



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

# Inspection Report on

**Larch House**

**Llandyrnog**

**Mae'r adroddiad hwn hefyd ar gael yn Gymraeg**

**This report is also available in Welsh**

## **Date of Publication**

**27 Feburary 2018**

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## **Description of the service**

Larch is located in a village called Llandyrnog which is near Denbigh. The service is registered to provide care and support for up to six younger adults who are aged between 18 and 64 years and have learning disabilities.

It is owned by Mental Health Care (Highfield Park) Limited. They have nominated a responsible individual to oversee the service. There is currently no registered manager.

## **Summary of our findings**

### **1. Overall assessment**

People are involved and encouraged to make decisions and choices about their own lives. They benefit from being supported by staff who know them well. Care plans must be updated to reflect peoples changing needs to ensure staff provide the right support. Some improvements are needed to ensure that staff are communicating and working well as a team.

### **2. Improvements**

This is the first visit since the home was registered.

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

Section five of this report sets out our recommendations to improve the service further. This includes updating care plan documentation, staff working as a team, supervisions and Deprivation of Liberty Safeguard (DoLS) information.

# 1. Well-being

## Summary

People benefit from being supported by staff they are familiar with. They are able to make choices about what they want to do and how they spend their time. We found that people were not always being appropriately supervised to ensure their safety and wellbeing.

## Our findings

People are able to make choices; they are listened to and treated with dignity and respect. Daily records and discussions with people and staff showed they have opportunities to socialise and were attending buzz club and trips to the pubs and theatres. When we visited there was a friendly atmosphere in the home and people were being supported to get ready to go out to for meals or to do their Christmas shopping. Two people were getting ready to go out for a meal together. One person told us they liked to dress up nice. We saw staff supporting them to put on aftershave and this was also recorded in their care plan. The other person asked staff if they “looked glamorous”. We saw Interactions observed were positive and staff showed patience and kindness towards people and listened to them. One person said to a member of staff “thank you my love for the drink” and discussed how they were feeling that day. Privacy and dignity was promoted as the staff member encouraged them to return to their room to have a more private conversation away from the communal lounge. A person was knitting in the lounge and told us they were making an item of clothing as a Christmas gift for a member of staff. We were told by staff and the deputy manager about a person who had wanted to go abroad on holiday. This had been achieved and we spoke to the person about their holiday and saw mementos from their trip. A member of staff who had been involved in helping to plan the trip told us the person had chosen themselves which staff they wanted to go with them. People feel valued, take pride in their appearance and can do things that matter to them.

People are able to do things for themselves, maintain and develop their individual skills. Two people were excited about going out for a meal and told us about the food and drink they were going to order at the restaurant. People told us they had tidied their own rooms and then showed us them and talked about their personal belongings. They were being encouraged by staff to be as independent as possible. A member of staff asked a person if they wanted a hot drink and then encouraged them to go and make it themselves with support. We saw recorded in two peoples care plans that it was important for them to go out each day to buy a newspaper. We saw one person returning to the home with their newspaper and they sat and read it at the dinning room table talking to us about what interested them. Another person told us they were going to the local supermarket for their newspaper and a drink in the afternoon. We saw a persons room which had certificates displayed on the walls in recognition of their achievements. People’s potential and independence is maximised and they feel a sense of achievement.

People may not always be as safe as they could be. There is a safeguarding policy in place and staff have received this training. Staff attend whistleblowing and safeguarding training and we were told that any abuse would be reported immediately to the manager and there was a protocol and procedure in place to follow. We did notice information raised in a staff supervision which should have been referred to safeguarding and this was discussed with

the managers. We saw detailed risk assessments and positive behaviour support plans in place for staff to follow to keep people safe. On the day we visited we observed four people sat in the lounge unsupported. We were told that two people required one to one support at all times. On the day we visited a staff member from another service had arrived at the home to provide one to one support to a person, it was evident they were not familiar with them or their needs. We identified in their care plan information this person responded best to a "familiar and stable staff team". This was discussed with the managers. Care plans did not contain information about Deprivation of Liberty Safeguards (DoLS) except for the application and associated documentation. This important information should be included in people's documentation for staff to be able to read and understand what this means for the person and the support they require. Following the inspection we received a detailed action plan regarding improvements to be made and timescales. On this occasion we have not issued a non compliance notice as there was no evidence of impact on people. This will be considered at the next inspection. People may not always be appropriately supervised by staff to ensure they were kept safe and well.

## **2. Care and Support**

### **Summary**

Staff are aware of peoples changing needs; however care plan documentation had not been updated to reflect this. We found people's health needs are recognised and action is taken to seek further advice and guidance from health and social care professionals.

### **Our findings**

People's individual needs and preferences are recognised and supported. Person centred plans were in place for people informing staff about what support people needed and wanted. Information included what made a good and bad day for the person. We saw evidence of an individual's person centred reviews which had been held. They had made personalised invitations to send out to the people they wanted to attend their review. Outcomes had been set and we saw evidence that some of these had been met for example going on holiday, going to the pub and supporting a particular sports team. Daily records we looked at also evidenced they were being supported to engage in their preferred activities. People told us about the things they liked to do and staff we spoke with also told us about peoples likes and dislikes and what was important to them. People receive person centred care.

