



Inspection Report on

Yr Ysgol

**Heol Giedd
Ystradgynlais
Swansea
SA9 1LQ**

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Description of the service

Yr Ysgol is situated in Ystradgynlais and provides nursing and personal care for up to sixteen people over the age of eighteen, with primary mental health issues and diagnoses of dementia or acquired brain injury. The home is part of the Fieldbay Group. The responsible individual is Paula Lewis and there is a manager, who is registered with Social Care Wales, with day-to-day management responsibility in place.

Summary of our findings

1. Overall assessment

We found that people living in Yr Ysgol Care Home are supported to live their lives as they choose. People receive support that focuses on their needs. The manager provides clear direction and ensures the staff team are well supported. Systems are in place to monitor the quality of care, and action is taken to address areas that require improvement.

2. Improvements

An issue identified at the last inspection has been addressed; some terminology in people's care records has been developed into a more positive and respectful expression.

In addition, the home has introduced a walking group for people to enjoy and they took part in the Huntington's Disease Association's care home pilot scheme.

3. Requirements and recommendations

- None.

1. Well-being

Summary

People's views are valued, they are listened to and their preferences are understood. Each person's rights are upheld and their safety is promoted. People are encouraged and supported to make choices and decisions about how they spend their time.

Our findings

People are listened to and their preferences are understood because each person is asked about their lifestyle choices in pre-admission assessments. These documents described the person's preferences and relevant support needs. We saw information about hobbies and interests, family backgrounds and what was important to people. Care workers told us that this helped them understand people in the context of the lives they had lived before they came to the service. People told us that care workers knew about their daily routines and that they spent their days as they wanted. For example, when to get up, go to bed and what to eat. Care workers demonstrated a commitment to providing people with good quality support and they were knowledgeable about people's interests and lifestyle choices. One care worker told us about how one person liked to eat in his room with his relative who visited most days and another care worker told us how another person, *"likes to roam around the place, finding people to be with."* We saw people being asked how they wanted to spend their day; one person told us, *"I'm going out this afternoon, to the shops."* We met one person who showed us their room and insisted that we sit down for a long chat, which we did; they told us all about their past and how they came to live at the home. They were extremely complimentary about the support they received from the nurses and care workers every day and added, *"I could stay here forever."* Our conversations and observations indicated that people's care records were an accurate reflection of the support being provided. From this, we conclude that the support people receive is person centred because people are involved in their care provision and as a result, feel listened to.

People's views are valued. We observed care workers regularly checked people's welfare and gave people the time they needed to talk about any anxieties. Some people were not always able to verbally express their needs and wishes; we noted that care records included information regarding each person's preferred methods of communication. This information was recorded in detail in people's care records so that care workers were aware

of people's wishes at all times. This shows that people are listened to and their views are valued in regard to the support they receive.

As far as possible, the home takes appropriate steps to safeguard people from neglect and abuse. The front door to the property was locked by the use of a keypad. The manager explained that anyone who had capacity to leave the premises safely would be provided with the code to exit whenever they wished. People who did not have enough awareness of road safety to spend time outside by themselves had risk assessments that described how the person accessed the community safely, and had best interest meetings arranged with standard Deprivation of Liberty Safeguard (DoLS) authorisations in place; this demonstrated that any restrictions were minimal and had been approved in the best interests of the person. All DoLS authorisations were retained in the relevant person's care records. Care workers recognised their personal responsibilities in keeping people safe. They were aware of the whistleblowing procedure and were confident to use it if the need arose. They said they would go to the manager initially, but would go to external agencies such as the local safeguarding office or Care Inspectorate Wales (CIW) if they thought they needed to. Within employee training records, we saw that safeguarding training had been completed. The home had access to a local advocacy service if people required independent support for any issues that affected them. Their contact details were available throughout the premises for anyone who wanted them. This illustrates that the home ensures that people are safeguarded.

