



Inspection Report on

Min-y-Mynydd

**MIN-Y-MYNYDD RESOURCE CENTRE
EGLWYS FAN RHYMNEY
TREDEGAR
NP22 5QA**

Date Inspection Completed

16 December 2019, 17 December 2019

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Description of the service

Caerphilly County Council is registered with Care Inspectorate Wales (CIW) to provide a care home service Min-y-Mynydd, located in Caerphilly, where a maximum of 27 individuals aged 65 or over with a diagnosis of dementia can be accommodated. The responsible individual (RI) for this service is Joanne Williams. The home has a manager in place who is registered with Social Care Wales.

On the days we visited the home we were told that 24 people were in residence.

Summary of our findings

1. Overall assessment

People who live in the home appeared relaxed and comfortable and told us they were happy with the care and support provided, including the activity arrangements in place. Staff were kind and caring in their approach. Relatives and visiting professionals were very complimentary of the service provided. The oversight of the service by the provider needs to improve to ensure people's well-being is consistently maintained and to ensure systems in place with regards to staff supervision and training are strengthened. Improvements are needed to ensure there are adequate bathing facilities within the home.

2. Improvements

This is the first inspection of this service since it was re-registered under The Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA).

3. Requirements and recommendations

Section five sets out details of our recommendations to improve the service and areas where the home is not currently meeting legal requirements. In brief these relate to:-

- **Quality Assurance:** The provider must ensure the arrangements for monitoring and reviewing the quality of service are improved.
- **Health and Safety:** Risks to people within the home need to be managed safely.
- **Supporting staff:** Appropriate support systems for staff must be in place.
- **Notifications:** The service provider must notify CIW of events as specified.
- **Premises:** Adequate bathing facilities should be available.

1. Well-being

Our findings

People are treated with respect and their health and well-being is promoted. External healthcare support is sought in a proactive and preventative way. People were supported to access a range of community healthcare services. We observed staff were caring and attentive to peoples' communication needs. It was clear from our observations that staff were familiar with peoples' needs. We observed people being encouraged to complete daily living tasks and praised on their accomplishments. However, we found the recording of day to day activities required improvement. We saw a general store within home had been developed in order to encourage people to do things of importance to them. People we spoke with including people who lived in the home, their relatives and visiting health professionals visiting were very complimentary of the care and support provided. We conclude people are valued and their well-being is supported.

The service has mechanisms in place to safeguard people from harm. People knew they could talk to staff and their relatives told us people working in the home were approachable. Staff were aware of how to raise concerns if they suspect harm to an individual and have policies and procedures to follow, however, a number of staff had not attended safeguarding vulnerable adults training for more than five years. Medication systems and practices were managed safely. The correct protocols protect people from having their liberty restricted unnecessarily and detailed risk assessments helped to keep people safe. People were provided with information about the service and what they could expect from the service, however, some improvements to documentation is required. We conclude people are protected from abuse and neglect.

The provider needs to improve systems in place in order to seek people's views on all aspects of the service. We found the RI and senior managers visited the service on a regular basis, however, the RI visit reports lacked evidence that people's views were sought. Quality assurance processes to ensure people's individual circumstances were considered had not always been completed. Personal plans lacked evidence of consultation with people living in the home. We conclude arrangements in place for obtaining the views of people receiving support need to be strengthened.

People live in an environment that does not always promote their well-being. The home was clean and welcoming. Some visual aids such as signage and pictures helped to orientate people to minimise confusion, however, we considered providing more environment enablers would support people to find their way around more independently. We found communal areas were utilised well to allow people to relax and do things that is of interest to them. We told the provider they must ensure fire safety checks are completed consistently and ensure bathing facilities are fully functioning in order to promote people's dignity and choice, and to help keep them safe. We conclude the environment does not always support people to achieve their well-being.

