



## Inspection Report on

**Yr Ysgol Ltd**

**Yr Ysgol  
Heol Giedd  
Ystradgynlais  
Powys  
SA9 1LQ**

**Mae'r adroddiad hwn hefyd ar gael yn Gymraeg**

**This report is also available in Welsh**

**23 January 2020**

27/01/2020

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## **Description of the service**

Yr Ysgol is situated in Ystradgynlais and provides nursing and personal care for up to sixteen people over the age of eighteen, with primary mental health issues and diagnoses of dementia or acquired brain injury. The home is part of the Fieldbay Group. The responsible individual is Paula Lewis and there is a manager in post, who is registered with Social Care Wales

## **Summary of our findings**

### **1. Overall assessment**

People living in Yr Ysgol are supported in a holistic way which considers their personal outcomes and their rights. Care workers and management hold meaningful relationships with the people using the service. The indoor and outdoor facilities are exceptional in meeting the needs of people using the service and care workers. Management are visible and provide effective role models and support for their team.

### **2. Improvements**

This was the first inspection of the service since it registered with CIW in January 2019 under the Regulation and Inspection of Social Care (Wales) Act 2016.

### **3. Requirements and recommendations**

Section five of this report sets out our recommendations to improve the service and the areas where legal requirements are not being met. These relate to the following:

- Medication Errors
- Adjustment to Policies
- Training Documentation

## 1. Well-being

### Our findings

There was an open and honest culture within the home. We witnessed meaningful relationships and conversations between people, care workers and management. People told us that staff were “*marvellous*” and they supported people’s independence. Four members of staff told us about the “*family like*” atmosphere at the home and how everyone was “*very caring*”, flexible and “*accommodating*”. Staff told us how issues were identified and discussed in an open and supportive manner. It was clear that people and care workers were at the heart of the service

People’s physical and mental wellbeing are promoted. We saw there were meetings for people and their relatives to attend, there were also meetings for care workers and nurses. We saw a staff well-being board which included information on mindfulness, exercises, communication and access to counselling. There was a well-being file, which included ‘Dry January’, bowling, activities, awareness days, pet therapy and blood pressure checks. People were supported to maintain meaningful relationships within the home and externally. We spoke with relatives and professionals at the home and we were told about the inclusive nature of the care team and how people were “*treated with dignity and respect*”. One relative told us the positive impact they saw from her relative having a daily visit from the same occupational therapist. Therefore physical and mental wellbeing is promoted.

People are supported to maintain a healthy and nutritious lifestyle. The kitchen had a five star rating (very good) and on inspection was clean and hygienic. The chef was knowledgeable about those living in the home with specific dietary requirements. The menus in place enabled choice and had a range of meals in line with recent guidance provided by the Welsh Government. Although the menu’s we saw were satisfactory, we were told they were consistently reviewed in line with people’s choice. The chef told us the kitchen was open 07:00am till 18:00pm and that people were always provided with choice. There were satellite kitchens in different areas of the home where people were encouraged to assist in preparing their own meals where appropriate. Every person we spoke to praised the menu and the range of choices provided. One relative stated that the “*food is superb*”. We noted that there were adequate systems in place to ensure that people can see health care professionals where appropriate. In addition, we saw recording evidence that showed peoples’ weights were monitored and actions implemented where appropriate. We also saw people being active within the community and within the home. It is clear that the home takes a holistic approach in regards to the care they provide and they support a nutritious and healthy lifestyle.

People are safe and are protected from harm. The home was secure with a lockable key pad system in place. The outdoor area was also safe and secure. We observed positive relationships between care staff and people. We were told by people using the service they felt happy talking to care workers and management about any concerns or complaints. We

spoke with four staff all of which knew how to report concerns regarding abuse and were aware of the whistleblowing procedure. When we reviewed care staff files we noted some Disclosure and Barring Service (DBS) authorisations were out of date however the HR manager informed us that this was in process. Staff files had appropriate references, and work history. Nurses had appropriate PIN clarification which ensured they were registered with the Nursing Midwifery Council, all of which supported a safe environment. The RI made regular visits to the home supporting an open atmosphere for people to feel safe and be able to identify concerns where needed. Therefore people are safe and protected from harm.

