Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report on

Rhyd y Cleifion ltd

Mold, Flintshire.

Date Inspection Completed

13/05/2019

Description of the service

Rhyd y Cleifion is care home registered under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA) to provide care and support for four adults aged 18 to 64 years who have a learning disability. It is located in Mynydd Isa, near Mold. The responsible individual on behalf of the provider, Rhyd Y Cleifion Ltd, is Amanda Ostle, who is also the manager of the home and is registered with Social Care Wales as an adult care home manager.

Summary of our findings

1. Overall assessment

People living at Rhyd y Cleifion enjoy good quality, individualised care, in a homely environment, supported by a consistent staff group, some of whom they have known for a number of years. The management and leadership of the home is good and they work in partnership with external agencies and the placing authorities. The home is newly re-registered under RISCA and the arrangements for the review of people's personal plans and the monitoring, reviewing and improving the quality of care provided are in their infancy.

2. Improvements

The service has moved to a paperless office with all records relating to the home and the people receiving a service are held on separate secure electronic files.

3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service. These include the need to review people's personal plans, to update the medication policy and procedures for the home, reviewing and amending the service user guide and reviewing and amending the statement of purpose.

1. Well-being

Summary

People living at Rhyd y Cleifion are happy, healthy and safe. They know and understand what care, social support and opportunities are available to them and, they get the help they need, when they need it in the way they want it. Their rights are protected, they have a voice and choice and, as far as practical, control in making decisions about their lives. They are encouraged to be as independent as possible.

Our findings

People know and understand what care, social support and opportunities are available to them. They have a personal plan (service delivery) plan that details their care needs in a number of domains covering health, daily routines, well-being, social networks, hobbies, keeping safe, activities of daily living, and community involvement. Within these domains information is recorded in a number of sub-domains such as within the domain on ‘helping to stop you getting sick’ there are sub-domains on diet and swallowing, vaccinations, drinking and smoking and exercise outlining what staff will do and what the person will do for example. The personal (service delivery) plan culminated in a timetable of the person’s week by morning, afternoon and evening with reference to any associated risk assessment relating to a person’s needs and their preferences. We saw a person, new to the home, had their personal plan (service delivery) drawn up in July 2018 and reviewed in November 2018. Another person who had lived at the home for a number of years had regular reviews of their personal (service delivery) plans the last being in April 2019. We did not see earlier personal (service delivery) plans or evidence of the way in which people participated in drawing up their personal plans and reviewing them. We recommend the way in which people participate in their personal plans and reviews should be documented in their plan to ensure compliance with RISCA regulations 2017. The plans in place provides evidence people living at the home have regular reviews of their service delivery plans (moving towards ‘personal plans’) so they know what care, social support and opportunities are available to them.

People living at the home are able to express their views and opinions. We saw the notes of two residents’ meetings and whilst being reminded of the meetings being confidential, were asked to identify any activities or outings people wanted to do in the next month, were told about any new equipment or games that were available to them in the home to try either individually or as a group and were asked for any ideas they had. They were kept up to date on what was happening in their community for example, about letters that were expected about voting in the elections and that staff would provide them with the information they needed to be able to vote. The notes we saw congratulated people on the fire drill they had in the morning and all had gone out appropriately and stood at the correct fire assembly point at the bottom of the gate. We saw evidence that people were asked to choose the menu they wanted from the options in the menu book. Each residents’ meeting

ended with asking them if they were happy with the meeting and reminding them that if they wanted to talk about anything privately to let staff know. We heard from the manager how they met privately with a person each week to hear how they were feeling and to consider any requests the person had individually. People are able to contribute to their wishes, views and opinions about their lives in the home.

