



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

Inspection Report on

Cherry

Llandyrnog

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

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Description of the service

Cherry is located on Highfield Park near the village of Llandyrnog on the outskirts of Denbigh. The provider, Mental Health (Highfield Park) Ltd, is registered with Care and Social Services Wales (CSSIW) to provide personal care to two adults with learning disabilities. The provider has nominated an individual to undertake the role of responsible individual and the registered manager is John Wynne Hughes.

Summary of our findings

1. Overall assessment

People are supported by staff who know them well and understand their needs. They can do things which matter to them and appear happy and content. Staff are trained and supervised and are supported by a deputy manager who has worked in the home for several years. Improvements as outlined below and within the report would help to enhance the individual development of both staff and people living in the home.

2. Improvements

As recommended during the registration process window restrictors have been fitted to the office.

3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service. These include the following:

- Providing a less restrictive environment.
- Outcomes for people should be clear.
- Setting of measurable objectives for staff.
- An active offer of Welsh

1. Well-being

Summary

People are comfortable with staff they know well, are listened to and attempts at communication are valued. They experience warmth, attachment and belonging and are encouraged to take part in a range of experiences. People can feel safe and secure.

Our findings

People are supported by staff to engage in community activities and maintain routines which are important to them. The activity planners for people showed they take part in a mixture of social, leisure and physical activities. There is an activity hub on Highfield Park which people use to meet with others. People have opportunities to go out for a meal which they told us they enjoyed. Swimming is important to one individual and they were able to participate in this on a regular basis. People appeared content and able to do things that matter to them.

Staff are caring and communicate with people in ways which make them feel valued. We saw people being reassured and given explanations of what was going to be happening during the day. One page profiles were available which told staff what was important to the person and what they liked and disliked. It was important to one person they were supported by familiar staff and staff duty rotas evidenced this was available for them. Staff spoke with people in a respectful way and it was clear from the interactions with people that they knew the individuals well. People have positive relationships with staff.

People can be reassured staff know how to keep them safe from harm. All staff have received up to date training in relation to the safeguarding of adults from abuse. They were able to explain, how they would recognise if this was happening and the process to be followed if they were told about or witnessed any incidents of this nature. Where Deprivation of Liberty Safeguards (DoLS) applications had been made this was done in accordance with the correct procedure. It would be helpful to staff to know how these safeguards apply to individuals for example, which restrictions are in place for which people and why. Assessments of risk had been completed which identified measures in place to minimise the risk without restricting the person who might be harmed. People are free from avoidable harm and abuse.

2. Care and Support

Summary

People receive person centred care and have regular reviews which takes account of relatives and others views as appropriate. Staff are knowledgeable about people's needs.

Our findings

Families and representatives assist people to make their wants and needs known. We saw minutes of a review meeting where family and professionals had contributed. Keyworker minutes were available which identified what people might want to try and what was needed to make this happen. People had received advocacy services to help support them when family or local authorities had not been available. We saw in most instances where people had been assessed as not having capacity to make specific decisions, best interests meetings had been conducted. It is important to include everyone who knows the individual in all best interest decisions to ensure the person's rights are maintained. People are involved as far as they can be in making decisions that affect their lives.

There is a lot of information relating to individuals needs and how these could be met in a person centred way. We saw assessments had completed by the local authority which formed the basis of the care plans. Health and finance passports were available to help ensure people were supported in these areas. There was evidence reviews had been conducted and action plans had been written at the end of this process. Where outcomes for people had been identified there was insufficient detail about how these would be achieved. For example, "X to develop daily living skills, actions: encourage and prompt X". There was no detail in the action or care plan which indicated; what X was already able to do for themselves and the type of encouragement or prompts staff would need to provide. If outcomes which are identified, in either keyworker or review meetings, were written in a way which enabled them to be measured, it would help people know what progress they were making towards their goals. We found care files contained so much information for staff it could be difficult for them to know exactly what support they were required to give any individual and in which circumstances. One page profiles have been developed for people and gives staff an outline of how best to support people, in addition they stated what is important to the person now, but needs to include what is important to the person in the future. People mostly receive care in the way they want it however an active support approach would identify what people can do for themselves.

People can make their needs and wants known. Communication passports which assist staff and other people to know how best to communicate with individuals were available. Observations of interactions between staff and people living in the home showed staff understood and used the appropriate methods to communicate effectively and meet people's needs. People are listened to and spoken to in a way they understand and can be understood.

3. Environment

Summary

People are cared for in a safe, clean and secure environment where risks are identified and as far as possible eliminated. People have access to furniture, equipment and materials which are kept in a reasonable condition. Some improvements could be made to enhance people's feelings of trust and promote independence.