2. Care and Support

Our findings

People benefit from a service that has personalised written guidance to enable staff to support individuals safely and in line with their personal wishes. We examined three personal plans and found care documentation contained essential information in relation to people's preferences, personal care needs, mobility and falls management. Personal plans were detailed in their approach, and we found staff updated and reviewed personal plans when needed. We saw written guidance provided in personal plans reflected the needs identified in assessments. We found some plans on file were duplicated and we recommended files were reviewed and organised so supporting staff could easily access pertinent information. We noted personal plans lacked evidence of consultation with individuals or their representative and were not always stored safely. We spoke to one relative who told us they had not seen the personal plan for their relative, however, felt fully involved in their care. We reviewed a folder that contained photographs of people involved in decorating and transforming the front garden area of their home. We observed a staff member supporting an individual with folding laundry and we observed another person washing crockery in a kitchen area. People were empowered and actively involved in the activities of day to day living. We conclude people are as well as they can be, because their needs and personal wishes are considered and understood.

Staff recognise and respond to individuals' emotional and physical needs. We observed the dining experience in one area of the home and considered this to be an uplifting experience for people. We observed staff members engaging positively with people, encouraging nutritional intake and found staff to be caring and sensitive to people's needs. We spoke to one person who told us, *'staff find me jobs to do, that I enjoy'*. A relative told us their relative enjoyed playing bingo, arts and crafts and sing-a-longs. They told us, *"Staff play music on a CD player in the lounge, (X) loves music, they sing along to it."* However, we found people's day-to-day experience of activity enjoyment and socialisation was not routinely recorded. We noted referrals were made in a timely way to relevant healthcare professionals when needed. We saw information within personal plans that confirmed the home had referred to relevant professionals in a timely manner. We had the opportunity to speak with two health professionals who visited the home on a regular basis; both were very complimentary of the service delivered. One professional told us, *'They are doing a fab job. They go above and beyond.'* People have access to appropriate advice and support when required to promote their health and emotional well-being.

People are appropriately safeguarded from harm. A whistleblowing and safeguarding adults policy was in place and accessible to the staff. We spoke with one person who told us, *'I feel safe because staff are always on the 'look out for me.'* The provider had made the relevant deprivation of liberty safeguards (DoLS) applications where some people potentially lacked mental capacity to make certain decisions about their health and welfare. Staff we spoke with demonstrated a good understanding of their roles and responsibilities in

relation to safeguarding people from abuse and confirmed they had received safeguarding training, however, staff training records indicated the majority of staff required refresher safeguarding training. We also recommended that staff received training in an awareness of their responsibility under the Mental Capacity Act and DoLS. We conclude there are mechanisms in place to protect and safeguard people, however, staff training in this area needs to be addressed.

Systems are in place for the handling of medicines within the home. There were secure arrangements for storing medication stock in a lockable room, accessible only to authorised staff. We examined a sample of medication administration records (MAR). We noted medication changes were recorded on the MAR. We found hand written entries made on MAR charts reflected the detailed instructions from the prescriber and were signed by two members of staff to ensure the entry was accurate. We noted relevant temperature checks were carried out by staff on a daily basis and regular audits were carried out. We discussed the administration and review of anti-psychotic medication at the home, we were told people's ant-psychotic medication was reviewed on a regular basis, however, this was not always evident within personal plans. People benefit from a service which has good systems in place to ensure medicines are managed and administered safely.

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3. Environment

Our findings

People are cared for in a spacious, clean and welcoming environment, however, improvements are required to ensure that sufficient bathing facilities are available. The décor in the communal areas was homely and welcoming. We saw some environment enablers were in place to support people to find their way around more independently, however, further signage in communal areas would be of benefit to people living in the home. We saw a general store within the foyer of the home had been developed in order to harness the opportunities shopping can give to people. We were told the shop encouraged people to have fun, be creative and to make choices. Relatives told us visiting times were not restricted and explained they felt welcomed into the home. We saw photographs displayed of residents enjoying activities and themed events. We observed people either independently or being supported to use the environment, spending time as they wished. Bedrooms were personalised and contained items such as family photographs and furnishing. We noted some areas of the home were in the process of being re-decorated, the manager explained that decoration of communal areas was part of an ongoing programme. People had access to an external garden that required some maintenance to make this more appealing. We noted one large external garden area was unsightly and was not accessible to people because of the health and safety risks associated in using this area.