People can do things that matter to them and have access to a range of activities both within and outside of the home. We saw people were encouraged to maintain contact with family members and significant others for example, people were reminded of their contact times with their relatives in line with their agreed plans via their daily diary. A relative told us in their questionnaire they thought that "*Maybe more outings however, they do go out a lot"* when asked what they would like to see changed in the home. Another relative wanted "*nothing" changed.* People had a variety of activities available to them and we saw they went swimming, played bowls and had trips out to the cinema, bowling, a nearby country park, a theatre and a local disco and they enjoyed going to the local pub, the café for hot chocolate and for meals out. Photographs were kept of activities people enjoyed especially of their outings and their annual holiday together. We saw they were planning a holiday for the current year. We saw people had photographs, personal belongings and mementos on display in their bedrooms and one person described these to us. Another person showed us their Wii games and favourite CDs. We saw games and activities in the house such as bingo, colouring, competitions and film nights. People can do things that matter to them and have activities to look forward to.

People are supported to be as healthy as they can be. There was evidence that personal (service delivery) plans covered a range of health related needs and focussed on promoting good health, preventing poor health and treating any health problems. For example, we noted people had their body weight recorded monthly and where required people's dietary intake was monitored to ensure this did not impact on their health condition. We saw arrangements in place for the staff to undertake health tasks in relation to the people's chronic health conditions and associated health monitoring tasks were noted throughout their personal (service delivery) plans. We recommended a care plan specific to a person's chronic health condition is developed and approved by the person's GP and registered practitioner which covers daily foot care, medication administration, blood glucose monitoring, nutrition, mobility, and how to respond to an emergency in the care home. We were told by the manager these were covered by the protocols and policies in place with health but did not see these and whether they had been recently reviewed. We saw that the role of exercise, diet, foot care, eye care, teeth care and ear care on people's overall well-being were being regularly monitored and preventative measures such as a person having their face washed to prevent skin breakouts were being encouraged. People are supported and encouraged to be as healthy as they can be.

People feel valued because they receive responsive care where their verbal and non-verbal communication is listened to and acted upon. We heard that the service had referred a person for a speech and language assessment 'in case' there were other strategies they

could use to enhance and develop a person's communication skills. We saw the person used some familiar words and Makaton signs and their service delivery / personal plan outlined how the person demonstrated by their attitude, body language and facial expressions to show whether or not they were happy. Another person had a communication story board they and their staff could use to reinforce speech and describing the task the person was engaged in. Staff used simple, concise language and gave time to people to ensure they were being understood and staff interpreted for a person we were speaking with. We heard that people had communication passports to ensure people, other than staff knew how they communicated to others should there be an emergency. People were not able to receive a service in Welsh because the service is situated in a primarily English speaking area and although there are no people who use the Welsh language the service is working towards the 'active offer' by using greetings with people through the Welsh language. People can be confident they are able to use their verbal and non-verbal communication skills and be understood.

2. Care and Support

Summary

People receive good quality care from a consistent and stable staff team who treat them with dignity and respect and with whom they have good relationships. Staff are well led, supported and trained to provide person centred care that anticipates and acts on people's needs and preferences.

Our findings

People's individual needs and preferences are understood and anticipated. We saw that people are settled at Rhyd y Cleifion. We saw that the most recent person to move into the home had a series of introductory visits beforehand and assessments undertaken to assure them and their family that staff were able to meet their needs. We saw from their initial service delivery plan (personal plan) and subsequent review how the person was growing in confidence and learning new skills at their own pace. Other people already living at the home had lived there between three and seventeen years had been involved in, met and spent time with the newly admitted person before they had moved in and had helped settle them into the home. We saw people had comprehensive service delivery plans which had been reviewed on at least an annual basis. The service is moving towards 'personal plans' (instead of service delivery plans) as the terminology used to describe the plans for people to support them in working towards achieving their personal outcomes in how their individual needs would be met. People's needs and preferences are understood and anticipated.

