



Inspection Report on

Chapel Hill Farmhouse

**Chapel Hill
Pembroke
SA71 5HY**

Date Inspection Completed

28/06/2019

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Description of the service

Chapel Hill Farmhouse provides personal care and accommodation for up to six people. Accommodation is provided in a detached house. It is located in a small rural village three miles from Pembroke town. The registered provider is Shangri La Chapel Hill Limited and the responsible individual is Susan Jennifer Hanger. There is a manager in post who has day to day responsibility for the running of the home and is registered with Social Care Wales.

Summary of our findings

1. Overall assessment

People live in a well-managed environment where they appear content, relaxed and supported. People benefit from warm and positive interactions with staff who are well trained and know them well. The staff team is stable, motivated and supported by the manager and responsible individual. People engage in a variety of activities which are structured around their individual needs and preferences. The service offers a very pleasant, comfortable and well maintained environment for people to enjoy.

2. Improvements

As this was the first inspection since the service registered under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA 2016), any improvements will be considered as part of our next inspection.

3. Requirements and recommendations

There were no requirements or recommendations identified at this inspection.

1. Well-being

Our findings

People can be assured that their well-being is promoted and they can experience a sense of warmth and belonging. Throughout our inspection we saw that people looked relaxed and comfortable in the company of staff and each other. We overheard good natured banter taking place and we saw staff interacting with people in a respectful, kind and informed manner. People were asked about the activities which they wished to participate in, meals and drinks which they preferred and visits they wanted to make in the community during the afternoon of the inspection. We saw that all suggestions were considered and met whenever possible. We saw that staff communicated with people in ways which they understood and that they had a good awareness of people's individual needs and preferences. All staff had been working at the home for some time and this contributed to good continuity of care. We noted that people were encouraged to access the local community in accordance with their wishes, for example, local towns and beaches and that visitors to the home were frequent and made welcome. We conclude that people have positive relationships both within the home and the wider community.

People are supported to be as healthy as possible. Care documentation evidenced that personalised support plans were in place which included risk assessments and behaviour plans. Care documentation included people's goals and aspirations and identified outcomes. These were reviewed in a timely way and any changes clearly highlighted. Care plans were written in the first person and were person centred. We saw evidence in the care documentation that the appropriate health and social care professionals were involved with people's care. This included, for example, GPs, social workers, community nurses and various other healthcare professionals who were consulted on a regular basis. The staff in the home encouraged a healthy lifestyle in terms of food and activity choices. People were supported to be as independent as possible, as identified in care plan documentation. This demonstrates that people's health and well-being is promoted.

People are supported to engage in meaningful activities. Activities which people enjoy are documented in care plans and we saw people involved in sorting activities, craft and cookery during the inspection. Activities carried out were appropriate to each individual. We heard people being offered choice about their afternoon activities, which included a visit to a local beach followed by ice-cream. People were able to enjoy participating in activities on an individual basis or collectively as they chose. People are therefore supported to be active and to enjoy socialising both within the home and in the wider community.

People are supported by staff who are knowledgeable, well supported and know them well. Staff turnover within the home is low which enables staff to develop a good knowledge of people's individual needs and preferences and therefore to note any changes promptly. Staff are motivated and enthusiastic about their work and told us that they wanted to make a positive difference to the lives of the people they care for and support. The staff team is supportive of one another and of the management. Shifts are always covered willingly by staff working in the home thereby negating the need for agency staff and ensuring continuity of care. People therefore receive care and support from staff who enjoy their work and who know them well.

2. Care and Development

Our findings

Care and support is provided by experienced staff who are employed in sufficient numbers. We saw care staff spending time with people on an individual basis throughout the inspection and we witnessed informed and meaningful interactions taking place. We saw that staff were knowledgeable about people's individual needs and preferences and that they were therefore able to provide care and activities appropriate to people. We saw staff assisting people with puzzles and sorting activities, paper craft and making milkshakes. People clearly enjoyed these activities as they were keen to participate and there was a lot of smiling and laughter. We saw that staff consistently asked people if the activity they were participating in was being enjoyed and activities were tailored to the needs and wishes of individual people. Discussion with staff indicated that they had a very thorough knowledge of each person and were well aware of their individual needs, wishes and preferences. Staff spoken with were able to provide us with detailed information about people's histories, people important to them, their behaviours, medications required, particular likes and habits and their aspirations. We saw throughout the inspection that people were treated with kindness, dignity and respect by all staff. This resulted in a relaxed and homely environment where people felt that they were valued. We found the staff team to be very stable and supportive of one another and of the management. Staff described how they assist each other whenever necessary and possible and this means that shifts are always covered, not necessitating the use of agency staff. An example of this support and flexibility was demonstrated on the day of inspection when the road to the care home was closed for some time due to resurfacing work. Some staff were unable to come into work on time and staff either came in early or stayed late in order to ensure that the home remained adequately staffed. They were seen to do this willingly and with enthusiasm. The staff team therefore demonstrated that they were committed to their work and were supportive of the manager.

People can be assured that care workers have an accurate and up to date plan for how their care is to be provided in order to best meet their needs. The three care files looked at demonstrated that care documentation had been reviewed appropriately and amended where necessary. Care documentation was written in the first person and indicated care that was person centred throughout. Areas where people were able to remain independent were clearly documented and care plans were outcome focussed with goals being measurable. We saw that people and their relatives were consulted about the care provided and that they were encouraged to contribute to care planning and reviews. We saw in people's files that any change or concern about their health prompted timely and appropriate actions, for example, referrals to other health professionals and the service supported people on appointments, for example, to the GP surgery and to hospital.

