Inspection Report on

The Old Manse

THE OLD MANSE
HAVERFORDWEST
SA62 4LB

Date Inspection Completed

18/10/2019

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Description of the service

The Old Manse is a care home operated by Pembroke Resource Centre Limited which is a subsidiary company of Orbis Education and Care Limited. The home can accommodate up to four people with a learning disability and needs associated with Autism. There is no manager in post currently. A responsible individual has been appointed by the provider and is in the process of registering with Care Inspectorate Wales. The home is located in a village on the outskirts of Haverfordwest.

Summary of our findings

1. **Overall assessment**

People living in The Old Manse have good relationships with the staff who care for them but the systems and structures for staff to help and support people to reach their potential are not always in place. People are, in the main, protected from harm and abuse but their quality of life and achievement of personal outcomes have been negatively affected by lack of a strong and consistent manager. There is also a lack of senior management attention to practice, processes, and staff support. The environment is suitable for people although it would benefit from attention to giving it a more homely feel

2. Improvements

This is the first inspection following re-registration under the Regulation and Inspection of Social Care (Wales) Act 2016. Any improvements will be considered as part of the next inspection.

3. Requirements and recommendations

Section five of this report sets out the action service providers need to take to ensure they meet their legal requirements and recommendations to improve the quality of the service provided. These relate to:

Personal plans, provider assessments, risk assessments, quality assurance processes, staff files, health and safety, storage of medication, de-briefs following incidents, key worker policy and service user guide

1. Well-being

Our findings

People's rights and entitlements are upheld, but their needs and wishes in respect of culture and religion were not always known. They are able to express their wishes, views and choices. On the day of inspection one person was engaged with the clinical team in the development of their personal plan. Those living in the home were actively supported to establish and/or maintain friendships and family relationships. Although in discussion staff could describe people's care and support needs, not all individual plans included people's likes and dislikes, routines, communication preferences and 'my best day' to ensure that care and support was provided in a way which reflected their wishes. People were able to personalise their surroundings and were encouraged to participate in the day-to-day running of the home, but their contribution to the home's formal quality of care monitoring and review was not clear. Improvements should be made to people's access to information regarding rights and entitlements by way of posters, pictures and a service user guide in a format appropriate to people's needs. We concluded that people have opportunities to voice their views, they are listened to and can access some control over their day-to-day lives, but the provider must be able to demonstrate how their views contribute to service improvement.

People are not consistently encouraged and supported to engage in rewarding and meaningful activities. Care documentation included information regarding activities each person enjoyed but staff told us these quite often did not happen due to staffing issues. During our visit one person attended a day service, but other people did not undertake the activities on their planner for the day and staff were not knowledgeable about what activities should have been taking place. Although records showed that people did engage in activities, it was not evident that staff used a creative and proactive approach to offering a choice of activities for those people who did not wish to attend the Orbis day centre in the local area. Based on our observations and findings we conclude that people are not consistently experiencing meaningful and varied activities.

There are practices and processes to protect people from abuse and neglect, however there are shortfalls in a number of areas. Training in safeguarding and behaviour management approaches was provided in induction but annual refreshers were not always undertaken. Robust recruitment processes were not consistently fully followed and there was insufficient evidence of a timely and robust approach to staff performance issues. Staff confirmed they had access to policies and procedures to enable them to understand their responsibility to safeguard and protect vulnerable individuals, and told us they felt confident about the processes they should follow in the event of a concern. We find that the systems in operation to protect people from abuse and neglect require improvement.

People are supported to achieve positive outcomes, and they experience warmth and care from a largely stable staff team. However, the service had not always been proactive in accessing relevant support services. We saw kind, positive interactions between staff and residents and staff spoke with affection about the people living in the home. Policies and procedures were in place and provided guidance for staff to understand their role and how they should provide care and support. In discussion, staff demonstrated an understanding of people's needs and difficulties and described how they were being supported and their needs addressed. However we were concerned to see that people had not been linked with specialist support services and that simple aids and adaptations recommended by the clinical team on the day of inspection had not been provided despite people having lived in the home for a number of years. People were not provided with all possible support to enable them to fulfil their potential.

