



Inspection Report on

Awel Y Mor

**STAMMERS HOUSE
STAMMERS ROAD
SAUNDERSFOOT
SA69 9HZ**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

20/09/2019

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Description of the service

Awel Y Mor is owned and operated by Pembrokeshire Resource Centre Ltd., a subsidiary company of Orbis Education and Care Ltd. The home provides care for up to two adults who have a diagnosis of autism. There is currently no responsible individual in place although one has been appointed and is currently in the process of completing their application to register for that role. There is a manager in place who is registered with Social Care Wales. The home is located in a residential area of Saundersfoot.

Summary of our findings

1. Overall assessment

Awel Y Mor provides a clean, comfortable and personalised environment for people to feel at home in, while achieving a sense of well-being. People have good relationships with the staff who care for them. Meaningful and varied activities are available. People are protected from harm and abuse, and are supported to remain active and healthy. Person centred care and support is provided in a timely manner, but assessment and care planning records require improvement.

Staff enjoy their work and feel valued, but it was evident that the home has not operated as efficiently as it should because the current management arrangements are not suitable. The home provides for the needs of the people living there, and there are systems and processes to review the quality of care and support although these do not meet the requirements of legislation.

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

Health and safety

1. Well-being

Our findings

People's rights and entitlements are upheld. They are able to express their wishes, views and choices. Those living in the home had advocates and the service actively promoted and supported people 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. 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 positively encouraged to engage in rewarding and meaningful activities and fulfilled emotionally and socially. During our visit we saw people attending day service, visiting the local hairdresser and going for a walk to a place of their choice. Care documentation included information regarding activities each individual person preferred. Weekly activity plans were in place and one person had a 'choice board' showing a visual plan for the day. Based on our observations and findings we conclude that people are experiencing meaningful and varied activities.

Practices and processes in the service protect people from abuse and neglect. The service has, on the whole, a robust recruitment system. Staff received safeguarding training and had access to policies and procedures to enable them to understand their responsibility to safeguard and protect vulnerable individuals. However the responsible individual must ensure that staff refresh safeguarding training and that risk assessments are more robust. The service followed statutory principles and provisions of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. We find that systems in operation protect people from abuse and neglect.

Practices and processes in the service support people to achieve positive outcomes. Staff were trained and supported to deliver care and support using a particular behaviour management approach. 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. People experienced consistent care from a largely stable staff team and we saw kind, positive interactions between staff and

residents during the inspection. People experience consistent care from the staff looking after them.

People live in a homely environment but the systems for ensuring their health and safety must be improved. The home was pleasant, clean and comfortable 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. The provider did not demonstrate that action had been taken in response to a fire safety assessment. 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. We saw they were treated with respect and dignity and staff were proud of their achievements which were significant in some instances. Their care and support was underpinned by personal information, plans and risk assessments. However, we discussed with the manager 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 people 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.

People are supported to achieve and maintain good physical and mental health, but the provider had been too slow in sourcing training regarding a specific medical condition and record keeping was not accurate. People were registered with local health services and there was evidence within their files of attendance at routine appointments and additional requested appointments when required. People were encouraged to be physically active and there was evidence that people were healthier since moving into the home. There was suitable storage for medication and staff had received training in the safe storage and administration of medication but information in records regarding one person's medication was not seen to accord with their current prescription, and staff were not always trained to administer specific medication. People are encouraged to lead a healthy lifestyle.

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. However, refresher training had not consistently been completed 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 are 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. This is known as deprivation of liberty safeguarding, (DoLS). It is a legal process which seeks to ensure care arrangements for such residents are proportionate and in their

best interests. We find the service has systems in place to protect people from abuse and harm.

People's individual needs are known, before their move to Awel Y Mor, and their transition is carefully managed. However, the appropriate matching and compatibility of people was not evidenced. Their needs had been assessed whilst they were living in their previous home through an 'initial assessment' but this was extremely brief, and did not include a proper rationale for the decision to offer the service. We also could not see that consideration had been given to the compatibility of that individual with other people already living in the home, or to staff skills and experience to ensure that the needs of each individual could be safely and effectively met. The transition process, had, however, been carefully managed and was in line with the approach outlined in the statement of purpose. We saw an example of Awel Y Mor staff initially working with the person alongside their known staff at their previous home. Visits had also been made to the home and day service by one person and their staff team to give them an opportunity to become familiar with staff and the environment before moving in. People's needs are known prior to their move to the home, and suitable transition arrangements are put in place. However, pre-admission assessments of people should evidence that appropriate matching and compatibility of people has been considered, to ensure that the needs of each individual can be safely and effectively met.

3. Environment

Our findings

People live in a home that is clean and provides a personalised environment. The home is a comfortable, family sized house in a residential area. We saw that people had personalised their bedrooms with pictures, photographs and 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, one person's bedroom with en-suite bathroom and a staff office. There were two further en-suite bedrooms to the upstairs... 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. To the exterior there was a small fenced, back garden. The accommodation is suitable to keep people safe and develop a sense of belonging.