Our findings

The environment of the home is fairly restrictive due to the needs of some of the people living there. The doors to the kitchen and laundry were locked and people do not access these rooms without staff support. Meals were served to people through a hatch from the kitchen to the dining room. Discussions were held with the deputy manager about how a more person-centred approach to mealtimes could be implemented in line with the risk assessments for people. We observed the layout of the lounge does not foster a sense of homeliness and comfort. The television had been "boxed in" to prevent damage and the seating was pushed against the wall to allow access to the dining table. Consideration should be given to making this an area where people feel comfortable and relaxed. Positive risk taking is encouraged and managed to enable people to access and utilise community facilities, this same approach should be adopted in terms of the home environment.

Environmental audits are carried out to help ensure the health and safety of people living and working in the home. We saw everywhere was clean and tidy. The bathroom is in need of refurbishment which the deputy manager told us had been identified by the providers and was included in the refurbishment plan. Records confirmed when maintenance work was identified and when this had been carried out. Monthly audits of the environment, first aid boxes and personal protective equipment were reviewed and found to be up to date. We noted the testing of all portable appliances had been completed in 2016 and no issues had been identified. There were personal emergency evacuation plans (PEEPs) in place for the people living in the home. Regular tests of the fire alarm system and equipment had been completed and fire drills had been carried out. Training records confirmed all staff had received fire safety training and were up to date with this. People are safe from avoidable harm within their living environment however; consideration should be given to how the environment could be adapted in order to promote greater accessibility and comfort.

4. Leadership and Management

Summary

Staff feel supported and receive regular supervision and training. The deputy manager has been in post for a number of years and has fostered a culture where people living and working in the home feel valued.

Our findings

Staff induction and training has provided them with the knowledge, skills and understanding required to effectively support people's well-being. Staff who had recently commenced working in Cherry told us they had completed a two week induction which included; training in safeguarding, person centred care and management of actual or potential aggression (MAPA). In addition they had spent time working with more experienced members of staff (shadowing). Staff who had worked for the provider for a number of years told us they were supported and their training and personal circumstances were discussed during supervision. Staff files evidenced staff had received supervision approximately two monthly and an annual appraisal. It was recommended that SMART (specific, measurable, achievable, realistic and time-bound) objectives should be set at the end of these sessions to help develop individuals' skills and knowledge to benefit the people they are supporting. Staff told us, and records confirmed, when incidents of challenging behaviour had been displayed, both they and the person involved were given the opportunity to discuss the situation and learn from the issue. We noted the staff team were relatively new to each other but they told us meetings were held to discuss issues and keyworkers had been identified to ensure people's needs and wishes were communicated to all staff. We saw the daily care files were bound documents which included the one page profile and activity planner for the individual which helped to ensure people's activities, health and well-being were communicated. People living in Cherry benefit from a staff team which communicate with each other and are well led and supported.

People living in Cherry and prospective residents know what facilities and support are offered. The statement of purpose which outlines the services provided in Cherry contained all the required information. This document states it is available in Welsh on request. It is recommended that an active offer of Welsh is made i.e. providing a service in Welsh without people having to ask for it. A pictorial complaints procedure was on display showing people who they could tell if they were unhappy with the service. Care documentation evidenced people had been supported by an independent advocacy service and when restrictors were placed on their liberty under the DoLs process people had received input from a paid relevant person's representative (RPR). There is a system and support network in place to identify and raise concerns.

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

- In order to promote an environment where people feel comfortable and trusted a less restrictive environment should be considered.
- To help enable people to achieve their outcomes, an active support model of care should be considered.
- To help promote staff development measurable objectives should be set during supervision and appraisals.
- To ensure people whose first language is Welsh, we recommend that the service provider considers Welsh Government's '*More Than Just Words follow on strategic guidance for Welsh language in social care*'.

6. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. We made an unannounced visit on 05 December 2017 between 9:25am and 4:45pm.

The following methods were used to determine our findings:

We spoke with three staff, the deputy manager and the registered manager.

We reviewed the following records;

- Two care files including care plans and risk assessments
- Activity planners
- Daily records
- Incident forms
- Two staff files including recruitment and supervision details
- Training matrix
- Maintenance logs
- Fire safety
- Monthly and weekly audits

We conducted a tour of the communal and individual areas of the home.

Further information about what we do can be found on our website www.cssiw.org.uk

7. About the service

Type of care provided	Adult Care Home - Younger
Registered Person	Mental Health Care (Highfield Park) Ltd
Registered Manager(s)	John Hughes
Registered maximum number of places	2
Date of previous CSSIW inspection	This was a post registration inspection
Dates of this Inspection visit(s)	05/12/2017
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	This is a service that does not provide an 'Active Offer' of the Welsh language
Additional Information:	

No noncompliance records found in Open status.