



Inspection Report on

AMMANFORD

SA18 2LD

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Description of the service

The home is located in a small suburb of Ammanford and provides care for up to three adults with learning disabilities. Mr Owen Gregory is the registered provider and registered manager, with day-to-day responsibility.

Summary of our findings

1. Overall assessment

We found people are supported to live their lives as they choose and receive support that focuses on their needs. Systems are in place to monitor the quality of care, and action is taken to address areas that require improvement.

2. Improvements

We saw all issues identified at the last inspection have been addressed.

- Care reviews are now being recorded separately for each person in the home.
- There is evidence of the relief manager's Disclosure and Barring Service (DBS) record available.
- The Statement of Purpose and Service User Guide have been updated.
- People and/or their representatives are invited to be involved in their care planning.

3. Requirements and recommendations

Section five of this report sets out the action service providers need to take to ensure the service meets the legal requirements and recommendations to improve the quality of the service provided to people in the care home.

We recommended that:

- The responsible individual (RI) formalises the system of recording employee training.
- The RI develops the home's medication policy to include a self-medication policy.

1. Well-being

Summary

People 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. We saw each person had been asked about their lifestyle choices when they first came to the home. We saw documents that described their preferences, and personal profiles recorded what was important to the person - this meant that any employee who supported people in this home was aware of people's lifestyle choices when they first met them. We saw people and/or their representatives were now invited to take part in their care reviews, where all relevant support needs were discussed and the care records updated where necessary. People told us they followed their own routines, such as when to get up, go to bed, what to eat and when to have a shower or bath. As an example, we saw people being asked what they wanted to have for their tea – each person said something different and we noted their choices were respected. Our conversations and observations indicated that people's care records were an accurate reflection of the support being provided.

As far as possible, the home takes appropriate steps to safeguard people from neglect and abuse. The front door to the property was not locked and the RI explained that anyone was free to leave the premises any time they wished. People we asked confirmed this to us. One person added, *"I go out all the time – into town shopping or to a café."* People in the home knew what to do if they felt unsafe at any time; they said they would, *"go to the manager and tell them all about it."* In addition, we saw people had access to a local advocacy service if they required independent support for any issues that affected them and we saw that one person had accessed the service in the past and their contact details were available for anyone who wanted them. This illustrates that the home ensures people are safeguarded as far as possible.

People are encouraged and supported to make choices and decisions about how they spend their time. We saw activities people took part in were referenced in their care records as being activities they enjoyed and people we spoke with told us they were as active as they wished to be. We saw that all activities that people took part in were recorded in their daily diaries. We noted people were invited to add things to those diaries when they wished, and the terminology from employees in the home was positive and respectful towards the person they described. Relatives we spoke with confirmed people led full lives, as they wished. All activities were risk assessed in order to keep people safe. People told us they liked working in a local cafe and we saw records showing this was happening. One person told us, *“I go out all the time,”* whilst another person said, *“Town is great. Lots to do and people to see.”* This evidences people are encouraged to participate in activities that are important to them.

2. Care and Development

Summary

People's individual support needs are understood. Medication is managed appropriately and each person benefits from a healthy diet.

Our findings

People's individual support needs are clearly understood. The home had taken initial information from other healthcare professionals' reports, together with people's friends, employers and relatives. Each person's care records were easily accessible and contained records of their overall health and up-to-date risk assessments. These documents promoted people's well-being by empowering them to be as independent as possible. In order to remain current, all care records were regularly reviewed – we saw people and their families were now invited to be involved in their relative's care reviews to ensure their opinions were heard. 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.

The home had a clear process for managing people's medication. Medication administration records (MARs) were examined; we saw that there were no omissions in the records we viewed. All medication was stored in a locked cupboard in the kitchen, and daily recordings of the 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. We were told that although no one self-medicated currently, there was not a policy in place if that changed at any time. We therefore recommended the RI ensured that a self-medication policy was developed in the likelihood that people in the home made a decision to manage their own medication. Overall, this confirms that people can expect to have their medication managed appropriately.