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During a tour of the home the manager told us one of the baths on the ground floor needed to be repaired and was no longer in use. Further, on the ground floor we viewed a shower area that we considered to be a risk of scalding due to exposed piping. We spoke to staff who told us this shower was not used. Therefore, this left the availability of just one bath and one shower room between potentially 18 residents on the ground floor. We found no evidence to show this limited availability of bathing and showering facilities was impacting upon people's ability to have a shower/bath when they wanted to. However, we discussed our concerns with the provider who gave assurances that the refurbishment of the bathing facilities on the ground floor would be prioritised. We conclude, people have access to a clean, homely environment, although improvements are needed to ensure a sufficient number of bathing facilities are freely available to meet peoples' needs.

Health and safety checks are not always clearly recorded and maintained. There were some systems in place to protect residents' safety for example, a secure entrance to the home. We saw medicines and cleaning chemicals, that have the potential to cause harm, were stored securely. We saw completed records of servicing for lifting equipment, gas and electrical safety checks. We saw window restrictors were in place for all areas inspected, as required. The home had been awarded a food hygiene rating score of five by the Food Standards Agency in July 2019, this indicated food hygiene standards in the kitchen were 'very good.' We noted staff had been involved in fire drills on a regular basis and found some fire checks had been completed, however, we found the majority of routine fire safety

checks within the environment had not always been completed or recorded as required. We spoke with the manager who assured us this would be addressed immediately. We reviewed a fire risk assessment completed in May 2019 and associated action plan that had been updated by the provider. A fire inspection by the Fire and Rescue Authority had taken place October 2019 and we were told by the provider the necessary action had been taken. We found continence aids were not always stored appropriately and infection control practices within bathroom areas were not being consistently followed. We observed items of clothing placed on hand rails in a corridor. This was a potential hazard to people living in the home who needed to use the handrail rail when mobilising. Therefore, we conclude people are supported in an environment where improvements are needed to health and safety processes to ensure people's safety is consistently maintained.

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4. Leadership and Management

Our findings

People do not receive care and support from staff who are formally supervised in their roles as required. We viewed a supervision schedule for all staff. We found gaps within the supervision schedule and noted some staff had not received regular formal supervision in 2019. We examined three staff files and supervision records indicated similar findings. We also noted annual appraisals of staff performance for some staff were overdue. Staff we spoke with told us they felt supported. We reviewed staff meeting minutes and found meetings had not been held on a regular basis. Regular staff meetings is one way of ensuring staff are kept informed of important matters within the home. A training matrix was provided and examined and we noted a number of care staff had not attended refresher training for many years. This included safeguarding, first aid and medication training. To promote safe working practices we would recommend regular refresher training for all staff working at the home. We conclude staff do not receive regular training or formalised supervision to help them reflect on their practice and to ensure their professional competence is maintained.

Staff who have been through safer recruitment checks support people. We examined three staff files. In all files examined we found the required documentation had been obtained to ensure each member of staff was fit to conduct their role/duties. We reviewed a DBS matrix this indicated the relevant checks had been completed for all staff. These checks are important as they identify the suitability of people to work with vulnerable people. We conclude people can be assured that the home's recruitment procedures are robust and maintain people's safety.

People using the service do not benefit from strong leadership or oversight from the provider. We found evidence of an event that had not been reported to CIW. We discussed this with the manager and explained the service provider has a regulatory responsibility to inform CIW of such events. We were assured that this would be looked into and followed up as necessary. We reviewed the visit reports completed by the RI. We noted monitoring visits had taken place on a regular basis, however, visit reports completed lacked evidence of consultation with people using the service, their representatives and staff. We requested the most recent review of the quality of care and support completed by the RI. However, at the time of writing this report, CIW had not received this quality of care review. We saw questionnaires sent to relatives in July 2018 that included a suggestion of holding resident and relative meetings. However, we found no further follow up on this matter. Regular residents/relative meetings, where people are encouraged and motivated to attend, will provide a way forward to strengthen opportunities for consultation in matters relating to the running of the home. We reviewed accident records and falls management at the home and found these were analysed on a monthly basis. We reviewed quality assurance reports and audits completed in various areas of service delivery. As afore mentioned in this report, the provider lacked sufficient oversight in the area of fire safety management, staff supervision

and staff training. Therefore, we conclude quality assurance systems including the oversight of the service by the RI needs to improve to ensure people's overall well-being is consistently supported and maintained.

