



Inspection Report on

Llwyn Teg Residential Care Home

**Mill Lane
Llanfyllin
SY22 5BG**

Date Inspection Completed

12/03/2020

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Description of the service

Llwyn Teg is a care home in Llanfyllin, Powys. The registered provider is Shaw Healthcare Ltd and they have appointed a person to represent them as the responsible individual who is currently applying to CIW for registration. The service provides accommodation and personal care for up to 33 people. There is a manager in post who is registered with Social Care Wales.

Summary of our findings

1. Overall assessment

People receive care and support from staff familiar with their needs and are treated with respect and courtesy. They have opportunities to do things they are interested in and provided with a stimulating atmosphere. Personal plans are detailed, but not developed with people's involvement or based on a person centred approach. The environment requires investment and improvement. Staff are provided with training and support. Information about the home requires improvement so people can make an informed choice. The quality of the service is reviewed and checked.

2. Improvements

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

3. Requirements

Section five of this report sets out areas where the service is not fully meeting the legal requirements. This includes:

- Environment.

1. Well-being

Summary

People told us they choose their daily routines and feel safe. People are comfortable with staff, receive care and support in a respectful and dignified way and their healthcare needs are met. A list of activities available is displayed but they are not based on people's life history and interests. Nine people went on a trip during the visit and told us they enjoyed going to a café and a place of interest. The home has guinea pigs and a cat and people told us they really liked having pets. Items used for activities were stored in a communal lounge but we did not see rummage boxes, soft toys or dolls for people to occupy themselves with or find comfort from. Records do not evidence people's life history or views are taken into account in how care and support is delivered. People are provided with a range of meals they told us they liked but do not always receive appropriate support at mealtimes. The environment requires updating and improvement to offer a better standard of living.

Measures are in place to identify, record and report any safeguarding issues. This is achieved by policies, procedures and staff training. Information is available about how to raise concerns or complaints and people told us they were confident they would be listened to and taken seriously if they had any problems.

Some measures are in place in relation to the Welsh 'active offer'. We heard people talking to each other and staff in Welsh and bi lingual signage is in place. The statement of purpose, (SOP), can be available in Welsh on request but it does not detail how Welsh cultural and language needs would be met and pre admission processes do not prompt staff to ask people about this. The staff application form does not ask applicants about their Welsh language skills.

2. Care and Support

Our findings

People are satisfied with the care and support provided. One person told us staff had, *"Saved my life"* after they had moved in and comments included, *"Staff are marvellous, very kind."*, *"I would like to go out for a walk more, it would help"* and another person said they would like to be able to walk more but *"Staff don't always have the time"* (to provide help), *"Staff could use more time and I think more staff. Time is limited that's the present problem."* A professional commented, *"Physio would be a great help in maintaining patients mobility."* Relatives described a, *"Friendly environment, my relative has a choice about how she spends her day"* and *"Friendly atmosphere."*

People's needs are assessed before they move in but a pre service and admission policy is not in place. Care records are detailed with guidance about care and support needs and how they should be met but are a record of tasks and not based on a 'what matters to me' approach. Information about people's life history is not used to inform care delivery. People could not recall being asked how they wanted care to be provided or being offered a copy of their plan. A person told us they were, *"Not asked how I want care, they just look after me."* Professionals described the care as, *"Excellent, staff always very caring and they know all the clients very well – always attention to detail"* and that the *"Care and support offered was good."* The manager is aware of Deprivation of Liberty Safeguards and had made application when necessary to the local authority but assessments have not yet been completed by the local authority. People have access to healthcare professionals and receive medicines as prescribed in line with good practice. However, prescribed creams and ointment are stored in people's rooms. The majority of creams should be stored at below 25 degrees but the temperature in bedrooms is not checked. We also saw numerous items such as dressings used by district nurses that were out of date. This had been identified by the manager and raised with the local health board.

People told us they liked the food. Comment's included, *"I was asked what food I like"* and *"foods very good."* One person was laying tables which they told us they enjoyed. A relative commented about the timing of meals because supper was, *"Early which left a long night before they eat again."* This has been raised in residents meetings. We discussed the timing of meals with the manager and the need to ensure gaps between meals are evenly spaced. People were asked the same day what they wanted to eat but the menu was not displayed and no one was able to recall their choice. Measures are not in place to offer visual choices such as pictures for people living with dementia. After the inspection the manager told us menu boards are now in place. Assistance at mealtimes is not provided in line with good practice and a lack of organisation means people at the same table receive meals at different times.

