Inspection Report on

Tŷ Llandaff Care Home
Conway Road
Cardiff
CF11 9NT

Mae’r adroddiad hwn hefyd ar gael yn Gymraeg
This report is also available in Welsh

Date Inspection Completed
29 October 2019
Description of the service

Tŷ Llandaff Care Home can accommodate up to 70 individuals with residential and nursing care needs. The home is operated by Tŷ Llandaff Care Home Ltd and the Responsible Individual (RI) is Yvonne Marie McCourt. We had received an application to register a new RI, which was in progress at the time the inspection was undertaken. A manager is in place who is registered with Social Care Wales.

Summary of our findings

1. Overall assessment
People benefit from improved standards of care and support, from a service provider that shows commitment to developing its service. The extent to which people's needs are planned, monitored and reviewed has improved since the last inspection, helped by more robust internal systems and processes. To fully satisfy regulatory requirements, the service provider must ensure care is delivered and evidenced consistently in line with people's personal plans and all relevant parties are consulted when reviewing the personal plan. People's personal preferences are sought, which includes a choice of receiving a service in Welsh. There is evidence of appropriate and timely consultations with professionals when people's needs change, which are clearly recorded. On the whole, people can feel safe, that their rights will be upheld and that their emotional and social well-being needs will be promoted. Oversight of medication administration is in place. Measures to strengthen internal auditing and quality assurance of day-to-day care provision are ongoing. There is more robust oversight of staff training and development, together with evidence of RI oversight of the performance and quality of the service.

2. Improvements
The following had improved since the last inspection:

- Care documentation and overall monitoring of people’s needs.
- Consultation with relevant professionals took place and their recording.
- Oversight of staff training and development. This meant more staff had received training relevant to their roles. This remained ongoing.
- Oversight of staffing to ensure appropriate staffing arrangements were maintained.
- Record keeping in relation to daily care provision.
- People had relevant risk assessments which were kept under review.
- A new document for recording meaningful interactions was introduced.
- People’s weights were clearly recorded.
- Overall improvement in the recording of the rationale and outcome of PRN (as and when required) medicines.
- The statement of purpose had been updated with the details of the current manager, and forwarded to CIW.
3. **Requirements and recommendations**
Section five sets out two areas in which the service is not fully meeting the legal requirements and recommendations we made to help the service develop. Please refer to section five for further details.
1. Well-being

Our findings
People can exercise choice and control in their day-to-day care. We received positive feedback overall from people and their representatives. People were treated with respect and they exercised choices, for example, regarding meal options and how to spend their time. People had access to some of the required written information about the service. The written guide required reviewing in line with the relevant statutory guidance. People’s individual needs were considered prior to them moving into the home. The level of care and monitoring of people’s needs had improved, as a result of more comprehensive record keeping and documentation. Work to ensure people’s needs were delivered consistently in line with their personal plan was ongoing. This included internal audits of care documentation. Records we viewed, observations we undertook, discussions with management and feedback from people demonstrated the service was committed to improving and developing the standards of care provided. The RI had overseen the performance and quality of the service in line with their obligations, which included speaking with people for their views. People’s health and general well-being is therefore promoted by improved planning, reviewing and monitoring of their care.

People’s emotional and social well-being is promoted most of the time. Staff anticipated people’s emotional needs and utilised opportunities available to engage with people most of the time. People had opportunities to participate in a variety of activities suitable to their needs, in an environment which enabled them to achieve their personal outcomes. We saw the home employed an activities coordinator. There was evidence of improved record keeping, to document one-to-one interactions that took place. We further noted work to improve record keeping in general was ongoing. People spent time with relatives communally and privately as they wished and representatives told us they felt welcomed when they visited. People can therefore do things they enjoy and feel uplifted by staff who are generally alert to their social and emotional needs.

