



## Inspection Report on

**Llys Newydd Care Home**

**LLYS NEWYDD CARE HOME  
HEOL LOTWEN CAPEL HENDRE  
AMMANFORD  
SA18 3RP**

## **Date Inspection Completed**

19/09/2019

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## **Description of the service**

Llys Newydd is located in the village of Capel Hendre, Ammanford and is registered with Care Inspectorate Wales (CIW) to provide personal care and accommodation for up to 35 people aged 65 years and over with a provision for mental health.

HC-ONE Limited operates the service, there is a manager, registered with Social Care Wales and the Responsible Individual (RI) is Ruth Yates.

## **Summary of our findings**

### **1. Overall assessment**

Llys Newydd is homely and welcoming. People are supported by kind and caring staff. Choice and rights are upheld and people's safety and security is maintained where possible. Care documentation is detailed and person centred, though improvements to the consistency of information is required. People would benefit from a more person centred approach to the review of their personal plans. An ongoing improvement programme is in place for the environment. Staff are supported with individual supervision and training. Appraisals are in the process of being arranged.

### **2. Improvements**

This was the home's first inspection since re-registering with CIW in September 2019 under the Regulation and Inspection of Social Care (Wales) Act 2016.

We saw that the issues regarding the environment identified at the last inspection were addressed or in the process of being addressed. These included:

- The home was clean, clutter free and a redecoration programme was underway with planned refurbishment of ensuite shower rooms.
- Staff files included photographs.

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

Section 5 of this report sets out recommendations to improve the service which include:

- Personal emergency evacuation plans (PEEPs): To ensure personal information is protected.
- Care documentation: To ensure consistency and accuracy throughout.
- Review of Personal plan: Personal plans to be reviewed with the involvement of the individual, placing authority and representative.
- Environment: Ongoing improvements to continue as detailed in the report.
- Annual appraisals: To be completed.

# 1. Well-being

## Our findings

People are supported to secure their rights and entitlements. We saw choice provided regarding where people wanted to spend their time, what they wanted to do and meal choices. Care workers demonstrated kindness and were sensitive to people's needs and right to privacy and choice. Dignity was maintained during daily activities such as assisting with meals and promoting independence with mobility. The chef told us when people moved into the home they were provided with information sheets which detailed people's preferences and allergies. The chef gathered people's opinions regarding the menus and quality of the meals. We saw the staff at Llys Newydd provided the Welsh Language Active Offer. We heard Welsh conversation take place where people preferred. Written information was available in English and Welsh and included the statement of purpose and service user guide. We were told both were being updated and copies would be available upon completion. Individual circumstances were considered and people's voices were listened to. We saw this with interactions throughout the day with a person requesting to have the external lounge door closed and another person who wanted to move the keyboard out of the sun. These requests were respected whilst considering everybody's needs. Monthly resident's meetings were held and minutes seen demonstrated how outcomes were agreed and put into practice such as, plans for a western night with the theme of line dancing. People's voices are heard and people are listened to.

People are healthy and active and do things that matter to them. A well-being co-ordinator was available during the weekdays. An activity programme was in place and available for people to view in the main reception. On the day of the inspection, we saw card making in progress and preparation for salt dough painting for the following day. The co-ordinator also provided one to one time for nail care and the care workers supported with an afternoon quiz. We saw some people spend time in the courtyard garden area. One person told us *"I am happy to sit here in the sun and enjoy the garden"*. We were told the well-being co-ordinator often attended pre admission assessments and would be able to consider a person's interests prior to them moving into the home. The co-ordinator told us trips out were planned and a mini bus was available. One staff member told us *"As long as I put a smile on their face I am happy"*. This was evident with interactions observed between staff and residents. We conclude people are happy.

People can be assured their privacy and safety is maintained though improvements are required to the storage of Personal Emergency Evacuation Plans (PEEPs). Staff used a secure keypad to enable visitors to enter and exit the home. A signing in book was available in the foyer for visitors. PEEPs were completed for each individual, which described the level of support required in order to assist people to a safe place in an emergency. These were kept in an easy grab bag in the foyer. The manager agreed that people's information was not stored securely and intended to review this to ensure it was

accessible in an emergency whilst ensuring people's information remained private. Different areas of the home had keypad access and the codes were changed periodically. This prevented people accessing areas where their safety may be compromised. Deprivation of Liberty Safeguards (DoLS) applications had been made and we were told records of these applications were kept in a main file and then stored in individual files when they had been authorised. People had keys to their rooms and could lock them if they wished to. Staff and residents files were stored in locked cupboards. Overall, notifiable incidents were reported to relevant agencies where applicable, including the submission of regulation 60 notifications to CIW. Safeguarding training had been delivered to all staff and staff were aware of processes to follow when required. Safeguarding processes had been followed which included attendance at meetings when required. This indicates people are safe and as far as possible protected from harm.