## 2. Care and Support

### Our findings

The service provider has adequate arrangements in place to ensure that a high level of care is being delivered which supports people to achieve their personal outcomes. We observed a high level of health care professionals present in the home. The organisation employed their own team of Occupational Therapists, Physiotherapists and had access to a Psychiatric Consultant. We were told by a nurse that this approach had minimised waiting times for people. It also enabled a multi-disciplined high level of support to be provided to people. During the inspection we witnessed an individual receive physiotherapy. This was conducted by a Field bay employee. There was a clear rapport between the two individuals. This we felt was due to the consistency provided by employing health care professionals in this manner. The presence and visibility of an array of professionals including the management team created a positive, welcoming and friendly environment. People appeared well looked after and had clear, meaningful relationships with other people who used the service and with the care workers. People told us about the friendships they had within the home. Management and care workers knew the people they cared for extremely well. This was reflected in the excellent communication we observed. We saw care workers supporting people into the community and we saw people in different areas of the home enjoying different environments. Some people were sat with friends, others were doing activities, such as watching a favourite film and cooking. Therefore, we can conclude that there are adequate arrangements in place to ensure high quality care that support people to achieve their personal outcomes.

People are provided with a high level of care which considers their aspirations, personal outcomes and any specialist need. We reviewed four care files, all of which were going through a transition from their old recording system to a newly introduced electronic system. Therefore, we used both to inform us during the inspection. The new system had clear headings, such as assessments, risk assessments, documents etc. Any areas of high risk were highlighted making it user friendly and risk aware. Three out of four files had pictures of the person in their paper file as well as on the new system. Daily records were legible and accurate. The files were very detailed, identifying risk, the person's history and personal outcomes. There were informative pre admission assessments completed. We noticed the new system used failed to evidence that people had been involved in their care planning. However during a discussion with a member of staff who was supporting the implementation of the new system we were told there was a way for this to be completed and this will be implemented. The personal plans were being regularly reviewed, within the three monthly requirement. People had clear documented reviews conducted by health care professionals' and a variety of risks were identified within the personal plans which evidenced a positive risk taking culture. Peoples care was clearly explained identifying any support aids and equipment required. Personal plans also identified what people liked to do

in their spare time and activities they wanted to continue with. People receive a high level of care which considers their specialist need, personal outcomes and aspirations.

Medication is kept, stored and administered safely. Medication was stored across two rooms which were well organised and kept at the appropriate temperature. Medication was stored in a very well organised medication trolley which also used people's pictures to support staff in identifying them. Medication stock checks were accurate and gaps were minimal. Nurses accurately recorded reasons for PRN (as required) on the Medication Administration records (MAR). However some gaps were identified within the MAR charts. The environment was clean and the equipment was prepared and ready for use when required. Nurses told us of their training and competencies and this was reflected in a training matrix we saw. Medication management was appropriate and safely managed.

### **3. Environment**

#### **Our findings**

People are supported in a homely, modern environment which includes appropriate facilities and equipment. Situated in Ystradgynlais the home was a renovated old school house. It was a large building split into separate smaller communal and dining areas. This we felt created a homely, inviting and secure feel. People's rooms were individualised, decorated with pictures and wall hangings. Each room felt very different and personalised, again supporting a homely feel. There was a dedicated therapy room. People also had their own equipment in their rooms such as ceiling hoists, specialist beds, call bell systems and communication equipment. The home had excellent staff facilities, inclusive of a dedicated training room, staff room and bathing facilities. The home was safe with the use of a locked keypad on exit doors and the garden was also safe and secure. There were appropriate Deprivation of Liberty Safeguards (DoLS) authorisations in place for those people who do not have the capacity to access certain areas safely. All areas of the home, including the grounds were accessible for wheelchair users. Externally there was a large, safe and secure garden which included a small artificial grass area which had football nets on, raised flower beds, a vegetable patch, green house and chickens. The environment had a range of facilities and equipment which supported people to be cared for in an appropriate way.

The service provider had systems in place to identify and mitigate risk to health and safety. There was a maintenance officer employed full-time at the home. They were responsible for managing the environmental checks we saw. We were told by the manager that the organisation also had a grounds officer who attended the home one day a week in order to maintain the external environment. We were shown a range of current and relevant Health and Safety checks. We saw a fire risk assessment which was in date and electrical PAT testing which was completed November, 2019. There were detailed risk assessments covering a range of identified risks. There is sufficient evidence to conclude that the service provider has systems in place to identify and mitigate risk.

## 4. Leadership and Management

### Our findings

There are quality assurance systems in place in order to review care and compliance. The Statement of Purpose clearly reflected the home and its abilities. A quality assurance file was provided. This evidenced environmental checks, health and safety audits, regular staff, resident and relative meetings. As well as accidents/incidents and compliments records. There were several compliments from relatives and staff. One relative stated *"he is so well looked after by your caring staff"* and another said *"you have managed to evoke a warm, tranquil atmosphere, where staff support each other"*. There was also evidence to show the emphasis placed on staff development with one member of staff stating *"thank you so much for investing time in me – I am now a Nurse"*. There were catering, medication, and health and safety audits which had been completed by a health and safety manager. Appropriate quality assurance systems were in place.