People can be confident that staff supporting them are able to understand them, their needs and their preferences. This was not only because they had comprehensive service delivery plans (personal) in place but because some staff had worked at the home for some time with the manager having worked at the home since 2012. Staff recorded in their completed questionnaires they were "*proud to work as a part of the team at Rhyd y Cleifion"* and two staff recorded that what they particularly liked about working at the home was "*the family atmosphere"* and "*it is run like a family home rather than a care home".* Staff advocated on behalf of people using the service to be able to return to the home after a period of ill-health for example. Staff were trained to meet people's care needs and had received delegated authority from health to deliver people's medication needs and they received annual refresher training in people's specific medical conditions for which they were assessed every 12 months by the District Nurse. Staff also attended specialist health and screening appointments with people when required. Whilst we saw references to the health conditions throughout people's personal (service delivery) plan we recommended the service develops a care plan specific to the people's health conditions to bring together all the advice and delegated authorities into one specific plan that could be referenced in the person's personal plan which was being developed in line with RISCA regulations.

People receive responsive and proactive care and early signs ill health are acted upon. We saw a person who had received a service from the provider for a considerable length of time was developing some behaviours suggesting an underlying medical condition for which the home had referred them to specialist health services. The possibility of the condition was being closely monitored by the service and by health but we were told by the manager the person did not have the quarterly assessments suggested by health. The manager told us they had an audit trail of the email reminders they had sent to health on this matter. We recommended the service develops an end of care plan with people and their significant others in the event the service would be unable to meet people's needs in the future and they became unable to express their views and wishes. We heard from the manager that health and social care services were discussing people's longer term future in such an eventuality. This demonstrates how the service advocate on people's behalf and refers them to relevant health and social care professionals in a timely manner to ensure their health care needs are met.

People can be confident the staff supporting them are properly supervised, supported and trained to meet their needs. We saw records of staff being invited to attend supervision by the manager and these showed staff had supervision generally on a bi monthly basis and the training each member of staff attended were held on individual staff files. We saw training had been undertaken on health and safety, mental health, first aid, food hygiene, medication, Deprivation of Liberty Safeguards (DoLS), fire safety, safeguarding, dementia and data protection. We saw staff had received training to suit the specific individual needs of people using the service and had delegated authority to perform health related tasks and they were assessed annually by the nurse on their competency. We saw a member of staff submitting their on line work to complete a course on autism whist we were there. We were told that the service used on-line training by using Social Care TV and face-to-face training available from Flintshire County Council and the service was waiting for training in Makaton communication. In the meantime, the manager had downloaded useful aids such as Makaton signs for staff to use with a person. We recommended the service develops a matrix of the training schedule for the home so they could see at a glance when staff had attended the required training and when refresher training in that subject area was due. This will help the service in completing an annual training needs analysis required by RISCA regulations (2017). We saw staff met as a team generally each month and we saw the notes of team meetings for three of the last four months with one having to be cancelled due to the manager's absence. We noted that an update of each individual had been briefly discussed at the April meeting but were not minuted and recommended that this is done at each staff team meeting so staff can share their ideas for people to progress further and express any concerns. We concluded that staff are supervised, supported and trained to meet people's needs.

3. Environment

Summary

People live in accommodation which meets their needs and supports them to maximise their independence. They are cared for in a safe, clean environment where unnecessary risks have been identified and where possible eliminated.

Our findings

The home is situated on a quiet lane next to a farm in Mynydd Isa and is set in its own grounds which is accessed between two other houses. We agreed with the manager's suggestion for a name plaque to be strategically situated at the entrance to the property to ease identification. The house had a large driveway and frontage with garden furniture for people to use and where we saw each individual had sown seeds in a tray such as geraniums they could tend and watch grow. An enclosed rear area leading to a large pleasant lawn area meant people were able spend time there safely or enjoy a barbeque for example. We saw a person had pegged their washing out enabling them to do their own laundry and we saw them going out to check it was dry when we were there. They were able to prepare themselves snacks and we saw a person had made their own lunch in the well equipped kitchen whilst being supported by staff. Each person living in the home completed household tasks as well as their own 'housekeeping' of their rooms according to the chart we saw with tasks they did independently with staff monitoring and staff helping with some chores. We saw people's activity plans reflected the days they did their household chores and when they were supported, for example, in changing their bed and cleaning their bedroom. People had access to laundry facilities including a tumble drier on the lower ground floor and we were told this was cleaned out after each use to prevent the build-up of 'fluff'. People tended to do their ironing in the lounge either with staff or independently. People are able to do things for themselves because the layout of the home and facilities promoted independence.