People live in a suitable environment but the systems for ensuring their health and safety must be improved. The home was clean and comfortable- though lacked a homely feel- with sufficient internal and external space for people to relax in, and to spend time together or on their own if they chose. Safety checks and maintenance of equipment was carried out but daily and weekly health and safety checks were not undertaken at the frequency expected. We find that the accommodation provided enables people to feel safe and at home, achieving a sense of well-being.

2. Care and Support

Our findings

People experience positive, caring relationships with staff who know them well but the extent to which they were working towards and achieving purposeful and agreed well-being outcomes was not always clear. We saw people were treated with respect and dignity and staff were proud that people had positively benefitted from the care and support provided, particularly in regards to one person's health issue and another's self-care skills. People's care and support was underpinned by information contained in their case files such as personal information, plans and risk assessments. However, we discussed with the responsible individual that it was not evident that plans were based on a provider assessment, outcome focussed or reviewed as required. Risk assessments did not always identify actual or potential risk, or strategies to reduce risk, and indicated that risks were unacceptably high when that was not necessarily the case. Monthly reports contained a section for updates/progress from the previous month but these had been left blank in the reports we saw. Staff said they were satisfied with the arrangements whereby they were informed of any changes or significant information about the people they were caring for, and that they were able to contribute their views to plans and assessments. Daily records were of variable quality and were not always completed despite this being raised repeatedly in monthly quality assurance reports. People can feel confident that staff understand their needs and want the best for them but improvements are required for the service to be able to evidence clear processes for planning and review.

Support for people to access health services needs to be improved. People were not always registered with local universal health services and information from staff and in case files did not evidence they had received regular check ups; although medical appointments were made and attended when the need arose. People were encouraged to be physically active and there was evidence that people were healthier since moving into the home. A medication audit had been carried out recently by the dispensing pharmacist and people living in the home had attended medication reviews with a health professional. Staff had received training in the safe storage and administration of medication but although a new system had been introduced whereby people's medication was stored safely in their rooms, no thermometers had been provided to ensure a correct temperature had been maintained. People are encouraged to lead a healthy lifestyle but are not always supported to attend routine appointments to promote the best possible health.

People are protected from harm. Staff told us they had received safeguarding training and were aware of whistleblowing and safeguarding procedures and would be confident to report any concerns if required. Appropriate action had been taken by the provider in relation to a concern reported under the whistleblowing procedures. However, refresher

training had not consistently been undertaken within annual timescales. The Statement of Purpose and Service User Guide contained details on how to raise a concern or complaint and the support available to do so. The rights of people who may be unable to make decisions regarding their care were protected because we saw the home applied to the relevant authority regarding residents identified as potentially lacking mental capacity to make decisions about their care and/or welfare. Staff were trained and supported to deliver care and support using a particular behaviour management approach, and any incidents including of physical restraint were properly recorded. However the service needs to ensure that incident records include a de-brief to ensure people’s right to express a view or make a complaint are upheld. We find the service has systems in place to protect people from abuse and harm.

3. Environment

Our findings

People live in a home that is clean and provides a personalised environment. The home is a family sized house in a small village. We saw that people had personalised their bedrooms with personal effects. The downstairs comprised a lounge with TV and settees, a large modern kitchen/diner which contained all necessary equipment and a dining table for communal meals. During a walk around the home we found that bathrooms and communal living areas were clean and tidy and furniture, fittings and fixtures were of good quality and in good repair. However the home lacked photos, pictures and other items to create a homely feel and encourage a sense of belonging. To the exterior there was a small fenced, back garden. The accommodation is suitable to keep people safe.

