



Inspection Report on

Swn Y Wylan

Rhos On Sea

Date of Publication

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Description of the service

Swn y Wylan is a care home which is located in Rhos on Sea. It provides personal care and accommodation for up to six younger adults who have learning disabilities.

Swn y Wylan is owned by Coed Du Hall Ltd and is registered with Care Inspectorate Wales, (CIW). There is a nominated responsible individual for this service. A manager has been appointed who is registered with Social Care Wales.

Summary of our findings

1. Overall assessment

People are in control and able to make decisions about their lives. Improvements in recording, monitoring and actions taken ensure that individuals living in the home are kept safe and protected from harm or abuse. People's needs are understood by a small team of staff and they are supported to be as healthy as they can be with input from health and social care professionals obtained when necessary. We found care plan documentation had improved but further work is needed to evidence the care and support being provided to people living in the home. Since the last inspection we found that there was more openness and transparency in communication between the provider and CIW and evidence of improvements being made to the service. However staff morale could be improved to ensure that all staff employed at Swn y Wylan work well as a team.

2. Improvements

At this inspection we found that the registered persons are compliant with the following;

Regulation 17 (1) (a) as records are kept in line with Schedule 3.

Regulation 17 (3) as care plans and associated documentation we looked at had been maintained and kept up to date to reflect peoples needs.

Regulation 38 as CIW had been notified of incidents occurring in the service since the last inspection.

CIW had been notified of the management arrangements at the home and the Statement of Purpose and Service User Guide had been amended to reflect this.

3. Requirements and recommendations

Further details can be found in section 5.2 of this report as to our recommendations to improve the service. This includes; care planning and risk assessments, physical intervention and staff morale.

1. Well-being

Summary

People are encouraged and supported to make decisions about how they want to spend their time. Individuals are safer and more protected due to improvements made in the recording, monitoring and actions taken when incidents occur.

Our findings

People have control and are able to make choices about what they want to do. When we visited we spoke with two out of four people living in the home. When we arrived one person was leaving the home with their relative. When they returned they told us they had been on the bus to Rhyl and had enjoyed a cooked breakfast in a café. We saw that regular contact with their relative was important to them and this was documented in their care plan. Two people were also out when we visited, one person was attending an appointment with a health professional and another person was attending day services for a pamper day. People's daily records evidenced they were following their individual routines and pursuing their own interests as indicated in their care plans. One person's room had a new chair and bed in it. They also had two wheelchairs, manual and electric which they had been assessed for due to their mobility to promote their independence and access to the community. A staff member told us a person goes out independently throughout the week, attending appointments and travelling on public transport to different local towns. In the afternoon a person went out in the car with two staff supporting them. A staff member told us the person went out a lot in the car with staff support. People's potential and independence is encouraged.

People are mostly protected. We found that regulation 38 notifications had been sent to Care Inspectorate Wales (CIW) as required regarding the reporting of accidents or incidents that affect people living in the home. At the last two inspections we identified that there was not always a clear audit trail for incidents and accidents and systems in place to monitor these were not effective. During this inspection we found this had improved. We looked at a sample of incident and accident records which corresponded with the tracking records completed by the manager and the regulation 38 notifications sent to CIW. We saw that Antecedent, Behaviour and Consequence (ABC) charts and body maps were being used when needed. The deputy manager informed us three training sessions had been provided for staff regarding the completion of ABC charts. Records were generally more detailed and gave a clearer account of what had happened, actions taken by staff at the time and then by the manager. We looked at a sample of records which evidenced that appropriate actions had been taken at the time incidents had occurred, relevant professionals were informed and care plan documentation and risk assessments had been amended as required. We did notice reference being made to staff using RESPECT techniques for physical intervention, which was contrary to guidance detailed in a person's care plan. We discussed with the deputy manager that it should be clearly documented in care plans and risk management plans what interventions staff can do and who has agreed this. We spoke to a member of staff who told us they attended the RESPECT training and it was not specific to using any particular hold with certain individuals. People would benefit from clear information recorded in their care plans regarding the use of any physical intervention to ensure they are safe and protected from abuse, neglect and harm.

2. Care and Support

Summary

People are supported by staff who understand their wide range of needs. Referrals are made in a timely way to relevant health and social care professionals when individuals' needs change. Since the last inspection progress has been made with care plan documentation however further improvements are needed.

Our findings

People receive timely, appropriate person centred care. At this inspection we evidenced that information was being kept in line with the Regulations. Care plans were person centred and provided information for staff to meet people's needs and be aware of their likes and dislikes when providing support. The deputy manager told us they had identified clothing tags and seams were causing a problem for a person and all their items of clothing had been reviewed in light of this. However, this was not included in their care plan. A staff member told us that care plans had, "*got better*" and said the manager would be adding to them to make them more person centred. We found that changes in individual's needs were identified resulting in care plan and risk assessment documentation being updated. We did notice that information required further detail and consideration regarding risk assessments and health conditions and this was discussed with the deputy manager. Dependency assessment tools were being completed but these were not always scored accurately which means information provided for staff is inaccurate. We noted that a Deprivation of Liberty Safeguard, (DoLS), application had been made for a person. We discussed this with the deputy manager as this information was not included in the person's care plan. This means that the individual and staff may not be aware of what this means for them and the support they need. Since the last inspection staff signatures were seen to be recorded in people's care plans each month to ensure they had read and understood them and any changes to the support people required. A staff member told us they were kept informed of changes in the communication book, handover book and the daily diary. People receive the right care at the right time, however further progress needs to be made with documentation to evidence this.

