



Inspection Report on

Maes Teg

**25 Park Street
Denbigh
LL16 3DE**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

16/04/2019

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Description of the service

Maes Teg provides care for up to five people with learning disabilities and are 18 years of age or over. There is a responsible individual for the home and a manager that was appointed but not qualified or registered with Social Care Wales (SCW). The service has been re-registered under The Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA).

Summary of our findings

1. Overall assessment

People are cared for by staff who have extensive knowledge about them and know how best to care for them, although the evidence and paperwork relating to this was missing. People told us they are happy living at Maes Teg and appeared relaxed and content. The people who are able to be more active are accessing more activities in the local community. The environment and resources available provides for people's needs, although the home would benefit from being painted and decorated. The overall governance, leadership and management of the home is underperforming and there are a number of breaches in regulation having been identified at this inspection. A non-compliance notice was issued in relation to the responsible individual appointing a manager who did not have a suitable qualification to manage the home or registered with SCW. However, non-compliance notices were not issued in relation to the other breaches identified as these did not negatively impact on the wellbeing, care and support of people living in Maes Teg.

2. Improvements

The service has an up to date statement of purpose.

3. Requirements and recommendations

Section five of this report sets out the areas where the home is not meeting its legal requirements.

1. Well-being

Summary

We found that people have a sense of belonging in the home and are encouraged to express their views. People have opportunities to be active and are encouraged to be independent.

Our findings

People get to remain active. We ascertained that people had carried out the following activities; bowling, visit the cinema, beach, horse-riding, golf range, shopping, out for meals, help staff to cook to support their independence skills. One person attended work placement where they were supported to make benches, tables and chairs out of wood. Y Cynnig Group supported people and took them out to take part in community activities such as learning to cook, drama club and theatre, art and craft, metal detecting, day trips into Wrexham and Chester, weekend walks through various forests and around towns, story writing, fishing and computer courses. People had monthly meetings where they could discuss any activities they wished to take part in, also weekly key working sessions provided the opportunity to further discuss activities. People have ample of opportunities to maintain their interests and simultaneously keep active and as fit as possible.

People remain safe and their health is promoted. People were supported to not only maintain a balanced diet, and good fluid intake, but also to enjoy the experience of eating. We were shown around the kitchen and cupboards, and these evidenced that there was a wide variety of food available. Staff told us that some people only liked specific, strong-smelling food, which they found to be a sensory experience, as much as a mealtime. We saw others have certain days where they like a particular meal, such as takeaway once a week. People were supported to cook their own meal one day per week, with a view to building up their living and independence skills. As a result, we conclude that people have choice of food and drinks, as well as support to get the most out of mealtimes as they can.

People remain safe and staff are effective at making decisions in order to promote their wellbeing. There had been no notifications submitted to the CIW although there had been minor incidents and accidents. We read that staff had managed these effectively without the need to escalate further for medical assistance or Police intervention. Staff had attended safeguarding training to ensure they remained up to date with relevant information pertinent to the law, national and local policies. People were registered with a general practitioner in the locality of the home. Where required, assistance was provided to access additional services from health and allied health professionals. People were registered with a dentist and were supported to attend and participate in health checks and activities related to health promotion, where appropriate. This included specifically, but not exhaustively: dentistry, opticians, speech and language services, physiotherapy, mental health and / or therapeutic services. For example, people were being supported by staff to attend additional appointments in relation to monitor their physiological health condition

whilst another attended regular health appointments / reviews in relation to their mental health condition.

People's rights are respected. We saw that identified risks in relation to people's behaviours had been assessed, to maintain their own safety and that of other people living in the home. Guidance to staff was provided regarding the level of supervision required by each individual and how incidents should be managed. Where people's liberty was constrained, we saw that appropriate action had been taken to protect people's rights e.g. in respect of deprivation of liberty safeguards (DOLS) applications. The Deprivation of Liberty safeguards Assessor visited people to ascertain whether the granted DOLS applications continued to be suitable and if any additions were required to be added for the renewals of the application. Social workers visited people in the home regularly to speak to them and ascertain their views. Family members visited people on a regular basis and the responsible individual was visible throughout the week to discuss their issues / concerns. People living at the home have the right level of security and monitoring according to their legal status.

