



Inspection Report on

Llys Y Seren

**Llys Y Seren
Moor Road
Port Talbot
SA12 7BJ**

Date Inspection Completed

09 &10/10/2019

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Description of the service

Llys y Seren provides care and accommodation for up to sixty persons requiring personal care, with or without dementia. Llys y Seren is a purpose built residential care home situated near local shops and facilities. It is a two-storey purpose built building, set in landscaped gardens, and provides a safe and comfortable environment. People live in self-contained units of ten bedrooms, each with an attached walk-in shower and toilet. Each unit has communal facilities consisting of a large lounge and kitchenette.

The registered provider is Pobl and the responsible individual is Rhian Stone. There is an experienced manager in post, who is appropriately qualified and registered with Social Care Wales.

Summary of our findings

1. Overall assessment

People feel they belong to a community where both them and staff are treated with respect in a supportive and happy environment. Llys y Seren provides an environment whereby people contribute to the decisions that affect their lives. They are supported by care workers who demonstrated a good knowledge of the people they supported and an in depth understanding of the challenges they face.

An experienced management team that pride themselves in ensuring people get the best service possible manage the home. People living at the home have regular interaction and stimulation through a range of both internal and external activities; they also told us they are happy. People live in a well-maintained, homely environment where they lead happy and fulfilling lives. People living at the home and their relatives were enthusiastic about the home, the staff and the environment, and how this positively affected their wellbeing.

2. Improvements

This was the first inspection of this service since it was registered under the new Registration and Inspection of Social Care Wales Act 2016 (RISCA).

3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service. They relate to the following:

- **Personal plans:** To further develop the personal plan review process in ensuring the period being reviewed records any outcomes or goals achieved. This will include evidencing the involvement of the person, advocate and/ or their relatives.

- Documentation: To streamline the care planning documentation of people living at the home.
- Policies and procedures: To provide additional information in the safeguarding and whistleblowing policies/ procedures.
- Language and communication: To further, develop the Welsh language active offer.
- Environment: To install bi-lingual signage in communal areas throughout the home.

1. Well-being

Our findings

People live in a home where they are actively involved in a wide range of activities. We found the home to be an integral part of the wider community, and a hive of activity throughout the inspection. Friends and family were always made to feel welcome, and were seen coming and going throughout the inspection. There was no dedicated activity coordinators, but instead all staff held responsibilities in engaging with, and stimulating people living at the home. This appeared to work extremely well as people were involved in activities of their choice throughout the inspection. We saw people playing board games (including chess), card games and arts and crafts. Another person was also very interested in local history, and was seen looking through old photographs and historical books with a care worker. The conversation appeared to trigger memories for both the person and care worker, and lots of laughter was heard. All care workers displayed a natural affinity to working with people with a range of vulnerabilities, including people living with dementia.

There was also a dog and pet rabbit living at the home, that I could see made people happy. One person said, *"I love the dog being here"*. A large group of people were sitting watching a Welsh rugby match on television with staff. Snacks and hot and cold drinks were being provided. A drag show had been arranged on the afternoon of the first day of the inspection. The room was full of people, staff, friends and relatives up singing & dancing together. The home-ensured people accessed the wider community, and had raised funds to purchase their own mini-bus. Activities in the community included walking (sometimes with the dog), going to the beach or going to the local coffee shop. We were also told how by going swimming with a care worker had benefitted a person living with dementia's physical and emotional wellbeing. Comments from people living at the included *"I have settled here very well, I used to live in Baglan and this is very close to my family & friends"*, and *"there is lots to do I enjoy the children coming in"*. Individuals have their physical, mental health and emotional wellbeing enhanced, by doing things that make them happy.

There are clear systems in place to safeguard vulnerable people to whom the home provides care and support who live at the service. We saw risks were identified as part of the initial assessment process and reviewed on a regular basis. These assessments accurately reflected the risks to the individuals. They were also reviewed in close consultation with the appropriate health and social care professionals. Safeguarding policies and procedures were aligned to current legislation, national guidance and local adult safeguarding procedures. Care workers demonstrated a good knowledge of such procedures. People living at the home, and their relatives told us they *"felt safe"* with care workers who provided their care and support. In addition, the home was well maintained and a process of auditing and safety checks were being carried out. Therefore, people are safe and risks to their health and wellbeing minimised.