People may not always receive appropriate support when their needs change. We were told by managers and staff that a persons needs had changed significantly. We did evidence appointments had been attended and the relevant referrals had been made to gain advice and guidance from other health and social care professionals. We did not see that these changes had been recorded in the persons care plan or positive behaviour support and therefore information was not up to date and relevant for staff to follow. We looked at a sample of daily records which showed for an eight day period the persons personal hygiene needs had not been meet. This is a serious matter and was discussed with the managers. We also noticed that the fluid charts had not always been completed correctly by staff. Staff were monitoring and recording the persons changing moods/ behaviours in a book however they had not received any training regarding the persons changing needs. On this occasion we have not issued a non compliance notice. This is because discussions have been held with the responsible individual, senior management and following the inspection we received a detailed action plan setting out what action the managers had already taken and intended to take to address the issues raised. This will be considered at the next inspection. People may not always receive the right care at the right time if care plans are not updated for staff to be able to follow.

### **3. Environment**

#### **Summary**

People live in accommodation which meets their needs and is becoming more homely.

#### **Our findings**

People are cared for in a pleasant, personalised and well maintained environment. The home provides a comfortable place for people to live. Two people showed us their bedrooms which were very personalised and reflected their individual tastes, interests and there were lots of photos of their family and friends. We saw evidence that people had been asked about what colours and designs they liked regarding blinds, curtains and wall colours for their home. A staff member also commented on there being more ornaments in the home now which they hadn't had previously. Plans were in place for the communal lounge to be changed into a lounge/ diner and the dining room to also become a lounge/ diner. We were told by the deputy manager that this would provide people with more choice as to where to spend time in different communal areas. During our visit we saw workmen discussing what was needed and how best to make the necessary changes to these rooms. The deputy manager told us there were also plans to update the communal bathroom and toilet facilities and remove general storage cupboards from this area. Issues with lights in the medication room and shower room had been addressed when we carried out a second visit. People live in accommodation which meets their needs and is improving to maximise their independence and choices.

People live in a safe and clean home. There is an infection control policy in place. We did notice there was no bin in the communal bathroom for waste disposal. When we returned to the service this had been purchased. A staff member informed us about the importance of keeping the home clean, using personal protective equipment such as gloves and aprons and maintaining good hand hygiene. We saw that there was hand wash and paper towels/ hand dryers available for people living in the home and staff. Staff use colour coded mops and buckets to clean different areas of the home and different coloured bags are used to wash items or dispose of waste material. People are protected from the risk of infection.

## **4. Leadership and Management**

### **Summary**

Staff are clear about their roles and responsibilities but may not always work well together as a team.

### **Our findings**

People can be confident that they are protected by safe recruitment processes and training provided to staff. We saw staff files which showed a robust system was in place. Staff file audits had also been carried out and any discrepancies had been picked up on and staff were asked to provide a full account of their employment history. Staff told us about inductions and the training they had completed. A senior member of staff had recently completed their management training. A staff member said they had enough training to do their job and had attended mental health and person centred planning training. Another staff said they had had a 3 hour training session on mental health and learning disabilities which had been “good” and they had learnt about schizophrenia, anxiety and depression. People benefit from receiving a service which has a proactive approach to the recruitment, learning and development of staff.

People may not always be supported by staff who communicate effectively or work well as a team. The vision, values and purpose of the service are clear and the statement of purpose and service user guide sets out what people can expect living at Larch. A new manager has been appointed to oversee the running of the service and was already working closely with the deputy manager to make a number of improvements to the service. When we visited there were two team leaders, two key workers and support staff employed to work at the home. Staff we spoke with felt mostly supported by either team leaders or the management. We found that there were three separate teams working in the home. Staff told us about their roles and were aware of their responsibilities within their own team. This did not always ensure consistency or continuity of care and support for the people living in the home. We saw regular supervisions were being carried out with staff who told us that supervisions were “helpful to say what you want to say” and “express yourself”. Staff were able to raise concerns however actions were not always recorded in response to this. Staff supervision records also identified issues regarding some staff practices, conflict and culture. We looked at minutes of team meetings which also evidenced issues around staff conduct and staff not always working well together in people’s best interests. This was discussed with the manager and deputy manager who told us about their plans to improve this. Managers and staff told us there had been a lot of changes. One staff member told us there were “improvements being made” and the service was “going in the right direction”. Following the inspection we received a detailed action plan to address areas which require improvements set out in this report. Therefore we are not issuing non compliance due to lack of evidence of impact on people at this time. At the next inspection of the service these issues will be considered. People may not receive a consistent service if staff do not work as a team in their best interests.



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

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

First inspection of this service post registration.

### **5.2 Recommendations for improvement**

Care plans and associated documentation must be updated when a persons needs change to ensure that staff have relevant information available to them.

Staff work together as a team for the benefit of the people living in the home.

Supervision records must include any actions to be taken as result of discussions held.

Deprivation of Liberty Safeguard (DoLS) information should be incorporated in to peoples care plans so that staff are aware of what this means for people and the support they require.

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

This was a full post registration inspection. We visited on the 13 December 2017 between 10am and 16:00 and the 19 December 2017 between 9am and 14:30.

The following methods were used:

We met all of the people living in the home and spoke in private with two of them.

We held discussions with the manager, deputy manager, team leader and support staff.

We gave questionnaires to people living in the home, four were returned and staff of which four were returned. We also sent questionnaires out to relatives and professionals.

We looked at a wide range of records; we focused on two care plans and associated documentation, staff training records, rota, two staff files, sample of supervision records, statement of purpose, service user guide, infection control policy.

We provided feedback during the inspection and also gave feedback to the manager and deputy manager at the end of our second visit.

Further information about what we do can be found on our website [www.cssiw.org.uk](http://www.cssiw.org.uk)

## About the service

Type of care provided	Adult Care Home – Younger
Registered Person	Mental Health Care (Highfield Park) Ltd
Registered Manager(s)	No registered manager
Registered maximum number of places	5
Date of previous CSSIW inspection	<b>This is first inspection following post registration</b>
Dates of this Inspection visit(s)	13/12/2017
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	<b>The service us working towards this</b>
Additional Information:	