



Inspection Report on

Llys Nant

**27 Park Street
Denbigh
LL16 3DE**

Date Inspection Completed

05/06/2019

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Description of the service

Llys Nant is a detached house located in the town of Denbigh. The home provides care for up to six people with learning disabilities. The responsible individual for the home is John Roberts, however the manager's post was vacant and they were currently interviewing candidates for the manager's post.

Summary of our findings

1. Overall assessment

People are supported in a person centred way to make choices and be involved in decisions that affect their lives. They lead active lives within the home and in the local community in line with their choices, interests and goals. Staff are provided with training and supervision to support them in their role. The responsible individual is currently managing the home along with the deputy for the home until a manager is appointed. Consequently, an absent manager resulted in the home being non-compliant with regulation and a non-compliance notice was issued.

2. Improvements

- Personal plans are person centred giving information about the person's likes and dislikes and how they like to spend their day.
- Quality assurance monitoring and assessment records have been developed to ensure people's views are recorded.
- Staff are being supervised at the appropriate intervals and have attended relevant training.

3. Requirements and recommendations

Section five of this report sets out the area where the service is not meeting its legal requirement under The Regulation and Inspection of Social Care (Wales) Act 2016.

1. Well-being

Summary

People's well-being and sense of value is promoted through the development of warm, positive relationships with staff who treat them with respect and maintain their safety.

Our findings

People are encouraged to speak and express themselves and their wishes are respected. People told us they were able to discuss any issues or problems they might have with staff and felt listened to knowing that their views would be respected. We viewed the minutes of house meetings, which evidenced that people had opportunities to discuss food preferences, healthy eating, activities and holiday plans. We learned that a person using the service had informed staff they wished to work as a cleaner, and the responsible individual arranged for them to work as a cleaner at Llys Nant's sister home located nearby in Denbigh. The individual told us they really enjoyed their work and that it gave them a purpose and kept them busy. In addition, they had been supplied a uniform and their name had been placed on the staff rota which was important to them. The staff team had raised a safeguarding issue as a topic for discussion in a house meeting so that people were aware of what to do if they feel unsafe, worried or unhappy. The records of key worker sessions evidenced that people had opportunities to speak to staff and staff supported them with sound advice and guidance. For example, we read a key worker record that evidenced one of the people had been concerned about having money ready for going on holiday in the future. A member of staff reassured them that they need not to worry about money and that Llys Nant would take care of matters for them. We observed people speaking to staff throughout the day and that they had good relationships with staff. People occasionally entered the staff office without hesitation and staff welcomed this. This demonstrated that people were confident to approach staff within the home or within the staff office environment. People told us, that, if required, they could contact their social worker at any time throughout the day. As a result, people are able to express their views and opinions effectively and change occurs to support the well-being of people.

People are supported to develop their knowledge and keep occupied. People told us they made decisions regarding certain aspects of their lives. For example, one person had requested to staff they would like to undertake a First Aid training course to improve their knowledge on the subject. On the afternoon of the inspection, the person returned to the home having attended a First Aid Course. They told us they had really enjoyed taking part in the training and they had learned new information. They provided us with examples of what they had learned and showed us how to carry out to respond to emergency scenarios. People were encouraged to do things for themselves with appropriate levels of support based on individual requirements. Three of the five people living in the home were employed either by the responsible individual or by employers in the Denbigh area. People told us they had been to see an Abba tribute band and that they had really enjoyed the

show signing along to the songs. People were encouraged to do things for themselves and to develop their skills. We saw that activity planners had been completed (by the individuals themselves where they were able to do so, or by staff) which included activities in the home, within the local area, and further afield. People's individual interests, likes and dislikes had been recorded and we saw that efforts had been made by staff to ensure that people pursued their interests. For example, people had been bowling several times, and they attended a weekly fun club where they danced, took part in quiz nights and bingo. We learned that people were supported to keep in contact with their family on the telephone and in person. For example, one person had been supported by staff to visit their family in the south of England and they told us they had really enjoyed seeing close and extended family members. On the day of inspection, we observed people asking staff if they could visit Rhyl as they wished to walk along the promenade and visit the amusement arcade and shopping centre to spend their well-earned money. This demonstrates that people are involved, participate and feel valued and can do things that matter to them.

