



Inspection Report on

Dyfan Court

Date Inspection Completed

01/10/2019

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Description of the service

Accomplish Group Ltd is registered with Care Inspectorate Wales (CIW) to provide a care home service, known as Dyfan Court. The home is registered to support a maximum of four people. The home's Statement of Purpose states the service has provision to support *'people who have a learning disability...people on the autistic spectrum, people who have epilepsy, people who have diabetes and sensory impairment.'*

The registered service provider (Accomplish Group Ltd) has nominated Amanda Morgan-Taylor as the Responsible Individual (RI), whose responsibility is to oversee the strategic operation of the service. A manager is in post, who is registered with Social Care Wales (SCW), which is the workforce regulator.

Summary of our findings

1. Overall assessment

People spoken with, who live at the home, told us they are happy with the care and support provided. The home is attractive and comfortable and the environment meets the needs of people living there. We observed staff to know people well and to be responsive to their needs. People have opportunities to take part in activities, which interest them, both within the home and the community. Personal plans are in place to guide staff in the delivery of care and support. Staff and management demonstrate a commitment to providing a good quality service and there are quality assurance systems in place to help them achieve this.

2. Improvements

The service was re-registered under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA 2016) in July 2018. This was the first inspection since re-registration.

3. Requirements and recommendations

Section five of this report sets out one recommendation to improve the service - to implement the All Wales Induction Framework for Health and Social Care.

1. Well-being

Our findings

Staff demonstrate respect and regard for people's welfare. We saw staff interacted positively with people, showing genuine regard for their well-being and promoting their dignity. People using the service and relatives provided positive comments. A person told us *"I like it here,"* and indicated staff were kind to them. We saw a recent compliment from a family member, which stated, *"X has had some lovely times this year. I don't know where we would be without you and the staff."* Positive comments were also received within completed questionnaires. Relatives' comments included *"All staff are very caring towards Y and the other clients. Dyfan Court is always spotless with a homely atmosphere. Y's room is ideal for meeting their needs. It is a safe environment and keeps high standards."* Personal plans were in place, which were relevant and guided the staff in the delivery of care and support. Plans were current as regular reviews had been undertaken. People had a choice of meals suitable to their individual dietary needs and told us they were satisfied with the quality of food. People were protected from harm, as the home had internal policies in place and staff received necessary training. People spoken with were content with the arrangements in place for activities; on the day of our visit people accessed the community in order to follow their personal interests. We conclude, people can feel safe and receive care from staff who promote their physical, emotional and social well-being.

Governance and auditing arrangements are in place. Legally required information in relation to recruitment was available within files examined. Internal systems and processes were in place to oversee the training and development needs of the staff, to ensure they maintained the correct skills and knowledge to deliver safe care. Effective internal auditing and quality control practices, which included seeking feedback from people associated with the service, were in place. The Statement of Purpose and Service User Guide provided people with information about the service. We judge, systems are in place to facilitate daily operations, to promote the smooth operation of the home.

People's well-being is enhanced within a safe environment, suitable for their needs. Management ensured the home was safe and well maintained, supported by internal policies, records and safety checks. People benefitted from sufficient personal and communal space. Measures were in place for minimising risks associated with medicines and infection control. Maintenance records demonstrated necessary practices in connection with safety had been undertaken. People can therefore feel confident of living in suitable and safe surroundings.

2. Care and Support

Our findings

People receive person centred support. They looked well presented, where consideration had been made to personal care and appearance. We saw people's needs had been assessed prior to moving to the home, in order to ensure Dyfan Court was a suitable place for them to live. We considered the care records of a sample of people living at the home, including their personal plans. These plans outline a person's needs and provide staff with guidance of how they should be met in order to maintain their safety. We saw information, which included a description of how care was to be delivered. Sections including '*What is important to me*' and '*how best to support me*' had been completed. Choice had been respected and upheld wherever possible, and in keeping with the person's assessed needs and individual plans. Recorded dates indicated regular reviews of people's care had taken place. Based on the above we conclude people experience positive well-being because their needs are understood and catered for.

The assistance people receive promotes and maintains their well-being. On the day of our visit, we saw sufficient numbers of staff on duty. A review of a sample of documentation, demonstrated people had been supported to access healthcare facilities in the locality, including general practitioners, opticians, chiropodists, community nurses and hospital appointments, when the need had been indicated. Any medication errors, which had been identified, had been responded to appropriately. We considered a small sample of information relating to medication. We saw medication was stored securely and had been administered as prescribed. Internal audits had identified where improvement was needed. The manager told us these had been actioned. People had the opportunity to participate in activities. On the day of our visit, people were supported to follow interests, both inside the home and within the wider community. People told us about holidays, both previous and future holidays. They also told us about planned outings. Each person had a social dictionary in place to aid communication. People had a choice of a variety of meals and drinks. The home had been inspected by the Food Standards Agency (FSA) in 2016 and had achieved a four star rating, which is considered 'good.' Based on what we saw, we judge, people are supported to be as healthy, both emotionally and physically, as they can be.

The service provider has mechanisms in place to ensure people are safe. Discussions with people who use the service and staff showed they knew who to approach if they had concerns. Deprivation of Liberty Safeguard (DoLS) authorisations had been put in place, to promote the best interests of people. Additionally the service provider had a policy in place in relation to safeguarding vulnerable adults, staff had received relevant training and people had access to advocates as needed. We consider people are safe and protected from harm.