People receive positive interactions from staff. We observed people being treated with respect and spoken with in their individual method of communication. They were provided with attention in a relaxed and supportive way. We spoke with some of the people and they told us they liked each other and got along with the staff, we witnessed good-natured banter and pleasant, friendly exchanges. Overall, people are shown respect and in turn, they feel safe and listened to and have good relationships with staff.

2. Care and Support

Summary

People are supported to manage their emotional well-being and consider alternative approaches to their sometimes-challenging behaviours. Staff are trained appropriately and look after people as well as they can. There are not enough staff to look after people and the service currently has to deploy agency workers to ensure the care of people is not compromised.

Our findings

Staff receive training and support to enhance their learning, knowledge and development, however, supervision sessions and annual appraisals are not being carried out. Staff had undertaken safeguarding training, which included information about internal and external local safeguarding arrangements and how to report a concern about a person or a member of staff (whistleblowing). Staff training was ongoing at intervals and staff we spoke with were fully aware of their individual responsibilities for raising concerns to ensure the safety and well-being of people. Relevant mandatory training was provided to support staff in their roles and these included training courses relating to safeguarding, health and safety, first aid, fire safety, medication, Deprivation of Liberty Safeguards and the Mental Capacity Act 2005. Staff rotas were in place for the next month, which allowed staff to plan their leave and training around the shifts, they had been allocated. We asked to view the records of staff members' individual supervision sessions and were told that none were available. We informed the responsible individual that staff were required to receive supervision every six weeks. We informed the responsible individual that staff required supervision sessions so that they could have the opportunity to reflect on their practice and to support them in their roles, in turn, to provide the best support to people and ensure professional competence is maintained. We asked to view the annual appraisals records for staff and were told that none were available. We advised the responsible individual that appraisals were required to take place in order to ensure that staff's individual performances continued to contribute to the business objectives and good outcomes for people using the service. We could not evidence that these two breaches of the regulations negatively impacted on the wellbeing, care and support of the people using the service and therefore a non-compliance notice was not issued on this occasion. People cannot be confident that staff who look after them are supported and provided with the opportunity for supervision to gain advice, guidance to enhance their knowledge and understanding.

People are supported to maintain a healthy diet and fluid intake. Food and drink was provided for people and there was a choice, which met their needs and preferences as far as was reasonably practical. Healthy choices of food were available and were promoted at all times. Mealtimes were a positive experience and, where required, people were supported to eat and drink. Where people had been identified as needing to maintain a healthy diet or could only eat certain foods types, effective monitoring of these took place. Where necessary, additional specialist advice was sought to support the care of people. Prescribed treatments and support, including specialist diets and food and drink preparation, is encouraged.

Staff have the right skills and knowledge to support people, however there are not enough permanent staff employed at the home to reflect the statement of purpose and meet the needs of people. Staff team meetings took place every six weeks to discuss the best manner in which to manage, care and support people's behaviours, needs and fluctuating health. People can be assured that there are enough staff and agency workers, and of gender mix, to care for them and that arrangements are in place to recruit permanent members of staff. There was a demonstrable, measurable and systematic approach to determine the number of staff and range of skills / qualifications required for the reliable care and support to meet people's needs and support them to achieve their personal outcomes. Staffing levels and skill mix were reviewed continuously and adapted to respond to the fluctuating needs and circumstances of people. There were arrangements in place to cover staff sickness or absence and annual leave and agency staff were used to cover these shifts. The responsible individual told us that they needed to employ two further members of staff in order to complete the staffing ratio in full. One new member of staff was due to start in May 2019 whilst the other role was currently being advertised. On the day of inspection, there was only one member of staff responsible for looking after five people. The responsible individual must ensure that at all times a sufficient number of staff are deployed to work at the home, having regard to the statement of purpose, the care and support needs of people, supporting individuals to achieve their personal outcomes and the requirements. A non-compliance notice was not issued on this occasion, as we could not evidence that this had a negative impact on people's wellbeing, care and support needs. The service was non-compliant with the regulations, and people cannot be assured that there are enough staff to look after them.