3. Environment

Our findings

People told us they like their bedrooms. Comments included, "*The pictures are mine from home, they said I could bring more things in as well*" and "*I love my room.*" The home is clean. Bedrooms are decorated when vacant and people supported to personalise their rooms with lockable storage and a key provided. Historical pictures of the local area (with bi lingual explanation) are provided in the corridor but not sensory walls to provide items of interest and stimulation. Many towels and flannels are frayed and in poor condition but were replaced after the inspection. We saw items of furniture worn and stained through wear and tear. The home does not provide en suites and has sinks in bedrooms, but several taps drip continually. The RI report in October 2019 states the, '*Building is old and in need of modernisation*' but there is no evidence of any work carried out or planned, to achieve this. Signage is provided on communal toilets, bathrooms and lounges to promote independence but not memory boxes to help people find their own bedroom. A board telling people what day it was, was two days out of date. A small enclosed garden is at the rear of the home. The manager told us about plans to repair and paint the fences and replace the rotten seat which was completed after the inspection.

The laundry was clean and tidy but fluff behind dryers is a potential fire hazard but this was addressed immediately. Records show checks took place of equipment and facilities but action is not always taken promptly to address issues identified including fire safety. Dental tablets are stored in bedrooms but risk assessments for people living with dementia are not in place.

4. Leadership and Management

Our findings

Information is provided in a SOP and a guide for people living in the care home. Neither document includes all the required information. The guide is not written in plain English and makes no reference to being available in accessible formats. It does not include, the contact details of the Older Persons Commissioner for Wales, local advocacy services or how the service intends to meet the requirements of the Welsh 'active offer'.

Professionals described staff as, "*Excellent- communicate well*", "*Easy to deal with and The communication with ourselves is excellent.*" Relatives described staff as, "*Dedicated, wonderful with residents*" and "*Very helpful and friendly.*" Records show staff have an annual appraisal and regular supervision of their practice. Staff feel well supported and very positive about working at the home. Comments from staff included, "*Fantastic team, good support*", "*Good management*" and the manager was described as, "*Always goes above and beyond her duty to listen and give advice.*" Records show staff meetings are held. Training is provided but records do not include how long qualifications were valid for or how many staff had achieved QCF qualifications. This was later provided. Not all staff had completed training in dementia and the level of training provided is basic but the manager told us a higher level course is planned.

Regular meetings are held with people and records of the meetings included details of actions taken about issues raised. The manager provided records to show checks were made of the quality of the service, including medicines management and the premises. We were provided with a record of two RI visits. The organisation had completed an audit in October 2019 but not identified the environmental and other issues in this report. A survey of people's views in December 2019 showed a high level of satisfaction but did not include what people had been asked or any comments made.

5. Improvements required and recommended following this inspection

During this inspection, we advised Shaw Health Care Limited improvements are needed in relation to the following in order to fully meet the legal requirements.

- Regulation 44 (2) (a) (b) (c) (3) 4 (c) (d) (h). The premises must meet the needs of individuals, be suitably furnished, kept in good repair and maintained.

We have not issued a notice of non-compliance on this occasion, as there was no immediate or significant impact for people using the service. We expect the registered provider to take action to rectify this and it will be followed up at the next inspection.

5.1 Areas of non-compliance from previous inspections

This was the first inspection since the service re registered under RISCA.

How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. We visited unannounced on 12 March 2020 between 9 a.m. and 5.30.p.m.

The following methodology was used;

- We spoke with seven people who live at the home, the manager, a senior member of the organisation and six staff.
- We reviewed information held by CIW about the service.
- We used the Short Observational Framework for Inspection, (SOFI). The SOFI tool enables inspectors to observe and record care to help us understand the experience of people who cannot communicate with us.
- We looked at a sample of care records. We also looked at records relating to staff recruitment, training and support. We reviewed the statement of purpose and guide to the home and other records related to the running of the service.
- We sent out questionnaires. We received two from professionals, six from relatives, three from staff and twelve from people, who live in the home. The ones from people who live in the home were all completed in the same handwriting, although with different people's names. The comments are included in this report.
- We reviewed medicines management.
- We toured the premises and reviewed records related to the premises, such as servicing and maintenance 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	Shaw healthcare (Group) Limited
Responsible Individual	Subject to application
Registered maximum number of places	33
Date of previous Care Inspectorate Wales inspection	This was the first inspection since the service re-registered under RISCA.
Dates of this Inspection visit(s)	12 March 2020
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	This is a service that is working towards providing an 'active offer' of the Welsh language and intends to become a bilingual service, or demonstrates a significant effort to promoting the use of Welsh language and culture.
Additional Information:	

Date Published 03/08/2020