## 2. Care and Support

### Our findings

Safe systems for medicines management are in place. Medications were stored securely at all times in medication trolleys. The medication room was at the correct temperature with daily temperature recordings of the room and fridge. An air conditioning unit was on to ensure the temperature remained consistent. Five medication administration records (MARs) were seen. These were completed correctly with no gaps in the signatures section and all balance checks completed following administering of medications were correct. We observed medications administered to three people. This was done diligently with time and patience shown to people. On the day of the inspection, we noted some medications due at 8am were being administered at 11.45am. When we discussed this with the manager, they advised of people's preference to get up later and the fact that it had been a busy morning. They intended to review medication times for individuals and check the length of time required for this task. Medication review sheets for medications administered as required (prn) or variable dose medications were in place. These were completed three to six monthly. Monthly audits were completed by the manager and both the manager and senior care worker on duty were aware of the process to follow in the event of medication errors. A senior care worker told us of the training completed prior to administering medications. This included on line training; face-to-face training; observations and competency checks. Prior to administering medications independently, care workers would shadow four medication rounds. We conclude that as far as possible, people are protected by the medication management system in the home however; the timing of administration needs to be monitored to ensure people receive medication as near to the time prescribed as possible.

Personal plans are written in a person centred manner, with detailed information about people's history and what is important to them. Overall, care plans were informative with relevant risk assessments in place; however, we found that on occasion, the most recent information was not always recorded in the personal plan and corresponding risk assessments. This was in relation to two people's mobility levels and one person's independence levels with catheter care. In addition, with one care file the most recent manual handling plan was not available. This was printed and made available during the inspection. People's personal plans were reviewed every one to two months but we saw the wording on the review form could be repetitive and generic and did not always evidence the involvement of people and their representatives or family. However, we did see a written record in one person's daily recordings of discussions had about a person's review of their personal plan. The manager agreed the review process needed to be improved to ensure a more person centred approach. One relative told us, *"They keep us informed and come and greet us to update us – we don't have to chase people for information"*. Whilst care documentation is at a good standard, improvements are required to ensure information available is consistent and people and their representatives are involved in the review process.

People are provided with quality care and support. Good care delivery was observed throughout the inspection with one relative telling us “*They are very good – they go over and above and you don’t get that everywhere*”. People were offered drinks and snacks in-between meal times and records of dietary and fluid intake were in place. We observed support being provided to people in a dignified manner and records included details of medical needs and how they were met. Care workers spoken to demonstrated this knowledge through discussions and were aware of the risks associated with catheter care and the need for the involvement of the district nurse when required. We observed reporting of concerns on the day of the inspection and the response from professionals and the recording and sharing of this with the care staff in the home. With regard to skin integrity, body charts were in place and were dated with referral details to professionals. Electric pressure-relieving mattress checks took place with monthly checks and audits. We observed manual handling techniques and noted equipment maintenance checks were evident; six monthly as required. We saw two people had their hoist slings left in place after their transfer or change of position had been completed. When we checked this with the manager, we were advised that the slings in place were suitable for this as they were ‘all day slings’. We conclude people receive the right care at the right time and referrals to professionals are made as required.

### **3. Environment**

#### **Our findings**

Llys Newydd provides a safe, clean and uplifting environment that is well maintained. When walking round the home we noted all areas were clutter free and clean. We were told a decorating programme was underway and could see improvements had been made to the corridors, communal areas, and some bedrooms, with further works planned. Consideration had been given to colour schemes to ensure contrast of colours were apparent to doors and grab rails. This would support people with cognitive or visual impairment. We were shown ensuite bathrooms that had been updated and converted to wet rooms and told of plans for other shower rooms to be updated. We noted ensuite doors opened freely and did not come into contact with bedroom doors meaning access was possible to the bedroom even if the ensuite doors were open. Areas that held items such as cleaning products and medications were locked with key code access only. We were told the manager had recruited a new member of staff to compliment the housekeeping team and it was hopeful further improvements would be seen regarding the housekeeping and domestic activities. The manager had a scheme in place called 'resident of the day' where one person each day would receive contact from members of the team to review their support and care provided. This would include a visit from the chef, a review of their care documentation and a deep clean of their bedroom would take place. This enabled the housekeeping team to ensure a routine was in place for a deep clean in addition to ongoing daily cleaning. At the last inspection, condensation and mould was noted on some large windows including the main lounge. This was still the case and the manager confirmed that the glazing was being replaced as part of the ongoing improvement plan. People can be assured the environment is enabling and, where improvements are required, the staff and management team are working towards these.

People live in a home that is comfortable and reflective of a family home. Bedrooms and communal areas were personalised to reflect what was important to people. Notice boards displayed details of upcoming events and of past events with photographs of people who participated. In the main lounge there was a keyboard residents could access and play as they chose. Different seating areas throughout the home meant people had options to sit somewhere quiet or be where they could view the comings and goings of people visiting the home. A private, secure outdoor area was accessible from the main lounge and people could sit in the garden. Comfortable chairs with tables were available for people to spend their time in the garden and enjoy the plants and flowers. There was also a rabbit and dog in the home that people enjoyed spending time with. Relatives were seen with their family members in the communal areas, garden or the quiet upstairs lounge. People living in Llys Newydd can be assured the provider views their comfort as a priority.



