



Inspection Report on

Melverley Respite

**Parry Road
Llanrwst
LL26 0DG**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

31/10/2019

Welsh Government © Crown copyright 2019.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context.

Description of the service

Melverley is in Llanwrst and provides short respite breaks for people with a learning disability; people have easy access to local amenities. The home can accommodate up to three people at a time. Mencap Cymru is the registered provider; they have nominated Dewi Ward to be the responsible individual (RI), who oversees the operation of the service and there is a manager registered with Social Care Wales in post.

Summary of our findings

1. Overall assessment

People are supported to have enjoyable breaks with caring staff. Personal plans are developed with the individuals and their families, although care should be taken to ensure these are updated with all changes. The home is in a good location, with transport provided, that enables people to enjoy the natural beauty of Snowdonia as well as being close to familiar activities and places. People are supported by motivated and caring staff who are supported by an effective leadership team.

2. Improvements

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

3. Requirements and recommendations

Section 5 of this report sets out the requirements and recommendations to improve the service. These include:-

- Ensuring personal plans are updated when there are changes.
- Ensuring the environment is well maintained
- Ensure staff are safely recruited.

1. Well-being

People know and understand what care, support and opportunities are available to support them to achieve well-being. People were consulted about how they would like their care delivered prior to their breaks, and had individualised service user guides informing them what they could expect from the service. Their views about the service were sought to ensure they were happy with the service and how it met their individual needs and we saw that these were valued by the service. People are supported to understand their service and have their views taken into consideration.

There are opportunities for people to do things that make them happy. The service identified what people like to do, and we saw they supported people to enjoy a range of activities, from visiting local points of interest to continuing with work opportunities or their regular activities, for example discos and day centres. We noted that the service made efforts to ensure people were compatible with others staying at the same time, to help ensure there was a happy environment in the home, which was beneficial to all. People are supported to have an enjoyable stay at Molverley.

People can feel reassured that they are safe in Molverley. Staff are well trained in protection of vulnerable adults, and told us they would feel confident to report any concerns they had. The environment is generally well maintained, with necessary safety checks carried out as required, although some improvements are required. Overall people can feel confident that their safety is well taken care of and supports them to achieve their well-being.

2. Care and Support

Overall, individuals can feel confident that the service provider has an accurate and up to date plan for how their care is to be provided in order to meet their needs. We saw that personal plans had recently been reviewed as required and that before all stays a pre-visit call was made to ascertain specific needs for the upcoming visit. We saw that most personal plans contained a good level of detail, however, we saw some people's care plans would benefit from extra detail that would ensure all care staff knew how to support an individual with all their needs. We also saw that where there had been significant changes to a person's care needs, notes had been made but personal plans had not been re-written and have advised that this should be addressed. Overall personal plans contained good detail about how to support individuals but changes to people's needs should be better recorded.

Individuals are provided with the quality of care and support they need through a service designed in consultation with them and considers their personal wishes, aspirations and outcomes of any risk and specialist needs which inform their needs for care and support. People told us they were happy with the support they received and staff were caring. We saw that personal plans had been signed by the person or their family representative, demonstrating they had been consulted about the plan. We saw that where there were risks, the person's views on how to manage these was supported and there was clear instructions for care staff to follow. Where a person was at risk of falling this was noted and the person was supported to take positive risks in order to maintain their independence. We saw that individual's specialist needs were supported, and advice from relevant healthcare professionals had been obtained and incorporated into people's personal plans and risk assessments. People can feel confident the service can meet their needs in a person centred manner to ensure their individual needs are met.

The service provider has taken steps to safeguard vulnerable individuals to whom they provide care and support. They had ensured staff received training on safeguarding vulnerable adults in a timely way and most staff had received refresher training if appropriate. Staff we spoke with stated they would feel confident in reporting any concerns. We saw that deprivation to liberty (DoLs) had been considered and an application made to the local authority appropriately. The manager and area manager carried out audits to ensure medication was administered safely, and the medication administration records we saw for one person indicated dispensing of medication was carried out safely. The service have taken appropriate steps to ensure people are safeguarded.