The service has systems in place to identify and mitigate risks to health and safety, but these are not consistently implemented. Safety checks and maintenance of equipment had not been carried out as consistently as procedures required. The responsible individual's reports of monthly quality assurance visits to the service had repeatedly identified some deficits in regular internal health and safety monitoring. Fire safety evacuations had been carried out monthly for the past three months but other checks of fire safety equipment had not been carried out as required. People cannot be reassured that the systems in place to ensure their health and safety are effective. Action is required to ensure that risks to people's health and safety are minimised.

4. Leadership and Management

Our findings

The service is clear about what the service sets out to deliver, but information requires some amendments. The Statement of Purpose outlined the ethos, aims and objectives of the service and provided information about service delivery. We found that, in the main people were cared for as described in the service's Statement of Purpose. The service had produced a 'Guide to the home' copies of which were on individual case files but these were not in an accessible format and not readily available to people living in the home. People have access to information about the service

Arrangements for the day-to-day management of the home are not sufficiently robust. There was no registered manager in post, and the cover arrangements pending the appointment of a new permanent manager were not adequate. Although we were told that senior managers were contactable and visited the home regularly, it was not evident that staff who were responsible for the day-to-day running of the home had been properly supported in terms of training and supervision. We were told that a senior manager was at the service several days a week but this did not appear to have been the case. We also found evidence of a lack of manager and senior management oversight and lack of action in terms of health and safety, staff training and performance, and overall record keeping. We were given different accounts about staff morale and although most staff said they felt supported and enjoyed their work, they had not received supervision in line with the Statement of Purpose or staff development policy. People cannot be reassured that the management arrangements ensure that the home is well run and staff are appropriately supported.

There are systems in place to monitor the quality of the service, but they do not meet the requirements of legislation. The previous responsible individual had resigned a few months previously and a new person appointed by the provider was not yet in position. Although interim arrangements had been made for senior management oversight of the service and support to the manager and staff, overall this had not been effective in ensuring quality assurance standards were maintained. The organisation operated a tiered quality assurance system, with monitoring of the quality of care provided undertaken by the home's manager, responsible individual and the organisation's quality team. Reports did not consistently identify the action to be taken to address identified issues. Where actions had been identified, we did not see these to have been consistently implemented and shortfalls identified within the reports were, in general, also seen at inspection. However we were advised that the provider was in the process of implementing a new quality assurance system. Although the responsible individual's reports referred to discussions with some of the people living in the home, and staff during their visits, comments were not recorded and we could not see that people's views had been used to ascertain the quality of care being

provided and to inform service planning. We were provided with a quality of care report but this did not meet legal requirements. Attention to quality assurance mechanisms is required to demonstrate a commitment to continuous improvement to benefit people using the service.

5. Improvements required and recommended following this inspection

5.1 Areas of non-compliance from previous inspections

This was the first inspection of the service under the Regulation and Inspection of Social Care (Wales) Act 2016.

5.2 Areas of non-compliance from this inspection

During this inspection, we identified areas where the provider is not meeting the legal requirements and this is resulting in potential risk and poor outcomes for people using the service. We have issued a non-compliance notice in relation to the following:

Regulation 21- The service provider has not ensured that the service is provided in a way which promotes the health and well-being of individuals.

Details of the actions required are set out in the non-compliance notices attached.

We have also advised the registered person that action is needed in relation to the following regulations in order to fully meet legal requirements**:**

Regulation 6 – The service provider has not ensured that the service is provided with sufficient, care and competence. The arrangements for the day-to-day running of the service taking into account the absence of a registered manager were not adequate.

Regulation 7- The Statement of Purpose did not accurately reflect the service being provided in respect of health care, staff training and required clarification regarding the active offer of the Welsh language.

Regulation 15 – Personal plans were not prepared in line with statutory guidance- outcomes were not specific and measurable and it was not evident that people had contributed to them.

Regulation 19 – The service provider has not prepared a written guide to the service in an appropriate format for the needs of people living in the home. The service user guide refers to parent’s forums, which do not take place.