3. Environment

Our findings

People's well-being is uplifted from having access to a clean, comfortable and personalised living environment. The accommodation was located on one floor (bungalow) and comprised of communal and private areas. We noted the furniture, furnishings, artwork, photographs and keepsakes on display in the different parts of the house, reflected the needs and interests of the people who lived there. We found there were secure arrangements in place to ensure records were stored securely. Based on our findings, we conclude people's well-being is enhanced by having access to a pleasant environment, which is a relaxing place to live.

The home's environment is safe and secure. Upon arrival at the home, we found the main entrance locked and our identity was checked before entering the property. We had sight of maintenance records and saw there was a process in place to ensure safety checks, by external contractors and staff, had been completed in a timely manner. These included gas, electrical, fire and water checks. We carried out a visual inspection of the home and found it to be hazard free. Based on the above we conclude the service provider identifies and mitigates risks in order to ensure people's safety and security.

4. Leadership and Management

Our findings

The service provider has arrangements in place for monitoring the quality of care and support. A manager is employed who demonstrated she knew the service, its residents and the staff very well. Regular audits were in place in relation to key areas of service delivery, including health and safety, staff training, documentation and medication. People had access to a complaints policy. We saw no complaints had been received since re-registration under RISCA (2016). We requested information relating to the last two quarterly monitoring visits undertaken by the RI. The information provided, demonstrated the RI had formally visited the home at least quarterly and had spoken with people receiving the service and staff, in order to gain opinion of service delivery. We also viewed the six monthly quality of care review, which evidenced the service provider had made arrangements to carry out an effective review, in order to improve outcomes for the people using the service. We conclude, the service provider possesses good oversight of the service and seeks to drive improvement.

Management ensure staff are supported, developed and safely recruited for the roles they undertake. As the turnover of staff is very low, we only considered the recruitment information for one member of staff. Information included proof of identity, a Disclosure and Barring Service (DBS) check, employment history and references. A system was in place to alert management when staff DBS checks were due (completed three yearly). Discussions with people, staff and examination of records evidenced there was an established staff team in place. The manager confirmed agency staff are not used. Sufficient numbers of staff were on duty on the day of our visit. The service provider had arrangements in place to ensure staff were supported and developed. Staff told us they received good support from the manager. Records examined, showed staff received regular supervision and annual appraisal. Management possessed oversight of staff training. New staff completed an induction. The manager told us this consisted of a *“two day induction”* and then *“a twelve week schedule in line with SCW.”* We recommend induction for new staff follow the All Wales Induction Framework for Health and Social Care (six-month induction published by SCW). Staff meetings took place on a regular basis, so staff had access to the most up to date information and had input into matters concerning the home. Staff comments included *“We have a beautiful home that is well run by management and a good team of staff”*. When asked what they liked best about the home a member of staff told us, *“A good staff team, well managed and a happy home for the people we support.”* We conclude staff are equipped in order for them to make positive contributions to the well-being of people using the service.

People are provided with accurate information about the service. A Statement of Purpose, which contained necessary information and described the service provided, was available. Reference was made to the Welsh language, stating the organisation is committed to the Active Offer, which means providing a service in Welsh without someone having to ask for it. We requested the written guide to the service and were provided with the Service User

Guide, which included required information. We conclude people are provided with sufficient information about the service, to make informed choices.

5. Improvements required and recommended following this inspection

5.1 Areas of non-compliance from previous inspections

This was the first inspection carried out under RISCA 2016.

5.2 Areas of non-compliance identified at this inspection

We did not identify any areas of non-compliance during this inspection.

5.3 Recommendations for improvement

We made the following recommendation to promote quality outcomes for people receiving the service:

- Induction for newly recruited staff should follow the All Wales Induction Framework for Health and Social Care.

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 registered care home on 1 October 2019, between the hours of 10:05am and 1:55pm.

The following regulations were considered as part of this inspection:

- The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017

The following methods were used.

- Consideration of information we already held about the service, such as re-registration information and notifications of significant events.
- Discussions with the RI and manager.
- Observations and interactions with people receiving a service and/or their representatives. We also received feedback from staff within the organisation who are involved with providing direct care to people living at the home.
- We received completed questionnaires from two people using the service, two relatives and four members of staff.
- Examination of care records for a sample of individuals. This included care planning documentation and daily care intervention records.
- Personnel records for a sample of staff. This included information relating to recruitment, induction, training, supervision and appraisal.
- The public liability insurance certificate and maintenance records.
- Statement of purpose and Service User Guide.
- A range of auditing information, which the service provider was utilising to measure the quality of the service.

We are committed to promoting and upholding the rights of people who use the care and support services. In undertaking this inspection, we actively sought to uphold people's legal human rights.

<https://careinspectorate.wales/sites/default/files/2018-04/180409humanrightsen.pdf>

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	Accomplish Group Ltd
Manager	There is a manager in post who is registered with SCW
Registered maximum number of places	4
Date of previous Care Inspectorate Wales inspection	First inspection under The Regulation and Inspection of Social Care (Wales) Act 2016
Dates of this Inspection visit	01/10/2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	This service provider is working towards the Active Offer
Additional Information:	

Date Published 20/11/2019