People are encouraged and supported to make decisions about how they spend their time. Each person's personal choices were clearly described in their care records and people we spoke with told us they were as active as they wished to be. We saw records that showed how one person enjoyed music and that the person was encouraged to spend time listening to their favourite music; this person's keyworker told us that they were purchasing a new stereo and a 'smart TV' so that the person could enjoy videos of concerts he had enjoyed in the past. People told us they liked going out shopping and to places of local interest. We saw records and photos that evidenced this happening. The manager told us about a walking group they had recently started; based on evidence from Scandinavia regarding the benefits of walking for people who were living with dementia. One person told us they had seen spiders recently, which another person clarified by telling us about the provider's reptile activity-hut which regularly visited the home for people to interact with reptiles of all

descriptions. We noted that all activities were risk assessed and appropriately managed in order to keep people safe. This evidences that people are encouraged to participate in activities that are important to them.

2. Care and Support

Summary

People's individual support needs are understood. Medication is managed appropriately and the home provides a Welsh language Active Offer.

Our findings

People's individual support needs are understood. The home took information from as wide a source as possible in order to support each person appropriately. For example, the provider employed their own speech and language therapist, occupational therapist and physiotherapist, who were involved in each person's pre-admission assessment and provided a wealth of information regarding important healthcare support needs for each person. Where a person was living with dementia and was unable to discuss their own care and well-being in sufficient detail, the home took information from their friends and relatives, so that care workers were knowledgeable about people's support needs when they came to the home. Care records were well organised and the information they contained was easily accessible. In order to remain current, all care records were reviewed every month, or more frequently wherever support needs had changed. People and their families were invited to be involved in their relative's care reviews to ensure their opinions were heard. People's general health was promoted, with access to specialist and medical support when necessary. For example, we saw Malnutrition Universal Screening Tools (MUSTs) and oral health plans where people's healthcare needs required these, nutritional information from speech and language therapist assessments and detailed care plans regarding people's end of life wishes. We saw that relatives were involved in decisions, as evidenced by their signatures. All these documents were up-to-date and completed correctly. From this, we conclude that people can expect to receive the right care and support at the right time in the way they want it.

A robust process for medication management was in place. All medication was stored in locked cupboards in secure medication rooms. The system for ordering and storing medication was robust. Daily recordings of the medication room temperature were taken. This is because all care homes must maintain medication room temperatures below 25°C, in line with N.I.C.E. (National Institute for Health and Care Excellence) guidelines for managing medication in care homes 2014. People's medication administration recording

charts (MARs) were examined and were completed correctly. The care workers' training matrix showed that all care workers who administered medication had been suitably trained. This demonstrates that people can expect to have their medication managed appropriately.

The home provides a Welsh language active offer; this means being proactive in providing a service in Welsh without people having to ask for it. We were told by the manager that a service can be offered in Welsh, as virtually all nurses and care workers employed in the home were Welsh speakers. Noticeboard information, the Statement of Purpose and Service User Guide were all produced bilingually, in English and Welsh. This means that Welsh speaking people are able to make informed decisions about their care and support.

3. Environment

Summary

Yr Ysgol provides a comfortable and homely environment that is suitable for people's needs. The layout of the home promotes accessibility and independence where possible. People are supported in a safe environment and each person's confidentiality is respected.

Our findings

People are supported in a safe environment. Regular audits of the physical environment were being undertaken, with action plans to address any issues that arose. Risks were assessed and when necessary, managed for people's safety. We were shown all maintenance records and noted that a maintenance team ensured that all environmental safety checks and repairs were being carried out as planned. We saw that monthly checks of equipment, including wheelchairs, beds, hoist slings and window restrictors were also carried out. All COSHH (Control of Substances Hazardous to Health) materials we saw were stored correctly, in line with the COSHH Regulations 2002. This means that people can expect to be supported in a safe and well-maintained environment. This demonstrates that people can feel uplifted because of the safe environment they live in.

The layout of the home promotes accessibility and independence where possible. People told us they felt happy and comfortable. Each bedroom we saw was spacious and personalised to reflect the occupant's taste and interests, with items such as ornaments, soft furnishings, photos and items of furniture. We saw that people contributed to suggestions regarding the décor in communal areas and within their own bedrooms. The home was warm and had many spacious areas for people to use; there were lounges, and a large garden area with a fruit tree, raised beds and all-weather grass, where people could spend time with friends and relatives. This shows that people can feel valued because they are supported in an environment that suits them.