The home is working towards the Active Offer of the Welsh language. This means being proactive in providing a service in Welsh without people having to ask for it. On discussions with the responsible individual, people and staff, we saw there was no demand currently for Welsh speaking support. However, the responsible individual agreed with the necessity of providing an Active Offer in the event that the home supported anyone who chose to communicate in Welsh. We recommended that home's statement of purpose and service user guide to be made available bilingually, in Welsh and English, so that people will not have to ask for them. This will mean that Welsh speaking people would be able to make informed decisions about their care and support.

2. Care and Support

Summary

People are involved in planning their care and the information on file provides staff with information on how best to care and support them.

Our findings

People receive appropriate care based on their assessed needs. Personal plans had been discussed with each person (where applicable) to identify interests and personal goals and ways to achieve them. This practice ensured that people in the home had up to date care plans. Appropriate Deprivation of Liberty (DOLs) requests had been made. Daily diaries that staff completed for each person evidenced how they spent their day, food they had eaten and their mood. We spoke to people about their care and support and they were complimentary regarding staff and the support they received. People were encouraged to keep fit and well, records evidenced they were being supported to have health checks and to attend various appointments. Our discussions with people, staff and the records we viewed confirmed that people's health matters were being met and in line with the goal of the placement. Records showed that people were administered medication as prescribed and staff had received training in medicine administration. We saw that regular audits of the medication systems were being carried out to ensure that systems continued to be safe. As a result, people are encouraged and supported to be as healthy as they can be and staff look after them the best they can.

Staff interact well with people. We observed staff providing people with individual attention in a relaxed and supportive way. People told us they liked the staff team and our observations of staff and people was positive and staff were sensitive and respectful in their practice. People were supported to understand and make informed healthy lifestyle choices regarding food, alcohol and smoking. People told us that they were able to choose the meals that they wanted, which were planned with their preferences being sought. People explained that alternatives were available if they did not like the meals suggested by others. Meals made during the inspection were home cooked, included vegetables and staff sat and ate with people to make the experience comfortable. An active lifestyle was being encouraged by staff. Activity planners and daily diaries evidenced physical activity, with people regularly going for walks. Additional activities were undertaken by some people, including swimming. Records of menus, and of meals and snacks eaten demonstrated that people were benefitting from a healthy, well-balanced diet. One evening per week, people were allowed to choose their favourite take away, which people said they enjoyed. This shows that healthy options are available based on individual preferences, and people can have treats occasionally as a sociable event.

Llys Nant's training matrix evidenced that a range of courses were delivered to staff, aimed at equipping them to meet the needs of people living in the home. We read that new staff completed core-training modules within their initial induction period, including an introduction to the model of care used in relation to communication skills, safeguarding and behaviour management. New staff had opportunities to shadow experienced staff on shifts before they were added to the staff rota. Staff receive training pertinent to their roles.

3. Environment

Summary

Llys Nant provides a comfortable and homely environment for people to live in.

Our findings

The home, facilities and equipment are suitable for people using the service, having regard to the statement of purpose. The location, design and size of the premises were suitable for the needs of the people using the service. This included the consideration of people's individual needs, although it would benefit from being painted and decorated to freshen the environment and new furniture to modernise the place. The location from which the service was delivered, took into account the need for people to have easy access to the local community of Denbigh. The nearest railway link is Rhyl which provided direct access to anywhere in the United Kingdom. Local bus services run regularly and many taxi firms were available within walking distance of the home. The home was close to Dental clinics, General Practitioner (GP) Surgeries, Physiotherapists, Chiropodists, Local College, Library, Shops, and bowling green, tennis court, Denbigh Castle, Public Park and a newly built retail park. Communal spaces were available on the premises of the home to meet the needs of people, and were easily and independently accessible. This included a room for people to meet privately with visitors and family, take part in activities, and play board games. The enclosed back garden allowed people to freely move from the inside and out of the house as they choose. We saw that people used this area to socialise with one and other. People live in a home that provides for their assessed needs.