3. Environment

Summary

Maes Teg provides a comfortable and homely environment for people to live in, although it would benefit from being painted and decorated.

Our findings

The home, facilities and equipment are suitable for the service, having regard to the statement of purpose. The location, design and size of the premises were suitable for the service described in the statement of purpose. This included the consideration of people's individual needs, although it would benefit from being painted and decorated to freshen the environment. 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 provides direct access to anywhere in the UK. Local bus services run regularly and many taxi firms were available within walking distance of the home. The home was close to Dental clinics, G.P Surgeries, Physiotherapists, Chiropodists, Citizen Advice Bureau, Local College, Library, Shops, and bowling green, tennis court, Denbigh Castle, Public Park and a newly built retail park. Communal spaces were available 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, play? and recreation. The back garden was enclosed and allowed people to freely move 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 was appropriate to people's needs and behaviours. Furnishings and equipment achieved the aims and objectives as set out in the statement of purpose and met the needs and, where possible, the preferences of people receiving care and support. There was a system for monitoring and auditing, which supported a planned maintenance schedule and during the inspection, a tradesperson was maintaining the home. 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 well-being 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.

4. Leadership and Management

Summary

The governance, leadership and management of the service is underperforming and the breaches in regulation evidence this.

Our findings

The service does not have a qualified manager in place neither are they registered with Social Care Wales. The responsible individual had appointed a manager for the home who did not have the appropriate qualification and neither were they registered with SCW. The responsible individual must ensure that they employ a manager who is registered with Social Care Wales and can manage the delivery of the service on a day-to-day basis. The responsible individual confirmed they would address this breach within a month of this inspection date and consequently employ a manager for the service who was qualified and registered with SCW. A non-compliance notice was issued in relation to this breach of the 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. Between the responsible individual, the appointed manager, the senior staff members, there was not clear lines of accountability, delegation and responsibility that allowed the service to function methodically and autonomously. We were assured by the responsible individual that the above matter would be addressed. People cannot be assured that the service is managed effectively

There are no quality assurance systems in place. There were no arrangements in place for the responsible individual to visit the home and no records or documentation to evidence that these had taken place. During the inspection, the responsible individual was present at the home, and they told us they visited most days. However, they did not record the visit or assess the performance of the service to assist in compiling the quality review. The visit should include a record of the following matters; talking to people and their representatives (if applicable) and staff, inspecting the premises, looking at a selection of personal plans, and any complaints records. There were no arrangements or evidence in place for the appointed manager to have direct access to the responsible individual, when required, and in addition for the opportunity to meet formally. In addition, there were no arrangements or records in place to evidence that the appointed manager received supervision. A non-compliance notice was not issued on this occasion, as we did not find evidence that the breaches in regulation had a negative impact on people's wellbeing, care and support. People cannot be assured there is clear, consistent and effective quality assurances and the responsible individual must make arrangements to ensure there are systems in place for the recording of the visits and supervision of a manager.

People's personal files do not provide sufficient information to support staff to properly care for them. We inspected people's files and found that their personal plans did not provide sufficient information of the agreed care and support package and the manner in which this was to be provided. Personal plans did not have 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 no evidence of ongoing monitoring and reviewing of the personal plans, to allow staff and their social workers to measure progress over time.