Safe systems for medicines management were seen. Medications were stored securely and temperatures were recorded to ensure that medicines were stored appropriately. Medication administration records were kept. We saw trained staff administering medication. The manager told us that there was good communication and partnership working with the local pharmacy. Staff spoken with were able to give us information on the

medication people received and why it was being administered. People are therefore protected, as far as possible, by the medication management system in the home.

3. Environment

Our findings

People live in a clean, comfortable and welcoming environment which has a homely atmosphere. When we looked around the home we saw that it was very well maintained and offered people an environment which would enhance their well-being. Much of the home's activity took place in the large, well equipped kitchen area which provided the focus of life within the home. We found this to be a warm and welcoming environment which offered people the opportunity to socialise in a relaxed manner. A large lounge was available for people and this was light and comfortably furnished with people's own chairs where needed or wanted. There was also a sitting area on the landing upstairs. All bedrooms were single occupancy and were spacious. They were clean and bright and each was furnished and decorated in accordance with the individual occupant. Bedrooms contained people's own belongings and demonstrated individual taste and preference. Bedrooms contained a sink. Communal bathrooms and toilets were of a good size to enable people to be assisted where necessary. Toilet and bathrooms were clean and demonstrated due regard for the control of infection by having liquid soap, paper towels and bins with a flip top. A large laundry was located on the ground floor. All areas of the home were uncluttered, with good storage facilities being available. Pleasant views over the surrounding countryside were offered from all sides of the home. A level and enclosed garden was available to people and we saw that good use was made of this during the inspection. We saw people go in and out of the garden independently when they chose to. We were told that sports events and barbecues took place in the garden and people were very much looking forward to the forthcoming sports day.

The health and safety requirements of the home are overseen by the management. We were provided with a file which contained evidence of maintenance records and testing of equipment. It was clear that on-going maintenance of the home was regularly carried out as all areas seen were in a good condition. We noted that cleaning fluids and other hazardous items were stored appropriately. We felt, therefore, that people's home environment is in good order and that they can feel assured that it is a safe place to live in.

4. Leadership and Management

Our findings

People live in a home where the management team maintain a positive ethos and culture, where people and staff feel valued. All information requested was promptly provided and we found staff to be knowledgeable, approachable and committed to making a positive difference to the lives of people living at the home. We experienced a happy and comfortable atmosphere within the home, where both people and staff interacted in a confident manner. One person told us of the staff *"They are very good. I like them a lot, we all get on well"*.

Staff are managed in a way which improves outcomes for people. We noted that staff were motivated and all staff we spoke with said that they enjoyed their jobs and found their work to be extremely satisfying. One member of staff told us *"I absolutely love my job, I wouldn't work anywhere else"* and another *"I have always worked in the care industry and this is the best job by far"*. We examined three staff files and found the information to be well organised and easy to locate. The required recruitment information was seen in all files looked at, including employer references and DBS checks. We found that there was very low staff turnover thus ensuring continuity of care for people. Staff covered shifts for each other if needed and told us that they did this willingly. This negated the need to use agency staff and ensured continuity of care. Staff held relevant qualifications and these were recorded in their files. All staff spoken with said that they felt well qualified to carry out the tasks asked of them. Individual staff training records evidenced that staff had undertaken not only mandatory training but also training relevant to the needs of people living in the home, for example, epilepsy training. Staff spoken with said that they were encouraged to attend additional training and that details of upcoming courses and training events were highlighted on a notice board just outside the kitchen. We saw that staff received regular supervision and annual appraisal. Staff spoken with confirmed this to be the case and commented positively on the supervision process which allowed them to reflect on their performance, identify training needs and discuss what matters to them.

Staff spoke in positive terms about their relationship with management and told us that they were always informed of any issues which might impact on the running of the home. We noted that staff and management maintained good communication with each other and that this was reinforced by regular staff meetings. Staff told us that the responsible individual and the manager were very approachable, that both had a very regular presence within the home and that they knew people and staff well. Staff morale appeared to be high within the staff team and staff spoke passionately and enthusiastically about their work. We conclude that people are supported by a stable staff team who have appropriate knowledge and skills and who are valued, supported and appropriately trained.

5. Improvements required and recommended following this inspection

5.1 Areas of non-compliance from previous inspections

This is the first inspection since the service was re-registered under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA)

5.2 Recommendations for improvement

There were no requirements or recommendations identified at this inspection.

6. How we undertook this inspection

We undertook an unannounced full inspection, the first for the care home since re-registration under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA). Information for this report was gathered from:

- An unannounced inspection to the home
- Conversations with people living in the home
- Conversations with all staff on duty on the day of inspection
- Observations of daily routines, care practices and activities in the home during the inspection
- Visual inspection of the home
- Examination of three care files relating to people living in the home
- Examination of three staff files to consider the recruitment process in place and the arrangements relating to supervision and training
- Examination of records and policies held at the service including staff rotas, staff training, supervision, a number of policies and procedures including safeguarding, whistleblowing and complaints
- Review of information about the service held by CIW
- Review of the service's Statement of Purpose

We are committed to promoting and upholding the rights of people who use the care and support services. In undertaking this inspection we actively sought to uphold people's legal human rights.

<https://careinspectorate.wales/sites/default/files/2018-04/180409humanrightsen.pdf>

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About the service

Type of care provided	Care Home Service
Service Provider	Shangri-La Chapel Hill Ltd
Manager	Sally James
Registered maximum number of places	6
Date of previous Care Inspectorate Wales inspection	20/06/2017
Dates of this Inspection visit(s)	28/06/2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	No
Additional Information:	

Date Published 27/08/2019