The home has health and safety arrangements, which ensure people, remain safe. The secure and safe practices and procedures respect the rights, privacy and dignity of people. The level of safety monitoring was appropriate to people's needs and behaviours. There were arrangements to ensure that any immediate repairs and works arising were identified, reported and actioned in response to the level of urgency. This supported the safety and wellbeing of people using the service, visitors and staff. Bathrooms, showers and toilets were located and designed to take account of the privacy, dignity, safety and needs and abilities of people. Procedures for the management of hazardous waste met the requirements of relevant Health and Safety legislation and guidance. People's health and safety is maintained through a robust programme.

Confidentiality is maintained. People's personal plans and employee records were stored securely in the office. Staff records were only available to staff who had authority to do so. In addition, people were safe from unauthorised visitors entering the home, as all visitors had to show their identification and purpose of visit prior to gaining entry, subsequently sign and date the visitor's book when entering and leaving. We conclude that people are safe, that their and staff's privacy and personal information is protected.

4. Leadership and Management

Summary

The responsible individual is taking steps to address the non-compliance identified at the inspection of Maes Teg, Which is Llys Nant's sister service and both homes are located next to each other. The quality assurance systems should now be developed further to provide evidence that the service is delivering the best possible outcomes for people.

Our findings

The service does not have a qualified manager. The responsible individual had appointed a manager for the home who did not have the appropriate qualification and neither were they registered with Social Care Wales (SCW). The responsible individual must ensure that when employing a manager, they are qualified and registered with SCW and can manage the delivery of the service on a day-to-day basis. The responsible individual confirmed they were in the process of interviewing candidates for the manager's post. We were assured by the responsible individual that the above omission would be addressed in good time. A non-compliance notice was issued given that this matter breached regulations. The responsible individual must follow the prescribed systems and processes that enable them to have clear oversight of the management, quality, safety and effectiveness of the service. People cannot be assured that the service is managed by a qualified and a manager who is registered with SCW.

There are quality assurance systems in place. There were arrangements for the responsible individual to visit the home but there were no records to evidence that these visits had taken place. However, during the inspection, the responsible individual was present at the home, and they told us they visited most days and staff and people confirmed that this was the case. We were aware that the templates used by the responsible individual was currently being developed in order to include that people had been consulted with their social workers and staff working at the home. People cannot be assured there is clear, consistent and effective quality assurance systems in place because there are no records to evidence it.

People's personal files provide sufficient information to support staff to properly care for them. We inspected people's files and found that their personal plans provided sufficient information of the agreed care and support package and the manner in which this was to be provided. Plans had a clear and constructive guide for staff on how to best care for people's support needs and the outcomes they would like to achieve and the timescales for these. There was evidence of ongoing monitoring and reviewing of the personal plans, to allow staff and their social workers to measure progress over time. Records considered people's personal wishes and aspirations. We inspected four staff files and found that the required information as set out in regulation was available. 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. People's personal plans are clear and inform staff about how they should provide care and support on a daily basis to meet people's needs and support them to achieve their personal outcomes.

Staff receive opportunities to reflect on their practice and enhance their knowledge. The responsible individual ensured that any person's working at the home received appropriate supervision and appraisal. Records confirmed that staff received supervision within their role to help them reflect on their practice. For example, a supervision record evidenced that staff had been supported in the development of their practice in order to improve their confidence and provided with guidance on how to deal with certain scenarios and challenging matters. We observed staff asking the responsible individual and senior staff members questions about the care and support of people, and them responding positively by providing answers and guidance to staff. Staff have many opportunities to reflect, talk about, and make a positive contribution to the well-being of people using the service.

There were policies and procedures to achieve the aims of the statement of purpose. Policies and procedures were proportionate to the service being provided in accordance with the statement of purpose and policies had been updated in May 2019. The responsible individual had suitable arrangements in place to ensure that the policies and procedures were kept up to date and were amended when required. There was a system in place for the management and oversight of ordering, reordering, storage (of both controlled and non-controlled medication), administration, reconciliation, recording, and disposal of medicines. Arrangements were in place to support and promote people's independent management of their medication, where applicable, including liaison with relevant professionals to enable this. Staff received training and were competent before managing, administering or supporting people to manage their own medication. There are clear and effective systems in place to ensure that all policies and procedures are up to date.