People's changing needs are referred appropriately to the relevant health and social care professionals. We saw evidence of multidisciplinary meetings and best interest meetings being held to discuss people's needs. We saw referrals, advice and guidance was being sought from health professionals when people's needs had changed. We looked at two people's records which showed input from occupational therapists, physio therapists, community learning disability nurses, social workers and doctors. We did not see that care plans always made reference to other assessments/ care plans completed by other professionals. For example, we saw for one person they had a dysphasia assessment and a specific care plan for this in their file. However, the diet and nutrition section of their care plan did not make reference to this. This was discussed with the manager. We also found information about a person's health condition and medication at the back of one of their files. This did not match with other information we had seen and we discussed this with the deputy manager. They confirmed this was incorrect information regarding medication the person had received in the past and would ensure it was removed from the file. People are supported to be as healthy as they can be but paperwork requires further improvement to ensure staff understand the support they require to meet their assessed needs.

3. Environment

Summary

People live in a homely and personalised environment.

Our findings

This was not considered at this inspection however we did notice a strong odour in two people's rooms. We were told of the reasons for this and in one area of the home arrangements had been made for vinyl flooring to be laid which would be easier to keep clean. Since the last inspection we were informed that all staff had attended dementia training and ideas from the course were being implemented into the home such as pictorial signs to aid orientation.

4. Leadership and Management

Summary

There is a commitment to, and evidence of improvements being made to the service with systems in place which assess and monitor the quality of the service people receive. Staff employed to work at the home may not always work well as a team.

Our findings

People are receiving an improving service which is focusing on ensuring the needs of people living there are being met and a more robust monitoring of the service. Following the last inspection CIW received an action plan from the provider as to how they intended to meet the areas of non compliance. During this inspection we evidenced that this had been adhered to and the non compliance notices issued had been met. Systems in place were being used more effectively to report and record information. We found there to be a more open and transparent approach to informing CIW of changes in management in writing and reporting of incidents occurring within the home. There was a clear management structure in place and in the absence of the manager we were assisted by the operations manager and deputy manager during our visit. We were told by the deputy manager they felt supported in their role and that there was always someone more senior within the organisation that could be contacted for advice and support if needed. We were told that the manager and deputy manager were currently managing the day to day running of this service and another smaller service in the same vicinity as a temporary measure. We were provided with reassurance from the operations manager and deputy manager that this was not having an impact on people living in either of the services. We saw copies of reports of governance meetings which are completed by managers once a month. Reports were then sent to senior management who reviewed the findings and visited the home to discuss any issues. On the day we visited the operations manager had been to see the deputy manager as part of this process. The deputy manager told us they had been asked to provide even more detailed information in certain sections of the report, going forward. The deputy manager had completed Regulation 27 visits and provided us with copies of the reports. We were told by them that a new staff member had been appointed to complete these visits. People receive good care and support from a service which is committed to quality assurance and continuing improvements.

People are supported well by staff but they may not always work well as a team. We found that although staff shared the same values of enhancing the lives of people living in the home, there were issues being raised between management and staff. During our inspection we spoke with two members of staff and the deputy manager who identified that changes in staffing had been made and this had been unsettling for some. Two staff told us communication with the manager needed to be improved as they did not feel they were being kept informed in line with their roles and responsibilities. People would benefit from a service where all staff employed at the home work well as a team.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

<ul style="list-style-type: none">• Regulation 17 (3) The registered person shall ensure that the records referred to in paragraphs (1) are kept up to date.	This has been met at this inspection.
<ul style="list-style-type: none">• Regulation 17 (1) (a) and 17 (4) the registered person shall maintain in respect of each service user a record which includes the information, documents and other records specified in schedule 3 relating to service users.	This has been met at this inspection.
<ul style="list-style-type: none">• Regulation 38.	This has been met at this inspection.

5.2 Recommendations for improvement

We recommend the following:

Progress has been made since the last inspection however more detailed information should be included in peoples care plans.

For individual's subject to Deprivation of Liberty Safeguard (DoLS) information should be clearly recorded in their care plan and risk assessments as to what this means for the person and staff supporting them.

If additional care plans or assessments have been completed by health care professionals these should be referenced in people's care plans so that staff are aware of what additional information they need to read and follow when providing support.

Ensure dependency assessments are scored accurately to reflect people's needs.

Review risk assessments for vulnerability and self neglect to ensure that these do not contain too much information that the action for staff to take is not made clear for example when a person falls or chokes.

Ensure that the use of any physical intervention is made clear in peoples care plan and who has agreed to this.

The provider and manager must maintain good personal and professional relationships with staff and work well as a team to ensure this does not have a negative impact on people living in the home.

6. How we undertook this inspection

This was an unannounced inspection which was carried out on the 29 August 2018 between 10:35 a.m. and 5:35 p.m. This was a focused inspection to check if the non compliance notices issued at the last two inspections had been met.

The following methods were used:

We spoke with two people living in the home

We spoke with two staff, the deputy manager and operations manager.

We looked at a range of records which included: two care plans and associated documentation, incident and accident records, staff training record, regulation 27 visits, minutes of meetings, statement of purpose and service user guide and policies and procedures.

We referred to the action plan submitted by the provider to CIW prior to this inspection.

We provided feedback to the deputy manager in the absence of the manager at the time of the inspection visit.

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

www.careinspectorate.wales

About the service

Type of care provided	Adult Care Home - Younger
Registered Person	Coed Du Hall Ltd
Registered Manager(s)	Emma Rastrick
Registered maximum number of places	6
Date of previous Care Inspectorate Wales inspection	5 March 2018
Dates of this Inspection visit(s)	29 August 2018
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	Not considered at this inspection
Additional Information:	