People live in a homely and well-maintained environment. There was a real sense of community in the home, whereby people and staff genuinely cared about each other. There was a relaxed atmosphere in the home throughout the inspection that helped people and their relatives feel at ease. People live in a purpose-built home that provided excellent facilities for people with a range of vulnerabilities, including dementia. Each person's room was pleasant and light and people we spoke with said they liked spending time in their rooms as well as the home's communal areas. Communal areas throughout the home were decorated to a high standard, well lit and provided appropriate furnishings. We spoke to a number of people who told us they were very happy living in the home. People had access to good outdoor space. We were shown evidence that regular audits of the physical environment were undertaken, with action plans to address any issues that arose. Peoples' personal information was well protected. Therefore, the environment in which they live enhances people's well-being.

People live in an environment, which considers their Welsh language needs. This means being proactive in providing a service in Welsh without people having to ask for it. At the time of the inspection there was one person living at the home whose first language was Welsh. The home employed a number of Welsh speaking staff, and non-speaking staff generally were able to use simple Welsh phrases. However, bi-lingual signage was required in communal areas throughout the home. In addition, key documents, such as the statement of purpose and written guide need to be made available in Welsh. This evidences, that people have their language needs recognised and that the service is actively working towards providing the Welsh Governments "Active Offer"

2. Care and Support

Our findings

People can feel confident the service providers have an accurate and up to date personal plan for how their care is to be provided in order to meet their needs. Senior staff carried out all initial assessments. These were detailed and included information from a range of sources. These included the person, their relatives and a range of health and social care professionals. We saw personal plans were well written, outcome based and reviewed on a regular basis. However, the goals that the person wished to achieve were not always made clear. In addition, although staff, people and their relatives told us they were regularly consulted on the contents of personal plans, this was not always recorded. We recommended further focus should be placed on ensuring such information is captured in care planning and review meetings. In addition, we felt that people would benefit from a review of personal planning documentation. This is because at times it was difficult to establish the most recent information. The manager was fully aware of these issues and a review of care planning documentation across the organisation was going to be carried out. Personal plans covered areas such as personal care, diet and nutrition, communication, oral care and mobility. In addition, we saw a “my plan at a glance” document, which recorded the persons likes/ dislikes and what makes them happy. Everyone had a pen picture at the back of the person’s bedroom door. This referenced key information for care workers in relation to their likes/ dislikes, if they wore glasses, dentures and what activities they enjoyed. Therefore, we feel the service provider considers a wide range of views and information, to confirm that the service is able to meet individual’s needs and support people to achieve their personal outcomes.

People benefit from a varied diet and attention to hydration. We saw menus were varied, healthy and offered plenty of choice. We saw people sitting enjoying both their breakfast and lunch. One person said, “*the food is wonderful*” another said, “*there is plenty of choice*”. Catering staff told us menu options were discussed on a regular basis. The kitchen had a Level 5 rating (very good) awarded by the Food Standards Agency. Catering staff had a good knowledge of the dietary requirements of the people living at the home. All six units in the home had their own individual kitchen/ dining area. We saw throughout the inspection staff supporting/assisting people where appropriate to make snacks and hot drinks. This we felt encouraged people to maintain their independence. In addition, staff were attentive in ensuring people who needed extra support. A relative told us “*the food is very good, x really enjoys it*”. We saw people who required close monitoring of their diet and nutrition had the appropriate monitoring measures in place. Therefore, people have a wide choice of food and refreshments provided by attentive staff.

The service has mechanisms in place to safeguard the people living at the home. The home environment had the appropriate safety measures in place, including a visitor’s book, electronically operated doors and cameras in communal areas. We saw good risk management plans in place. Safeguarding measures were clearly stated, and easy for staff

to follow. People at risk of trips and falls, weight loss and developing pressures sores had the relevant safeguards in place. We saw people who could become agitated and/ or distressed due to complex conditions such as dementia, had in place clear guidelines for staff to follow. Risk assessments were detailed, well documented and reviewed on a regular basis, or when circumstances changed. Examples seen included clear guidance for staff on an individual's risk of choking, stating "for staff to closely monitor and check mouth is clear of food after eating". Another person living with dementia could be sexually inappropriate; distraction techniques guiding staff were clearly stated. Care workers were very clear on what actions to take in relation to situations in later discussions. We saw risks were also minimised through measures such as electronic sensor mats, bedrails, time specific staff checks, regular weight monitoring and detailed skin integrity procedures. We saw a detailed safeguarding policy in place. This reflected current legislation and good practice guidance. All care workers completed safeguarding training as part of their initial induction procedure. In discussion with care workers, we found them to be clear on their safeguarding responsibilities. In addition, we saw any suspected safeguarding concerns were referred to the relevant professionals in a timely manner. Therefore, people live in a home where they are safe and risks are minimised.