Regulation 35- the service provider has not ensured that information relating to the suitability of staff to work in the service is available at the service for inspection by CIW.

Regulation 59 – The responsible individual had not consistently kept and maintained accurate daily records as required.

Regulation 73 - The responsible individual visits had not been carried out in line with regulations and those that had taken place prior to the responsible individual stepping down, did not include the matters required.

Regulation 80 – The responsible individual must provide a report of their review of the quality of care and support to the service provider.

We have not issued non compliance notices on this occasion as the responsible individual has given a commitment to take action to address these areas. The responsible individual is required to provide CIW with an action plan detailing these actions, persons responsible and timescales for their completion by 30 November 2019.

5.2 Recommendations for improvement

- Thermometers to be provided for medication storage cupboards
- De-briefs following incidents should routinely take place with people living in the home and staff members involved- and be recorded. Where people are not able to communicate verbally, alternative methods for ensuring their welfare should be established.
- The key worker policy should be updated to reflect current legislation and that the service is an adult care home.

6. How we undertook this inspection

This was a full scheduled inspection undertaken as part of our inspection programme. Two inspectors made an unannounced visit to the home on 18 October 2019 between 10.00 a.m. and 17.05 p.m.

The methodology used to conduct the inspection included:

- Discussions with two shift leaders and two members of staff.
- Observations of interactions between people and staff.
- Visual inspection of the home.

We looked at a range of records, including:

- The statement of purpose.
- Records relating to two people, including care planning documents, risk assessments and associated records.
- The pre-admission information and transition arrangements for one person
- Records relating to staff recruitment
- Supervision statistics
- Staff rotas
- Staff training records.
- Quality assurance records.
- Quality assurance monitoring reports
- Quality of care review report

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	Pembrokeshire Resource Centre LTD
Responsible Individual	
Registered maximum number of places	4
Date of previous Care Inspectorate Wales inspection	22/6/17
Dates of this Inspection visit(s)	18/10/2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	No
Additional Information:	

Date Published 23/12/2019

Care Inspectorate Wales

Regulation and Inspection of Social Care (Wales) Act 2016

Non Compliance Notice

Care Home Service

This notice sets out where your service is not compliant with the regulations. You, as the registered person, are required to take action to ensure compliance is achieved in the timescales specified.

The issuing of this notice is a serious matter. Failure to achieve compliance will result in Care Inspectorate Wales taking action in line with its enforcement policy.

Further advice and information is available on CSSIW's website
www.careinspectorate.wales

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Care and Support	Our Ref: NONCO-00008698-FYVY
Non-compliance identified at this inspection	
Timescale for completion	**16/01/20**
Description of non-compliance/Action to be taken	**Regulation number**
The service is not compliant with regulation 21- The service provider has not ensured that the service is provided in a way which promotes the health and well-being of individuals.	
Evidence	
People's health needs had not been met because: because they were not always registered with local universal services, there were incomplete records of health appointments, people were not linked with specialist support services and it was not evident that efforts had been made to ensure that people were supported to access such aids and adaptations as were necessary to enable them to fulfil their potential. One person's file included reference to a medication no longer prescribed to them Rotas were not arranged such that people could take part in the activities on their schedule. Staff told us that activities often did not take place as planned. Records evidenced that incidents had taken place in the home as a direct result of people not accessing their scheduled activities. Evidence: Inspection 18 October 2019 Case files for two people Incident records Discussion with staff Impact The impact on people using the service is that they are living in a home where their well being has been compromised because their physical and emotional health needs have not been fully met and insufficient action has been taken to ensure that all actions have been taken to access support and services on behalf of people living in the home. Action to be taken Responsible individual to provide CIW with an action plan which addresses identified areas of non compliance. The plan must detail actions, timescales and persons responsible to ensure that the service operates in accordance with legislation and in line with the home's statement of purpose to deliver a service which meets people's needs and enables them to fulfil their potential.	