## 4. Leadership and Management

### Our findings

People can be assured that there are systems in place to assess the quality of the service. In the reception of the home we saw an interactive 'Have your say' board and review cards to enable people to provide feedback. We were told of pictorial charts used to support people to give feedback if required. Audits were in place such as, environmental and resident of the day checks. The RI had arranged a visit that was imminent and the manager told us support was available, *"I can pick up the phone anytime if I need anything"*. On the day of the inspection a manager from another home in the organisation was available and this was part of their buddy system. This system was also beneficial when impartial input such as the completion of audits or investigations were required. We saw a sample of policies that were reviewed recently or within the company's review period. These included medication, safeguarding and catheter care. The manager is committed to delivering a quality service, through gathering feedback and maintaining regular checks.

On the whole, people's needs were seen to be met in a timely manner. On the day of the inspection, we saw an extra member of staff was on duty to enable all staff to complete an on line training course. The manager told us the staffing levels were consistent and determined by the resident dependency tool that was reviewed weekly or when necessary. A recent review of increased risk of falls at night, had led to an increase in night staffing levels, which was due to be implemented. Regular staff meetings were held to consider feedback and for information sharing. Though staff were busy, they appeared calm and delivered care effectively. Feedback from staff included, *"sometimes the staffing levels are not enough and we can struggle to get people up at the time they want"*. We conclude on-going recruitment is in place to ensure staffing levels remain consistent.

People receive support from a service that provides staff who are suitably fit and have the knowledge, competency, skills and qualifications required to enable people to achieve their personal outcomes. Recruitment processes were checked and within the three files seen, all had current disclosure barring service (DBS) checks. Staff photographs were in place. Two references were obtained for each staff member, which included their previous employer. Gaps in employment were explored and recorded within the interview notes. Information was easy to access within the files and they were stored securely. Individual supervision was provided for staff two monthly however; annual appraisals were in the process of being introduced and completed following recent training for the manager. A training matrix evidenced 84% compliance with required courses in addition to other training courses such as promoting healthy skin and recent training for catheter care for most care workers (with a further session planned). We were told about a three-day induction that included core training such as first aid, manual handling, and infection control. In addition to this there was online training with a workbook to be completed. Other face-to-face training with specialists was arranged separately. A senior care worker told us they were currently

in the process of arranging stoma training. In addition to the induction training care workers shadowed an established care worker for up to two weeks. Staff spoken to were positive about the support from the manager and the team. People benefit from a service where staff are supported and there is a comprehensive induction process in place ensuring new staff feel confident and can deliver care.

## **5. Improvements required and recommended following this inspection**

### **5.1 Areas of non-compliance from previous inspections**

None

### **5.2 Recommendations for improvement**

- Personal emergency evacuation plans (PEEPs): To ensure these are stored securely or information recorded is reviewed to ensure privacy is protected.
- Care documentation: To ensure consistency and accuracy throughout.
- Review of Personal plan: Personal plans to be reviewed with the involvement of the individual, placing authority and representative (if applicable).
- Environment: Ongoing improvements such as glazing and ensuite bathrooms to be upgraded as per improvement plan.
- Annual appraisals: To be completed.

## 6. How we undertook this inspection

An unannounced visit was made to the home by one inspector on 19 September 2019 between the hours of 9:10am and 18:10pm. This was a full inspection brought forward due to two safeguarding reports raised around the well-being of individuals and care and support. We found no evidence to support any of the concerns raised.

The manager was present for the inspection.

- We walked around the home.
- We considered the RISCA (The Regulation and Inspection of Social Care (Wales) Act 2016) re registration report and Statement of Purpose prior to the inspection.
- We considered feedback received from Carmarthenshire County Council Safeguarding team regarding recent referrals.
- The Short Observations Framework for Inspection (SOFI) tool was used. The SOFI tool enables inspectors to observe and record care to help us understand the experience of the people who cannot communicate with us.
- We spoke to four people living at the home and two relatives.
- We spoke to six staff on duty on the day of inspection.
- We looked at a wide range of care documentation and audits in place.
- We looked at three care files.
- We looked at three staff files and checked recruitment; supervision and training records.
- We distributed questionnaires to the home to give residents, their representatives, staff and visiting professionals the opportunity to provide feedback on the service.

Feedback was given to the registered manager on the day of the inspection. Feedback was provided to the RI on 3 October 2019.

We are committed to promoting and upholding the rights of people who use care and support services. In undertaking this inspection, we actively sought to uphold people's legal human rights.

<https://careinspectorate.wales/sites/default/files/2018-04/180409humanrightsen.pdf>

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>HC One Limited</b>
<b>Responsible Individual</b>	<b>Ruth Yates</b>
<b>Registered maximum number of places</b>	<b>35</b>
<b>Date of previous Care Inspectorate Wales inspection</b>	<b>14/5/2019</b>
<b>Dates of this Inspection visit(s)</b>	<b>19/09/2019</b>
<b>Operating Language of the service</b>	<b>English</b>
<b>Does this service provide the Welsh Language active offer?</b>	<b>Yes</b>
<b>Additional Information:</b> This is 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.	

**Date Published 07/11/2019**