5. Improvements required and recommended following this inspection

5.1 Areas of non-compliance from previous inspections

During the previous inspection in 2017, it was identified that the then manager of the home was not registered with the CIW. This was a breach of Regulation 9 (6) under Care Standards Act 2000. This breach did not have an adverse impact on the people using the service, and the manager made an application to CIW to become registered, therefore a non compliance notice was not issued.

5.2 Recommendations for improvement

Regulation 67 (1).

The responsible individual appointed a manager who does not have the appropriate qualification and was not registered with Social Care Wales. The responsible individual ensures a manager who is registered with Social Care Wales is appointed and in place to manage the delivery of the service on a day to day basis for each place at, from, or in relation to which services are provided. A non-compliance notice was issued in relation to this breach.

Recommendations.

There were arrangements for the responsible individual to visit the home and we saw that they did, but there were no records to evidence that these visits had taken place previously.

To further improve the environment we recommended the home is painted and decorated and new furniture be purchased.

We recommended that home's statement of purpose and service user guide be made available bilingually, in Welsh and English, so that people will not have to ask for them.

6. How we undertook this inspection

This was a full inspection undertaken as part of the schedule of annual inspections and the home was inspected under RISCA following being re-registered. The unannounced inspection was carried out by one Inspector on Wednesday 5 June 2019 between 9:00 and 4:00.

Information for this report was gathered from:

One unannounced inspection visit to the home.

Information about the service held by CIW, which included previous inspection reports, and notifications received from the home.

The statement of purpose.

Service users guide.

Discussion with five people who lived at the service.

Discussions with the responsible individual and staff on duty during the inspection.

The documentation kept in relation to the people living in the home.

A sample of staff files.

Health and Safety records.

We had a tour of the home to consider the environment.

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

www.careinspectorate.wales

About the service

Type of care provided	Care Home Service
Service Provider	John Roberts
Manager	Vacant
Registered maximum number of places	6
Date of previous Care Inspectorate Wales inspection	This was the first inspection under RISCA.
Dates of this Inspection visit(s)	05/06/2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	Working towards an “Active Offer”.
Additional Information:	

Date Published 25 July 2019



Care Inspectorate Wales

Regulation and Inspection of Social Care (Wales) Act 2016

Non Compliance Notice

Care Home Service

This notice sets out where your service is not compliant with the regulations. You, as the registered person, are required to take action to ensure compliance is achieved in the timescales specified.

The issuing of this notice is a serious matter. Failure to achieve compliance will result in Care Inspectorate Wales taking action in line with its enforcement policy.

Further advice and information is available on CSSIW's website
www.careinspectorate.wales

Llys Nant

Denbigh

Date of publication: **25 July 2019**

Leadership and Management	Our Ref: NONCO-00007722-NRMF
Non-compliance identified at this inspection	
Timescale for completion	20/08/19
Description of non-compliance/Action to be taken	Regulation number
The home does not have a manager in place, who is qualified and also registered with SCW.	Regulation 67 (1).
Evidence	
The responsible individual had appointed a manager who did not have the appropriate qualification to manage a care home and was not registered with Social Care Wales. The responsible individual must ensure that when appointing a manager, that they are registered with Social Care Wales and have the appropriate qualification to manage a care home.	



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Leadership and Management	Our Ref: NONCO-00007833-GBRD
Non-compliance identified at this inspection	
Timescale for completion	07/08/19
Description of non-compliance/Action to be taken	Regulation number
Evidence	
<p>Regulation 67 (1).</p> <p>The responsible individual appointed a manager who does not have the appropriate qualification and was not registered with Social Care Wales. The responsible individual ensures a manager who is registered with Social Care Wales is appointed and in place to manage the delivery of the service on a day to day basis for each place at, from, or in relation to which services are provided. A non-compliance notice was issued in relation to this breach.</p>	