Measures are in place for safeguarding people. There was improved oversight of staff training, which was ongoing, to ensure all staff received up to date training relevant to their particular role. There was a system for managing and auditing incidents, accidents and complaints, to help management identify any trends. Policies were in place regarding safeguarding and whistleblowing, which staff told us they were aware of. We saw the home consulted with relevant professionals for input and advice when people’s needs changed, to promote their health and well-being. Some oversight of applications to the relevant body for residents identified as potentially lacking mental capacity to make a decision regarding their care was in place. The system was not as effective as it could be, however, as we identified two individuals in respect of whom deprivation of liberty applications had not been submitted. We raised this with management and received confirmation it was addressed following our visit. We recommended a full audit was carried out of to ensure a relevant
authorisation request was in place, where appropriate. On the whole, people can feel protected from harm and that their rights will be upheld.
2. Care and Support

Our findings
The suitability of the service for people is assessed. The service had policies regarding admissions, which included respite and emergencies. A summary was contained in the statement of purpose. The pre-admission assessment document had been revised since the last inspection and was more comprehensive. We looked at a recent assessment for one person which was thorough, and also considered their language preferences. We saw an ‘active offer’ of the Welsh language was reflected in the statement of purpose. We were told the home employed a number of Welsh speaking staff, able to converse in Welsh with people. People can feel assured the service will be suitable for them to achieve their personal outcomes.

People’s health and well-being is promoted from improved systems for planning, monitoring and recording care. At the last inspection, we found deficits relating to care planning, risk assessments and monitoring of people’s needs. We found there was overall improvement at this inspection. New formats for personal plans had been developed, which were more comprehensive and easier for staff to read and understand. The plans clearly reflected people’s needs, care outcomes and mostly contained clear guidance for staff to follow. Relevant risk assessments were in place, showing consideration was given to areas of potential risk and measures for managing them. Recognised nursing tools were utilised effectively for recording and monitoring a range of health care needs. Tools we looked at were completed fully and reviewed regularly, evidencing effective overall monitoring of people’s progress. Input from other professionals was clearly recorded, demonstrating people had access to a range of external services when required. Overall, care records were well organised and clear to follow, which benefited the staff.

Whilst there were good overall improvements, we found occasional gaps relating to repositioning and wound care records. Some of the care entries were also illegible, due to the way the recording document in use had been photocopied. We were assured this would be addressed. People’s food and fluid charts reflected good promotion of their nutritional and fluid intake, and we observed people had access to a good choice of meals and drinks. A system had been set up for staff to record daily checks of nursing care records. Whilst this was positive in principle, the checks were not detailed in practice, as they only noted that checks had been completed. We spoke with the lead nurse as regards further developing the auditing tool, to direct staff on what to check as part of each audit and for recording the outcomes in more detail (i.e. a clear note of any discrepancies and action taken in response). We were shown an updated audit tool during our visit, following the discussions we had. We were further told training would be arranged for staff on how to complete the audits properly, to strengthen day-to-day oversight. On the whole, the evidence indicates people benefit from good overall care and support; but the service provider must ensure that care and support is delivered consistently in line with the personal plan.
Personal plans are reviewed and updated; but individuals, the placing authority (where applicable) and any representative must be consulted. As indicated, care plans we viewed were comprehensive and reviewed regularly, to monitor changes to people’s circumstances. However, there was insufficient evidence to show this was done in consultation with all relevant parties, as per regulatory requirements. This is important to ensure that individuals and their representatives, as well as any placing authority, are involved in reviewing the extent to which people’s personal outcomes are being achieved. Whilst people therefore have a comprehensive personal plan which is reviewed regularly; this needs to be done in consultation with all relevant parties.