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 was carried out on a regular basis but manager and responsible individual reports of monthly quality assurance visits to the service had repeatedly identified some deficits in regular internal health and safety monitoring, for example of fridge and food temperatures. We were also provided with a fire safety assessment indicating that the home was deemed a 'medium risk' property with a number of actions recommended and no evidence of these being acted upon or being picked up through quality assurance processes. We were not provided with evidence that all staff had received training in fire safety. People cannot be reassured that the systems in place to ensure their health and safety are effective. Urgent action is required to ensure that the service meets fire safety regulations.

4. Leadership and Management

Our findings

The service is clear about what it 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 people were cared for as described in the service's statement of purpose, but the service could not deliver the active offer of the Welsh language and the arrangements for staffing the home at night needs to be clarified. The service had produced a 'Guide to the home' which was given to people when they moved to Awel Y Mor. We saw copies on people's files and although they were written in an accessible format they needed to be updated and did not outline people's options other than to contact CIW if they wished to escalate a concern or complaint; for example who to contact within the organisation or their local authority. People have access to information about the service

Arrangements for the day-to-day management of the home are not sufficiently robust. The registered manager, also managed another home in the area, and it had become clear to the manager and the provider that this arrangement was not sustainable and not in the best interests of residents and staff in either of the homes. While technically a manager was still in post at Awel Y Mor, the duties associated with this position had been delegated to team leaders while a permanent manager was being appointed. Although we were told that the manager and senior managers were contactable and visited the home quite 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. There had been a vacant night staff position for some time and although efforts had been made the company had been unable to recruit. At the time of inspection, night shifts were being covered by staff at the home or from another Orbis home. This often meant that the service could not fulfil the agreement to provide waking night staff. We also found evidence of a lack of management oversight in terms of health and safety, staff training, and overall record keeping. Although 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.

The provider could not evidence that staff receive training appropriate to the needs of the individuals living in the home. Information provided showed that staff had either not undertaken or refreshed training in key areas. People cannot be confident that their individual and shared needs are met by appropriately trained staff.

There are systems in place to monitor service quality, however they did not meet the requirements of legislation. The previous responsible individual had resigned almost two months previously and a new person appointed by the provider but 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 four tier quality assurance system, with monitoring of the quality of care provided undertaken by team leaders, the home's manager, responsible individual and the organisation's quality team. Two service reviews had been carried out in the last two months at responsible individual and/or manager level however, monitoring information lacked sufficient detail, with aspects of care simply rated as 1 (satisfactory) or 0 (unsatisfactory) and a simple percentage with no context, given at the end. 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. Records of visits did not demonstrate that people living in the home and staff had been consulted as part of the assessment of the home's ability to promote well-being. Although the responsible individual's reports referred to discussions with some of the people 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. We concluded that the service can demonstrate that on an individual basis there is an emphasis and drive for people living in the home to fulfil their potential. Attention to quality assurance mechanisms is required to demonstrate a commitment to continuous improvement and benefit people using the service

5. Improvements required and recommended following this inspection

Areas of non compliance from previous inspections

This was the first inspection of the service.

5.2 Areas of non compliance from this inspection

During this inspection, we identified areas where the responsible individual is not meeting the legal requirements. We have advised the registered person that actions are 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 management of the service in the absence of a responsible individual and taking into account the other responsibilities of the manager were not adequate.

Regulation 7- The statement of purpose did not accurately reflect the service being provided in respect of staffing and training and required clarification regarding the active offer of the Welsh language.

Regulation 14 – The assessment of the suitability of the service was not robust. It also did not include a consideration of other individuals living in the home or the skills and experience of staff to meet the needs of all people living in the home.

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. They also did not include the detailed guidance to staff about how personal outcomes would be met and were not reviewed as required. Risk assessments did not identify actual or potential risks, did not include specific and detailed guidance to staff to minimise risk or evidence the success or otherwise of strategies staff were to follow.

Regulation 18 – The service provider had not carried out an assessment of needs of the people living in the home, in keeping with the requirements of legislation.

Regulation 34 – The service provider has not ensured that at all times there are a sufficient number of suitably qualified, skilled, competent and experienced staff working at the service.

Regulation 59 – The responsible individual has 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 17 November 2019.

6. How we undertook this inspection

This was a full scheduled inspection undertaken as part of our inspection programme. We made one unannounced visit to the home on 20 September 2019 between 9.45am and 17.05 p.m.

The methodology used to conduct the inspection included:

- Discussions with the manager, shift leader and one member of staff.
- Observations of interactions between people and staff.
- Visual inspection of the home.

We looked at a range of records, including

- 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.
- Fire safety assessment.
- Quality assurance monitoring reports
- Quality of care review report

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About the service

Type of care provided	Care Home Service
Service Provider	Pembrokeshire Resource Centre LTD
Responsible Individual	
Registered maximum number of places	2
Date of previous Care Inspectorate Wales inspection	N/A
Dates of this Inspection visit(s)	20/09/2019
Operating Language of the service	Both
Does this service provide the Welsh Language active offer?	No
Additional Information:	

Date Published 19/12/2019