People benefit from a healthy diet and attention to nutrition and hydration. People told us they liked the food on offer. One person said, *"I think I'll have a curry tonight,"* whilst another

person said they wanted something different - each person's choices were agreed to immediately. We examined daily diaries that recorded all meals taken by people in the home and noted all entries were detailed and clear to understand. There was a varied menu which was reviewed regularly with the involvement of people in the home. Meals were used as social events each day, with all members of the home eating together. This illustrates that people's health is promoted because their dietary needs are recognised and catered for.

3. Environment

Summary

The home 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

The layout of the home promotes accessibility; we saw that the building was a traditional residential dwelling that was easy to navigate for people. 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. The home was warm and had a choice of areas for people to use; there was a lounge and a kitchen, together with a garden area 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.

People are supported in a safe environment. We saw fire exits were free of any obstructions, regular checks of the physical environment were undertaken by the RI and risks were assessed, and when necessary managed for people's safety. All COSHH (Control of Substances Hazardous to Health) materials we saw were stored in a locked cupboard under the stairs, in line with the COSHH Regulations 2002. We viewed an environmental certificate that confirmed that general electrical safety inspections had been carried out within the recommended timeframes. This means people are supported in a safe and well-maintained environment.

Confidentiality is maintained. Care records were stored securely in the kitchen in a lockable cupboard. Those records were only available to employees who were authorised to access them. 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 systems in place to assess and improve the quality of the service, together with suitable procedures to monitor employees' recruitment, training and support.

Our findings

There are systems in place to monitor the quality of support people receive. We saw the RI was the main support person for all people who lived in the home, which meant they were well-known to each person. The RI regularly checked the overall quality of support provided in the home, and asked for people's opinions regarding any improvements that could be made. Surveys were provided to people in the home, their relatives and other professional people involved in people's care and well-being, such as the manager at the nearby workplace where people volunteered; we saw a selection of responses from people's families and saw that they were complimentary. We noted the RI was currently developing a more formal structure of documentation in order to record those audits. 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 RI would listen to them if they did. We saw there had been no complaints since the last inspection. The RI showed us how findings from surveys, incident reporting, audits and complaints were collated into an annual quality care report which identified all actions to be taken from the findings. This illustrates people can expect to receive care from a home committed to continuous improvement.

There are suitable procedures in place to monitor employees' recruitment, training and support. Although there were no care workers employed at the home, we saw the manager employed a relief manager to cover for any periods when they were away; we viewed this person's employee recruitment records and saw that all required employment checks were in place - this included reference checks, photo identification and Disclosure and Barring Service (DBS) checks. Staff training records showed that employees were generally up-to-date in their essential training, but the RI agreed that it was difficult to evidence that all

training was up-to-date due to the lack of an overall document that evidenced it - the RI therefore planned to develop the system so that all training was recorded on one spreadsheet. This evidences people are supported by employees who have been considered fit for employment, but there are improvements needed in specific areas of record-keeping.

People see accountability and know there are managers who are overseeing the home. The RI regularly was well-known by people in the home. In addition, it was evident that the RI had an open door policy; we saw them talking to people throughout the inspection and noted they were never rushed or hurried, and each person appeared to be extremely happy to have the contact. This demonstrates 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

We recommend:

- The RI formalises the system of recording employee training.
- The RI develops the home's medication policy to include a self-medication policy.

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 12 February 2019 and an announced visit on 13 February 2019.

The following methods were used: -

- We walked around the premises, visiting people in their lounge and own bedrooms.
- We met and spoke with two people living in the home and two relatives.
- We spoke with the responsible individual.
- We examined two people's care records and one employee records.
- We looked at a range of other records, including the home's statement of purpose, service user guide, quality of care report 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	Care Home Service
Service Provider	Stephen Gregory
Manager	Stephen Gregory
Registered maximum number of places	3
Date of previous Care Inspectorate Wales inspection	7 June 2017
Dates of this Inspection visit(s)	12 February 2019 and 13 February 2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	No
Additional Information: This is a service that does not provide an 'Active Offer' of the Welsh language. This is because the service is situated in a primarily English speaking area. We recommend that the service provider considers Welsh Government's ' <i>More Than Just Words follow on strategic guidance for Welsh language in social care.</i> '	