Measures are in place to help safeguard people. The home had safeguarding and whistleblowing policies, which staff told us they were aware of. Staff told us they felt comfortable raising any serious concerns with managers. There was a policy regarding Deprivation of Liberty Safeguarding (DoLS). This applies to where people’s ability to make important decisions regarding their care and is impacted due to a cognitive impairment. There was a system for overseeing people’s DoLS status; but we identified two individuals in respect of whom a DoLS authorisation request had not been made, as required. We raised this with management at our visit and later received confirmation the DoLS applications had been submitted. We recommended an audit of all residents was undertaken, to ensure an authorisation request was in place, where appropriate. We found most staff had received safeguarding training, although there remained a notable number who had not. We found there was good overall improvement in training provision, however, since the last inspection. We were assured training remained ongoing, which included safeguarding. People told us they felt safe and satisfied with their overall care. On the whole, people can feel safe, that their rights are upheld and a programme of staff training is ongoing.

Staff demonstrate positive regard for people’s emotional and social well-being most of the time. We received positive overall feedback from individuals and their representatives. This, coupled with what we observed, indicated staff made use of opportunities to interact with people most of the time. Some people commented they would like to see more consistency with staff. We looked at staffing information and noted that, whilst a number of staff had left, a higher number had joined since the last inspection. Furthermore, staff turnover had reduced noticeably in the last two months and a programme of recruitment was ongoing. An activities coordinator was in post and regular planned activities were held. On the day we visited we saw staff encouraging people to attend a coffee morning and have their hair done. One person told us they enjoyed a signer who visited recently. Record keeping had improved which better demonstrated social opportunities people had been offered and partaken in. We were told by management that work to further improve the records was ongoing, to ensure staff were consistently documenting one-to-one interactions provided. In the main, people can feel confident their emotional and social well-being will be promoted.
Measures are in place for reducing risks associated with medication. Staff received medication training and assessments of their competency in administering medicines. We viewed a selection of medication administration records (MARs). This included records relating to PRN (as and when required) medicines. PRN protocols were in place and the rationale and outcome regarding PRN medicines were mostly recorded. We identified some missing signatures on MARs, which we discussed with the lead nurse. We saw the RI considered medication administration at a recent visit to the home, where they identified some gaps in recording. We saw an internal audit was undertaken in July 2019 and, more recently, an external pharmacy audit. The lead nurse showed us new medication auditing documentation which had been developed, which we were told was commencing in November 2019. This was to improve internal quality assurance regarding medicines. The above indicates oversight of medication administration is present and measures to improve quality monitoring are ongoing.
3. Environment

Our findings
This theme was not considered on this occasion as we carried out a focussed inspection. We considered the environment as part of our inspection in July 2019.
4. Leadership and Management

Our findings
There is a commitment to improving and developing the service. As indicated within this report, we found several improvements since the last inspection. We noted the service provider had made positive progress under provider monitoring by the Local Authority and Local Health Board, as a result of which restrictions on new admissions had been lifted. The RI had visited the service recently, spoke with residents and staff and compiled a report, thereby demonstrating oversight of the operation and quality of the service. We saw internal auditing documentation had been redeveloped to strengthen day-to-day oversight of the quality of care and record keeping. As indicated, feedback we received about the service from individuals, representatives and staff was positive overall.

Examination of a staffing information, observations we undertook, feedback we received and discussions with management, indicated appropriate staffing arrangements had been maintained overall. Staffing information was contained in the statement of purpose. People had individual dependency assessments which resulted in an overall score. Management told us this informed staffing arrangements; but we recommended that the process was fully documented, to illustrate how the scores translated into an decision regarding staffing types, numbers and skills mix. We saw evidence of RI oversight of staffing in their recent monitoring report. As indicated above, an ongoing programme of recruitment was in place to reduce dependency on agency staff and we were told several new staff were due to start, including one nurse. We can conclude that people benefit from an improving service.