There are arrangements in place to ensure compliance in line with regulations. The RI was extremely knowledgeable about the home, staff and people who used the service. The three monthly visits were in place and we were shown a quality of care review completed by the RI every six months. These documents reflected the relationships between the RI and the home. There had been no notifications submitted to CIW regarding any concerns and the manager confirmed this. However, accidents and incidents were being recorded, managed and monitored appropriately. We spoke with the RI who informed us the new system, would enable reports to be created in order to clearly identify trends and patterns enabling a proactive approach. We reviewed a policy file which was kept in the staff training room. This included several detailed policies such as Safeguarding, Whistleblowing and Complaints. However, we did note some information was not current such as references made to CSSIW and not CIW, as well as incorrect contact details for CIW. We recommended that policies included information in contacting the head office and the RI in the event that the manager is implicated. We also recommended making policies, such as the complaint policy more accessible for people and their relatives. Therefore the organisation ensures they are compliant with the regulations and implementing these in a holistic way that benefits the people the using the service.

Individuals are supported by knowledgeable, competent and qualified staff. We observed staff caring for people in a holistic way which met their personal outcomes. We saw meaningful interactions and relationships throughout the inspection. Staff were confident in their approach and were able to discuss with us, in detail, people's needs. We saw an appraisal matrix that highlighted all staff engaged in appraisal. We also saw a supervision matrix and noted there was only one member of staff that had not had supervision in line with regulations (three monthly). This had been previously identified by the RI. The organisation were considering innovative ways to combine these in order to ensure personal development. We saw four staff files which were well organised. We did note that

not all of the staff files had copies of birth certificates as required by regulation. The HR manager told us this was being addressed. We saw a staff training matrix which showed mandatory to be in date and additional training relevant to the service was being provided. However we noted that due to the amount of columns and varied dates the matrix was misleading and needed to clearly identify when a training course had been completed and this needed to coincide with the refresher date where appropriate. There were regular meetings for staff including managers meetings and nurses meetings. Staff meetings were held bi-monthly and feedback from a recent staff survey was very positive. We spoke to four staff all of which had extremely positive experiences. Staff stated that they feel everyone is *“part of the family”*, that they were *“very happy in my role”*, the *“manager is brilliant”* and *“the support I have is unbelievable”*. Staff told us they had regular supervisions, appraisals and meetings which clarified the matrixes we reviewed. Staff are extremely passionate about the people they supported, they are knowledgeable and know how to report and respond to any concerns.

## 5. Improvements required and recommended following this inspection

### 5.1 Areas of non compliance from previous inspections

None

### 5.2 Recommendations for improvement

**Medication:** There were some gaps noted within the MAR charts

**Policies:** Some information was not current such as references made to CSSIW and not CIW, as well as incorrect contact details for CIW. We recommended that policies include information in how to contact the head office and the RI in the event that the manager is implicated. We also recommend making policies, such as the complaint policy more accessible for people and their relatives.

**Training:** The training matrix used several columns and refresher columns which made it difficult to identify current training

## 6. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. Two inspectors made an unannounced visit to the home on 23 January 2020 between 08.30am and 16.00 pm.

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 walked around the premises, visiting people in their lounges, dining rooms and bedrooms.
- We met and spoke with three people living in the home and one relative.
- We spoke with four care workers, two of which were nurses and the manager.
- We examined four people's care records and four employee records including training records.
- We looked at a range of other records, including the home's statement of purpose, policies and maintenance records.

We gave feedback about the outcome of the inspection to the responsible individual following completion of the inspection. Further information about what we do can be found on our website: [www.careinspectorate.wales](http://www.careinspectorate.wales)

## About the service

<b>Type of care provided</b>	<b>Care Home Service</b>
<b>Service Provider</b>	<b>Yr Ysgol Ltd</b>

<b>Responsible Individual</b>	<b>Paula Lewis</b>
<b>Registered maximum number of places</b>	<b>16</b>
<b>Date of previous Care Inspectorate Wales inspection</b>	<b>4/10/2018</b>
<b>Dates of this Inspection visit(s)</b>	<b>23/01/2020</b>
<b>Operating Language of the service</b>	<b>Both</b>
<b>Does this service provide the Welsh Language active offer?</b>	<b>Yes</b>
<p><b>Additional Information:</b></p> <p>This a service that provides an 'Active Offer' of the Welsh language. It provides a service that anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.</p>	

**Date Published 24/03/2020**