People's relationships are enhanced by an environment that encourages people to meet either individually or privately or spend time on their own. Most of the home is single storey with a large farm house style kitchen off a spacious hallway. The kitchen is large and well equipped with an automatic hot water dispenser so people could make drinks themselves when they wanted. The home had become more environmentally friendly and they had started a new recycling initiative with people having brown paper food bags they used for taking snacks they had made themselves to take to their day time activities such as work or college. The communal lounge is up a small flight of stairs and sofas and entertainment facilities meant people were able to play games and undertake craft activities together or on their own. Each person had their own spacious bedroom which were personalised to their taste with lots of their belongings and the two we saw had comfortable seating for relaxation when they wished to spend time on their own. One person had an en-suite shower room

and we pointed out to staff the flooring which appeared to be lifting from the floor at the entrance door. We heard from the assistant manager that maintenance jobs were attended to quickly and a staff member attended to the general bathroom lock the second day we were at the home. We saw that health and safety checks were done monthly and entered on to the home's computer and the home was planning an annual environmental audit to ensure the home and environment were maintained to avoid unnecessary risks. The fridge temperatures were checked daily and logged in the book for this purpose. People feel valued and up-lifted because they live in safe, secure environment and well maintained environment that supports them to maximise their independence.

People are kept safe. The front door to the property was kept locked and we were asked for identification when we arrived and asked to sign in the visitors' book. We saw each person had a personal emergency evacuation plan which was kept on their electronic records as well as in a central file near the front door for ease of access in the event of an emergency. We heard that fire equipment was tested regularly and we saw evidence of fire evacuation drills were undertaken at least monthly at different times and were always unannounced; the last being the 6th April 2019. A report of the audit by the Fire and Rescue Service undertaken in 2017 was available with no recommendations made. We heard the service were now using a company for all their health and safety checks and they received an email alert when such checks were due. Regular checks by staff ensure people are kept safe.

4. Leadership and Management

Summary

People know and understand the care, support and opportunities that are available to them and they receive a good quality service where they are able to express their views and make a complaint if required. The system of measuring and monitoring the quality of care is in place and requires review to ensure the requirements under RISCA Regulations (Wales) 2017 are being met.

Our findings

The statement of purpose was in the process of being revised as a result of the home's re-registration under the Registration and Inspection of Social Care (Wales) Act 2016 (RISCA) in April 2019 and recommendations made as part of the approval process. This was sent to us shortly after the inspection visit and showed most of the required amendments had been made with minor amendments required to be consistent with the terminology of personal plans remaining outstanding. We saw the latest edition of the service user guide (dated February 2018) and recommend this guide is amended to become more user friendly and clearly show the contact details for the Responsible Individual as well as the additional information such as the home's policy on accommodating personal preferences such as pets, furniture etc, activities including support to access community services, facilities available as part of the service, availability of and support to access telephone, Wi-fi, internet and information about health and safety including any fire safety and evacuation procedures. Guidance on the content of a service user guide is given in the statutory guidance for service providers on meeting service standard regulations (Wales) 2017. Overall, we found that people know and understand the care, support and some of the opportunities available to them though some improvement is required in the statement of purpose and the service user guide.

The service user guide currently lists all the policies and procedures which are there to safeguard service users, friends and family and members of Rhyd y Cleifion upon entering the home. We requested a copy of the medication policy and procedure for the home and were given a copy of the one page medication policy and procedure, a policy for the receipt and storage of medication and medication procedure, and procedures for wrongful administration of medication and a separate procedure for the wrongful administration of insulin. We considered the policy and procedures we were given and did not find they conformed to current national guidance and did not include the systems in place for the regular auditing of the storage and administration of medicines. We therefore recommended the medication policy and procedures are reviewed to ensure medicines are stored and administered safely and this includes regular auditing of the storage and administration of medicines. We further recommended where there were exceptions to the medication policy and procedures, for example, insulin pens being kept in a locked box in

the domestic fridge rather than a fridge solely for the storage of chilled medication, such an arrangement should be a part of local operational policy for the administration of medication. We did see evidence of the staff undertaking medication administration had received appropriate training to do so, although, did not see evidence of them being assessed for competency by the service. Overall, we found the arrangements in place to ensure that medicines are stored and administered safely requires improvement to conform to current national guidance.