3. Environment

People's care and support is provided in a location and environment, with facilities and equipment that promotes achievement of their personal outcomes. The home is in a central location close to a number of attractions and services, including the town centre. We found the home was small and homely and the décor was of a reasonable standard. The manager informed us that there were plans to redecorate some areas imminently. They also told us that the downstairs bedroom was going to be refurbished so they could meet the additional needs of a prospective client. A large conservatory held a dining table and chairs for communal eating and other activities. However, we noted the dining furniture was worn and needed replacement to help support people's dignity. There was suitable equipment in situ to support people with a range of physical needs if required. The environment supports people to achieve their outcomes, although some improvement is required to enhance their dignity.

Overall, the service provider identifies and mitigates risks to health and safety and ensures the premises comply with current legislation and national guidance in relation to health and safety, fire safety, environmental health and any standards set by the Food Standards Agency. We saw that the required health and safety checks had mostly been carried out as required, however we did note that the fire drill was due, it had last been done over six months before. We saw that a daily cleaning schedule was kept, but noted there were days where not all activities had been signed as being done. The manager was aware of this and had addressed it in a team meeting, but will speak to care staff again to ensure good standards of cleanliness are maintained. The service supports people within a safe and well maintained environment, although the manager is aware that some improvements are required.

4. Leadership and Management

Overall the service is provided in accordance with the statement of purpose (SOP) which has been updated with changes to key personnel. We also saw that the service produced individualised information for people who use the service, in an easy read format, which contains some information from the SOP. People can feel assured the service is as described in its literature.

The service ensures support is provided by appropriate numbers of staff who overall are, suitably fit, have the knowledge, competency, skills and qualifications to provide the levels of care and support required to enable the individual to achieve their personal outcomes. We looked at two staff files, and found that whilst one had been safely recruited, with all checks carried out as required, the other staff member had not been subject to necessary checks. We advised the manager to address this. We saw staff were supported to carry out a variety of training as described in the SOP, however we noted there was no specific training in the health conditions the SOP says it can support. We discussed this with the manager and they advised they would look at how this could be developed. Staff we spoke with told us they felt they had enough training to carry out their roles and that they enjoyed their time at work. Whilst the manager acknowledged they were not up to date with carrying out one to one supervisions with care staff, called 'Shape your future', we could see they had started to address this, and this will help support and develop care staff. We saw from rotas that staff ratios were as described and were sufficient to meet the needs of people using the service. People are supported by sufficiently training, motivated and skilled care staff.

There are robust arrangements in place for effective oversight of the service, through ongoing quality assurance processes. We saw that the RI had visited the service and reported thoroughly on his findings as required. We saw that a quality assurance report, dated 30/9/2019 had been produced, and reported on people's views of the service, including families and staff and what actions were planned to deal with any issues identified to improve the service. We saw evidence that the area manager visits the home and had carried out audits for example, on the premises, financial records, and medication. The manager told us they received good support to carry out their role, through the RI and other managerial functional support teams, e.g. Human Resources. We saw that they had received one to one support as required and there was a robust training programme for them, as a new manager. People can feel confident there is good oversight of the service and that the service providers will drive improvements.

5. Improvements required and recommended following this inspection

5.1 Areas of non-compliance from previous inspections

None, as this was the first inspection since the service was re-registered under RISCA.

5.2 Recommendations for improvement

- Ensure personal plans contain up to date and sufficient detail so that care can be consistently provided as required.
- Replace worn furniture in dining room.
- Ensure fire drills are carried out as required
- Ensure there are robust employment checks carried out before a person commences employment.
- Consider training so staff are supported to understand people's physical and mental health conditions.

6. How we undertook this inspection

This was the first inspection of the service following re-registration under RISCA. This was a full inspection undertaken as part of our inspection programme. We made an unannounced visit to the home on 31 October 2019 between the hours of 10:00 am and 3.45 pm. The inspection was carried out under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA). The following methods were used:-

- We walked around the inside of the building, viewing communal areas, a sample of bedrooms and observed care being provided.
- We spoke with one person using the home, the manager, two members of staff; we also spoke with the RI on the phone.
- Questionnaires were used to seek the views of people using the service, their relatives, staff working at the service and professionals working with the service and overall; one person using the service and two relatives responded.
- We looked at a wide range of records. We focussed on two people's care records, policies and procedures, staff training and supervision 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	Royal Mencap Society
Responsible Individual	Dewi Ward
Registered maximum number of places	3
Date of previous Care Inspectorate Wales inspection	This was the first inspection under RISCA
Dates of this Inspection visit(s)	31/10/2019
Operating Language of the service	Both
Does this service provide the Welsh Language active offer?	No, working towards
Additional Information:	

Date Published 7 January 2020