Confidentiality is maintained. Care records were stored securely in the manager's office. These records were only available to care workers who were authorised to access them. Employee personnel records were securely stored at the provider's head office in Swansea. Other personal information that was not available electronically, such as DoLS records, were properly protected, as they were also stored in the manager's office. In addition,

people were safe from unauthorised visitors entering the building, as all visitors had to ring the front door bell prior to gaining entry and were requested to complete the visitor's book when entering and leaving. We conclude that people are safe, and their privacy and personal information is well protected.

4. Leadership and Management

Summary

There are robust systems in place to assess and improve the quality of the service, together with suitable procedures in place to monitor care workers' recruitment, training and support. There are senior staff members who oversee the service on a daily basis.

Our findings

There are clear systems in place to monitor the quality of support people receive. Regular visits by the responsible individual were used to check the overall quality of support provided in the home, and asked for people's opinions regarding any improvements that could be made. We saw that all people interviewed during the two most recent visits were extremely positive about the home and the support they received from nurses and care workers on a daily basis. Surveys were provided to care workers, people and their relatives and healthcare professionals involved in people's care and well-being; we saw completed survey responses from relatives, which were complimentary. Resident and relatives meetings were held for people and their relatives to voice any concerns they had. From the most recent minutes, we saw that everyone who attended was generally happy with the support they received and the home in general. Monthly audits monitored medication, the environment, laundry and kitchen aspects, equipment, care records and staff working practices. From these, we saw that any issues that arose were resolved in a timely manner. A complaints policy and procedure was readily available; people and relatives told us they knew how to make a complaint if they needed to and were confident that the manager would listen to them if they did. We saw that there had been no complaints since the last inspection. This illustrates that people can expect to receive care from a service committed to continuous improvement.

There are suitable procedures in place to monitor care workers' recruitment, training and support. 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. Employee records demonstrated that new care workers attended a thorough initial induction, and thereafter received regular support from senior staff from within the home and the provider's wider senior team. Staff training records evidenced that employees were

up-to-date in their essential training that was relevant to the people they supported and training that covered clinical issues such as wound care, mental health awareness and personality disorders. We saw evidence that demonstrated that the provider was one of two services in Wales that took part in the Huntington's Disease Association's new, accredited care home pilot scheme; this was a staff training program that measured the specific care and support being delivered to people with Huntington's Disease in services in Wales, and was designed to develop best practice with people who have the condition. Employee supervision records showed that care workers and senior staff were regularly given the opportunity to discuss any issues they wished to raise, in a formal setting and have the conversations recorded. This evidences that the provider ensures people are supported by well vetted and well trained care workers.

People see accountability and know there are senior staff members who are overseeing the service. The responsible individual regularly visited the home and was well known by people and care workers alike and it was evident that the manager had an open door policy; we saw the manager and other senior staff members talking to several people throughout the inspection. We noted that they were never rushed or hurried, and each person appeared to be happy to have the contact. We observed that all members of the senior management team were approachable and professional in their manner with the care workers on duty. This demonstrates that people can expect to have regular contact with the senior management who are overseeing the care and support they receive.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

- None

5.2 Recommendations for improvement

- None

6. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. We made an unannounced visit to the home on 4 October 2018 between 9.45am and 4.15pm.

The following methods were used:-

- We walked around the premises, visiting people in their lounges, dining rooms and bedrooms.
- We met and spoke with six people living in the home and two relatives.
- We spoke with four care workers, two nurses and the manager.
- We examined four people's care records and six employee records and training records.
- We looked at a range of other records, including the home's statement of purpose, service user guide and maintenance records.

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	Yr Ysgol
Registered Manager(s)	Susan Lewis-Ball
Registered maximum number of places	16
Date of previous Care Inspectorate Wales inspection	29 June 2017
Dates of this Inspection visit(s)	4 October 2018
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	Yes
Additional Information: This is a service that provides an 'Active Offer' of the Welsh language. It provides a service that anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.	