People living at Rhyd y Cleifion benefit from a service which is committed to quality assurance and constant improvement. All decisions are based on the principle of 'how best will this benefit those we support'. For example, the minutes of staff meetings showed staff were being asked for their thoughts and ideas for days out and activities "*that we can put to the residents to do throughout the next six months. Anything new would be great" a*nd *"..we need to know their routines and keeping on top of knowing what is needed to be known to make their lives more comfortable".* We saw the service regularly sent questionnaires to families and associated professionals to ask them about whether they were happy with the service with a record kept of those sent in April 2019 and the service were awaiting the return of these. Three of the four relative's questionnaires we sent were completed and returned and all three felt they could visit at any time, the home was very clean and welcoming and two commented "*the staff are lovely".* We saw from the revised statement of purpose (dated 17 May 2019) the Responsible Individual for the service had outlined how they would set aside time to undertake visits required by Regulation 73 to the service specifically to monitor the performance of the service in relation to its statement of purpose and to inform the oversight and quality review. This was because the Responsible Individual for the service was also the manager of the service and at the home daily, undertaking direct work with people living in the home on, at least, a weekly basis. We recommend the service also includes the arrangements it has in place to undertake the quality of care review required under Regulation 80 on at least a six monthly basis. Overall the leadership and management of the service is good with a homely and family approach to meeting people's needs and making sure people were happy at Rhyd y Cleifion.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

There were no areas of non-compliance identified at the last inspection.

5.2 Recommendations for improvement

We made the following recommendations to improve the service:

- The statement of purpose is reviewed to include the way in which the arrangements to monitor, review and improve the quality of care and support under Regulation 80 is delivered and the terminology of personal plans is consistent.

- The service user guide in revised to ensure it is more user friendly and refers to the statutory guidance for Service Providers and Responsible Individuals on meeting service standard regulations.

- The medication policy and procedures for the home are reviewed to ensure they are aligned to current legislation and national guidance. This includes the management arrangements to ensure the oversight and audit of medicines management.

- A care plan for people's specific health condition is devised to clearly show, in one plan, how the service supports the individual's condition and the guidance being followed.

- People's personal plans should show how they have been involved in drawing these up and subsequently reviewing their progress in achieving their personal goals.

- The service draws up a training matrix to show the core and specialist training provided or arranged for staff and when refresher training is due / completed.

- The service considers drawing up 'End of Care' plans with people and their significant others especially when people's communication skills are limited and the service anticipates a change in care arrangements may be required in the future.

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 Monday 13 May 2019 between 09:00 and 17:15 and again on Tuesday 14 May 2019 between 12:30 and 13:30.

The following methods were used:

- We spoke to the manager and staff on duty at the service.
- We spoke with people living at the service, two in private.
- We received four questionnaire from four people living at the service, three from relatives and three from staff.
- We looked at a wide range of records. We focussed on the statement of purpose and service user guide, two people's records (including their service delivery plans and their life story book), medication policy and two staff files.

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	**Rhyd y Cleifion ltd**
Manager	**Amanda Ostle**
Registered maximum number of places	**4**
Date of previous Care Inspectorate Wales inspection	**27/03/2018**
Dates of this Inspection visit(s)	**13/05/2019**
Operating Language of the service	**English**
Does this service provide the Welsh Language active offer?	The service is situated in a primarily English speaking area and the provider does not intend to offer a Welsh language service. It does promote the Welsh language by using Welsh greetings and phrases.
Additional Information:	

Date Published Tuesday, 2 July 2019