The home is mostly clear about its aims and objectives. We viewed the statement of purpose (SOP) and service user guide (SUG). The (SOP) is fundamental in setting out the vision for the service and is a key document that should clearly demonstrate the range of health and care needs the service will provide support for, including any specialist service/care provision offered. The SOP provided an overall picture of the service offered although we identified some additional information that was required. The SOP was not clear on how the provider will meet people's language and communication needs including the extent to which the service makes provision for the Welsh language offer. We also found the SUG required further detail on advocacy and complaint processes and noted this document was not reviewed annually. We conclude information on the service provided is available, however, some improvements are needed.

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5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

This is the first inspection of this service since it was re-registered under RISCA.

5.2 Recommendations to meet legal requirements

We found that the registered provider is not meeting its legal requirements under RISCA in relation to:

- Requirements in relation to monitoring and improvement (Regulation 8 (1)): The service provider must ensure that there are effective arrangements in place for the monitoring, reviewing and improving the quality of care and support provided by the service.
- Engagement with individuals and others (Regulation 76 (1)): The responsible individual must put suitable arrangements in place for obtaining the views of people using the service.
- Supporting and developing staff (Regulation 36) (2) (c)): The service provider must ensure staff working at the service receive core training appropriate to the work they are to perform.
- Supporting and developing staff (Regulation 36) (2) (c)): The service provider must have suitable arrangements in place so that all staff receive appropriate supervision on a quarterly basis.
- Notifications (Regulation 60 (1)): The service provider must notify CIW of the events specified in Parts 1 of Schedule 3.
- Health and safety (Regulation 57): The service provider must ensure that unnecessary risks to the health and safety of individuals are managed effectively.
- Premises (Regulation 44 (9) (a)): The provider must ensure the premises has sufficient bathrooms of sufficient number and of suitable type to meet the needs of the individuals.

We did not issue a non-compliance notice on this occasion as we were assured measures will be taken to address the issues identified and manage any potential risks. We expect immediate action to be taken to address these areas, which will be considered at our next inspection.

5.3 Recommendations for improvement

- Personal plans to show consultation with the person and/or their representative.
- Appropriate signage to be placed in communal areas and bathroom/shower room doors to assist people in identifying certain areas within the home.

- Activity engagement on a day to day basis to be recorded.
- The oversight of anti-psychotic medication reviews for people using the service needs to be monitored closely and recorded.
- SOP needs to be reviewed and updated to include all information as required as per regulations.
- SUG needs to be reviewed and updated to include all the information as required as per regulations.

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6. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme and was part of the CIW review of outcomes for people living with dementia in care homes. We made an unannounced visit to the home on 16 December 2019 between 08:00 a.m. and 6:00 p.m. and 17 December 2019 between 09:15 a.m. and 2:05 p.m.

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:

- We considered the information held by CIW about the service, including notifiable events received since the last inspection.
- We spoke with people living at the home during the day, including relatives, and staff.
- Discussions with the RI and manager.
- We toured the home, observed staff and resident interaction and considered the internal and external environment.
- Discussions with visiting health professionals.
- We looked at a wide range of records. We focussed on the staff rota, staff supervision records, staff training records, medication charts, four staff recruitment records, and four people's care records.
- Consideration of completed CIW questionnaires received.
- Consideration of the home's SOP and SUG.
- Consideration of the providers auditing reports, including RI visit reports.
- Consideration of the health and safety records, including fire safety.
- Consideration of the home's policies and procedures.
- We used the Short Observational Framework for Inspection (SOFI 2) tool. The SOFI 2 tool enables inspectors to observe and record care to help us to understand the experiences of people living in the home.

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	Caerphilly County Borough Council
Responsible Individual	Joanne Williams
Registered maximum number of places	27
Date of previous Care Inspectorate Wales inspection	This was the first inspection since the service was re-registered under RISCA.
Dates of this Inspection visits	16/12/2019 & 17/12/2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	This is a service that is working towards providing an 'Active Offer' of the Welsh language.
Additional Information:	

Date Published 12/02/2020