Staff that are professional in the management and administration of medication support people with their medication. The service used an electronic medication management system. The Care workers were required to scan after every medication had been administered. This we saw minimised risk of medication errors, as staff would be alerted if any medication were missed. We saw dedicated trained staff administering medication in a sensitive and professional manner. Staff provided us with detailed information on the medication people received and why it was being administered. We saw care workers had their competencies checked on a regular basis by senior staff. This was recorded, and any action taken such as additional training arranged if required. Medication was stored appropriately and staff on a daily basis carried out the relevant temperature checks. This was to ensure medication was stored at appropriate temperatures. The medication administration record (MAR) charts we saw were accurately completed. This demonstrates that people are supported to be as safe and healthy as they can be in terms of their medication.

3. Environment

Our findings

People can feel valued because they are supported in an environment that suits them. The layout of the home promoted accessibility; we saw the building was easy to navigate which meant that people could move around as they wished. Llys y Seren is made up of six suites with ten people living on each suite. The home has been purpose-built and designed around six clusters to promote a homely environment. Each has 10 private en-suite bedrooms and its own communal and dining area. There are also quiet lounge areas for people to enjoy quiet time or the company of friends and relatives. Two suites were specifically for people living with more advanced dementia, and under Deprivation of Liberty safeguards (DoLS). The other four suites were for people with a range of conditions including dementia, and requiring long-term individualised care and support. This included one suite for men only.

Communal areas throughout the home were decorated to a high standard, well lit and provided appropriate furnishings. Corridors were wide, included handrails and all entrances and exits well signposted. Doors had a clear, transparent vision panel for people to see where they led. All communal areas were painted in appropriate contrasting colour schemes. They also included a range of items for people to see, touch and use in order to stimulate senses. However, the flooring in some communal corridors was lined, and could cause confusion to people living with dementia. This was acknowledged by the manager, and would be discussed with the senior management team as part of the ongoing development of the home. We found good, safe and un-obstructed access to outside areas on the ground floor with high raised beds for gardening. The upper floors had the benefit of balcony gardens. We found all areas outdoors were easily accessible and wheelchair friendly. We saw all 60 bedrooms were of high standard, personalised and included en-suite wet-room facilities. People told us they felt comfortable, and relatives provided a range of positive comments about the home. Comments included *“it’s a fantastic home”* and *“it’s the best home in the around”*. The provider ensures that individual’s care and support is provided in a suitable environment, with facilities and equipment, which promotes each person’s well-being.

There are suitable systems in place to protect people from risks to their health and safety. Cameras closely monitored the two lockable front doors. These were also in place for security purposes in specific areas of the external grounds and reception area. The maintenance officer and manager were undertaking regular audits of the physical environment. We saw action plans to address any issues that arose. We saw fire exits were free of any obstructions and records evidenced that the fire alarm system was tested on a weekly basis. All COSHH (Control of Substances Hazardous to Health) materials we saw were stored correctly, in line with the COSHH Regulations 2002. We were shown all maintenance records and noted that systems were in place to ensure all maintenance, environmental safety checks and repairs were being carried out as planned. These checks

evidenced that appropriate measures were taken to ensure equipment was suitably maintained. This evidences that people receive care and support in a well-maintained and safe environment, which helps each person to maintain their personal well-being.

4. Leadership and Management

Our findings

There are clear arrangements in place for the oversight and governance of the service. We found a relaxed, supportive, can-do culture had been developed within the home. Both the manager and deputy manager were available to staff, relatives and people living at the home throughout the inspection. The manager provided all the information we requested throughout the inspection, and was open and transparent throughout. We saw the responsible individual visited the home as per regulatory requirements, and dates were diarised for future visits. Staff rated the management team highly saying, *“they are excellent”*, and *“very supportive”*. Both relatives and professional visiting the home were equally complimentary. A relative said, *“they are very approachable”*, a visiting social worker told us *“can’t speak highly enough, I would place a close relative in Llys y Seren”*.

We saw a clear statement of purpose and written guide. These were made available in the reception area of the home, and provided to people and their relatives who were considering making Llys y Seren their home. However, such key documents were not made available in Welsh. We, therefore recommended that both documents be made available in Welsh as part of the “active offer” of the Welsh language. This was acknowledged by the manager, and were told would be addressed. The management team provided out of hours support via a systematic on-call service. Staff told us they always felt *“well supported”*. People therefore benefit from a culture, which ensures the best possible outcomes can be achieved.