Records did not consider people's personal wishes and aspirations. Due to the lack of information within people's files, we interviewed three members of staff regarding the care and support of certain individuals and were consequently, confident that they knew how to care for people properly. The responsible individual must devise personal plans for people, which sets out how on a day-to-day basis their care and support needs will be met, how they will be supported to achieve their personal outcomes, the steps that will be taken to mitigate any identified risks to their well-being. A non-compliance notice was not issued on this occasion, as the wellbeing, care and support of people using the service were not compromised. The responsible individual assured us that this breach in regulation would be addressed immediately. We inspected four staff files and found that the required information as set out in regulation were missing and there were no staff files available for the appointed manager or responsible individual as they also covered some shifts at Maes Teg and Llys Nant. The service needs to have rigorous selection and vetting systems in place to enable them to make a decision on the appointment or refusal of all staff and volunteers. This includes the information set out in schedule 1 of the Regulations. This also includes checking the veracity of references and employment. Additionally, when agency staff were deployed, the service must ensure they are subject to the same checks as permanently employed staff and have evidence to demonstrate the checks have been undertaken. This may include confirmation and checklists supplied by any agency. Non-compliance notices were not issued in relation to the above matters, as the wellbeing, care and support of people who lived at Maes Teg were not compromised. People's personal plans need to be accessible and in a clear format to 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 do not receive opportunities to reflect on their practice. The responsible individual must ensure that any person's working at the home received appropriate supervision and appraisal. There was no record to confirm that staff received supervision within their role to help them reflect on their practice. For example, staff should receive feedback about their performance from people using the service, where applicable, and from the responsible individual and / or a manager (when one is on place). Staff should have the opportunity to meet for one: one supervision sessions with their manager or a more senior member of staff, no less than quarterly. A non-compliance notice was not issued on this occasion, as there was no evidence that the breach in regulation negatively impacted on the members of staff's ability to carry out their roles efficiently, and to care and support people living at Maes Teg. Staff require the opportunity 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 but they were not current. Policies and procedures were proportionate to the service being provided in accordance with the statement of purpose but had not been updated since 2014. The responsible individual must make suitable arrangements to ensure that the policies and procedures are kept up to date, having regard to the statement of purpose. A non-compliance notice was not issued on this occasion, given that this omission had not had a negative impact on the wellbeing, care and support of people living in Maes Teg. However, the medication policy had been amended in 2018, in response to a medication omission and the practices and procedures were aligned to current legislation and national guidance. 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 must be a clear and effective system 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

The manager of the home was not registered with the CIW. This was a breach in Regulation 9 (6) under Care Standards Act 200. This was found not to have had an adverse effect 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. In addition, since the previous inspection, the manager had left the service.

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.

Regulation 15 (1).

People's personal plan needs to be accessible and in a clear format to 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. A non-compliance notice was not issued in relation to this breach.

Regulation 35, Schedule 1.

Staff files were incomplete and there was no file for the manager or the responsible individual. Information and documents need to be available in respect of persons working in the home. The service needs to have rigorous selection and vetting systems in place to enable to make a decision on the appointment or refusal of all staff and volunteers. This includes agency staff deployed to the home, and information set out in schedule 1 of the Regulations. This also includes checking the veracity of references and employment. A non-compliance notice was not issued in relation to this breach.

Regulation 34 (1), (a), (b), (c), (d).

There is not a sufficient number of staff available for the reliable provision of care and support to meet people's needs and support them to achieve their personal outcomes. The service provider must ensure that at all times a sufficient number of staff are deployed having regard to the statement of purpose and the care and support needs of people. A non-compliance notice was not issued in relation to this breach.

Regulation 36 (c).

There was no evidence that staff received appropriate supervision and had no annual appraisals. The responsible individual must ensure that staff receive supervision in their role to help them reflect on their practice and to make sure their professional competence is maintained. Additionally, that all staff have an annual appraisal which provides feedback on their performance and identifies areas for training and development in order to support them in their role. A non-compliance notice was not issued in relation to this breach.

Regulation 73 (1), (2), (3).

The responsible individual must record their visits to the home. The responsible individual must visit the service in person to monitor the performance of the service in relation to its statement of purpose and to inform the oversight and quality review. A non-compliance notice was not issued in relation to this breach.

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 Tuesday 16 April 2019 between 9:00 and 5:00.

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, the self-assessment of service document and notifications received from the home.

The statement of purpose.

Discussion with three people who live at the service.

Discussions with the responsible individual, one senior member of staff and care 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	The responsible individual appointed a manager but they do not have the suitable qualification and are not registered with SCW.
Registered maximum number of places	5
Date of previous Care Inspectorate Wales inspection	3 / 5 / 2017
Dates of this Inspection visit(s)	16/04/2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	No
Additional Information:	

Date Published 18 June 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

Maes Teg

Denbigh

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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 registered and qualified manager.	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 they are registered with Social Care Wales and have the appropriate qualification.	