told us a new health and safety checklist would be developed, where both themselves and staff would sign once completed. Therefore there is a strong commitment to, and evidence of continuous improvement within the service for the benefit of people.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

There were a number of non-compliance notifications made at the last inspection and included:

- People living at the home had not had their support plans reviewed in consultation with their representatives in the required timescales- These are now being reviewed in consultation with representatives in the appropriate timescales.
- The registered person failed to ensure staff members were appropriately supervised- Supervision is now being carried out on a bi-monthly basis with all staff.
- We saw no evidence of suitable arrangements for monitoring, reviewing and improving the quality of care. No annual report had been completed- An annual report has now been completed. However, we have recommended that further work is required to include consultative feedback from a range of people who use the service.
- Arrangements for the evacuation of both people living at the home and staff were poor- There are stringent fire evacuation procedures now in place.

5.2 Areas of non compliance identified at this inspection

None

5.3 Recommendations for improvement

We recommend the following:

- To ensure all activities with people are recorded. Consider further developing the activities of which people can be involved as there was limited evidence of new activities being introduced.
- To further develop care plans. This would ensure the goals and aspirations of people are recorded.
- To provide/ develop a redecoration plan for the home in consultation with residents.
- To source a more appropriate location for storage cabinets within the communal lounge.
- To further develop the annual quality assurance report to include consultative feedback from a range of people who use the service.

6. How we undertook this inspection

We carried out a full inspection of the service looking at the four themes. The inspection was carried out by two inspectors on Friday 17 November between 9.30am-3.30pm. In addition one inspector inspected staff documentation at the organisations head office on 28 November between 10am-12pm. The following methodologies were used to inform the inspection.

- Discussion with the manager, head of housing services, human resource manager and operational staff;
- Discussions with people living in the home;
- Feedback from family members of people living at the home;
- Feedback from both social care and health professionals using the service;
- Analysis of the statement of purpose;
- Analysis of the service user guide;
- Observations of staff working with people;
- Tour of the home and garden;
- We inspected three staff files (including recruitment and induction records);
- We inspected two files of people living at the home (including care/ support plans, risk assessment documents and medication charts); and
- We read policies and procedures.

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	Bro Myrddin Housing Association Ltd
Registered Manager(s)	
Registered maximum number of places	4
Date of previous CSSIW inspection	Friday, 23 September & Monday, 26 September 2016
Dates of this Inspection visit(s)	17 & 28 November 2018
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	This is a service that is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.
Additional Information:	