There is improved oversight of staff training and development. At the last inspection, the service provider was not meeting the legal requirements regarding staff training. From discussion with the training coordinator and examination of staff training information at this inspection, we saw there was improvement. The information reflected high percentages of staff who had completed training relevant to their roles, overall, demonstrating more robust oversight. This included core and specialist training, as well as medication competency assessments. Overall, staff told us they received good support from management to carry out their roles competently. The training coordinator recognised further training was still required for some staff and we were satisfied this was in the process of being addressed. People benefit from a service which ensures its staff possess appropriate skills and knowledge to carry out their roles effectively.
5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

The following areas of non-compliance were identified at the last inspection on 18 June 2019:

<table>
<thead>
<tr>
<th>1. Standards of care and support (Regulation 21(1)): The service provider must ensure that care and support is provided in a way which protects, promotes and maintains the safety and well-being of individuals. A non-compliance notice was issued.</th>
<th>Compliance met at this inspection.</th>
</tr>
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<tbody>
<tr>
<td>2. Training and developing staff (Regulation 36(2)(d)-(e)): The service provider must ensure that any person working at the service receives appropriate core and specialist training. A non-compliance notice was not issued.</td>
<td>Compliance met at this inspection.</td>
</tr>
<tr>
<td>3. Staffing (Regulation 34(1)): The service provider must ensure that at all times a sufficient number of suitably qualified, trained, skilled, competent and experienced staff are deployed to work at the service. A non-compliance was not issued.</td>
<td>Compliance met at this inspection.</td>
</tr>
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5.2 Areas of non compliance identified at this inspection

Improvement is needed for the service provider to fully satisfy the following requirements of The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017:

(a) \textit{Reviewing the personal plan (Regulation 16 (4))}: When reviewing the personal plan the service provider must involve the individual, the placing authority (if applicable) and the representative (unless inappropriate).

(b) \textit{Delivering care (Regulation 21(2))}: The service provider must ensure care and support is delivered consistently in line with the personal plan.

Non-compliance notices were not issued regarding the above as we were satisfied with the measures being taken to fully meet the requirements. We will follow these up at the next inspection.
5.3 Recommendations for improvement

We made the following recommendations to help the service develop:

- An audit should be undertaken to ensure DoLS authorisation requests are submitted to the relevant body, where appropriate.

- The way in which people’s dependency assessments lead to a decision regarding staffing numbers, types and skills mix should be more clearly demonstrated.

- All policies and procedures should be reviewed to ensure they are fully in line with the relevant statutory guidance and up to date.

- The written guide should fully reflect the relevant statutory guidance.
6. **How we undertook this inspection**
We carried out a full, unannounced inspection of the service on 29 October 2019, to follow up a non-compliance notice issued at the last inspection. The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017 was considered. The following sources were used to inform this report:

- Consideration of information we already held about the service.
- Discussions with the RI, manager, deputy manager, lead nurse and training coordinator.
- Feedback from six staff.
- Feedback from four residents and two representatives.
- Examination of care records for six residents.
- Examination of information relating to staffing, which included a staffing rota, training matrix and staff turnover.
- Records relating to internal audits, checks and quality assurance, including an RI report dated October 2019.
- Records relating to incidents, accidents and complaints.
- Statement of purpose.
- Written guide to the service.

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


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

[www.careinspectorate.wales](http://www.careinspectorate.wales)
# About the service

<table>
<thead>
<tr>
<th><strong>Type of care provided</strong></th>
<th>Care Home Service</th>
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<tbody>
<tr>
<td><strong>Service Provider</strong></td>
<td>Ty Llandaff Care Home Ltd</td>
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<tr>
<td><strong>Responsible Individual</strong></td>
<td>Yvonne Marie McCourt</td>
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<tr>
<td><strong>Registered maximum number of places</strong></td>
<td>70</td>
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<tr>
<td><strong>Date of previous Care Inspectorate Wales inspection</strong></td>
<td>18 June 2019</td>
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<tr>
<td><strong>Date of this Inspection visit</strong></td>
<td>29 October 2019</td>
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<td><strong>Operating Language of the service</strong></td>
<td>Both</td>
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<tr>
<td><strong>Does this service provide the Welsh Language active offer?</strong></td>
<td>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.</td>
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**Additional Information:**

**Date Published:** 20 December 2019