People are supported by a service that provides appropriate numbers of staff who are suitably fit and have the knowledge, competency, skills and qualifications to provide the levels of care and support required to achieve the individual’s personal outcomes. We found overall staffing levels to be appropriate for the people being supported. This was confirmed through inspecting a number of staff rotas, discussions with the manager, care workers and people living at the home and their relatives. Although, care workers told us over recent weeks there had been times where they had been one member of staff short. This staff member was used as a floating member of staff providing flexible additional support within the home. However, we saw this was infrequent and all measures were taken by the manager in ensuring a full complement of staff was being maintained. Care workers referred positively to staffing levels, saying, *“generally staffing levels are good”* and *“we provide fantastic care and there is good team working”*. We found staff numbers were being regularly reviewed and additional staffing was arranged when the needs of people increased, or when additional resources were required.

We inspected four staff personal files, and found good recruitment and induction processes were being maintained. We saw supervision and appraisal records. These evidenced regular supervision and annual appraisal meetings. In addition, staff had daily access to the

management team, as well as regular team meetings. Care workers were provided with good training throughout their induction and on an ongoing basis. We found the service placed great emphasis on providing development opportunities to staff. A member of the training and development team was at the home at the time of the inspection. They were holding a surgery for staff to discuss their training needs. They provided us with an overview of staff training and development and future training opportunities in relation to dementia care. In addition, we saw the home-maintained good links with external professionals from health and social care. Specific training by such professionals was provided, based on the needs of people living at the home. Therefore, people benefit from a skill mix that is reviewed continuously and adapted to respond to the changing needs and circumstances of people using the service.

There are audit systems and processes in place for monitoring the service. The service maintained a clear quality assurance process. This included monitoring and regular audits of areas such as the environment, care planning, medication and the care and support being provided. The management team reviewed personal plans as per regulatory requirements. Consultation with people living at the home, relatives, staff and external health and social care professionals formed part of the auditing process. In addition, all incident and accidents were recorded and generated into detailed reports. These systems were updated electronically and analysed by the manager and members of the senior management team. The responsible individual was fully aware of their responsibilities under the Regulation and Inspection of Social Care (Wales) Act 2016. We saw there were processes in place in gathering information to inform the quality of care report on a six monthly basis.

We saw a comprehensive set of policies and procedures in place to assist staff in their roles. We inspected a number of these policies and identified two areas that would benefit from further information. We recommended the safeguarding policy would benefit from a simple reporting flowchart for staff to follow if any potential safeguarding incidents were identified. In addition, to add the relevant contact details to the staff whistle-blowing policy, which would include both internal and external parties. Therefore, the service has systems and processes in place to monitor, review and improve the quality of care and support.

5. Improvements required and recommended following this inspection

5.1 Areas of non-compliance from previous inspections

This was the first inspection of this service since it was registered under the new Registration and Inspection of Social Care Wales Act 2016 (RISCA).

5.2 Recommendations for improvement

We recommended the following areas for improvement:

- **Personal plans:** To further develop the personal plan review process in ensuring the period being reviewed records any outcomes or goals achieved. This will include evidencing the involvement of the person, advocate and/ or their relatives.
- **Documentation:** To streamline the care planning documentation of people living at the home.
- **Policies and procedures:** To provide additional information in the safeguarding and whistleblowing policies/ procedures.
- **Language and communication:** To further, develop the Welsh language active offer.
- **Environment:** To install bi-lingual signage in communal areas throughout the home.

6. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. As Llys y Seren is also part of national thematic review of dementia, we used the inspection to gather specific evidence to inform the review. We made an unannounced visit to the home on 09 October 2019 between 08.30a.m. to 6.30p.m. We did a follow-up visit on 10 October 2019 between 07.45a.m. and 3.00p.m.

The following method was used:

- We met the manager and were given a comprehensive tour of the home.
- We had discussions with the manager and assistant manager about the management of the home.
- We looked at a range of care and other records, including medication, accidents and incidents and safeguarding issues.
- We selected five care files to examine and discussed the contents of the written records, risk assessments, care assessment, personal plan and reviews.
- We observed at various times, communication between people and the staff.
- We discussed and examined the staff recruitment, training and supervision records.
- We inspected the home's statement of purpose.
- We had conversations with many of the care, catering and housekeeping staff on duty.
- We met and spoke with a number of relatives and visiting health and social care professionals during the inspections.
- We assessed the well-being and care provision for people who have made their home at Llys y Seren,

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About the service

Type of care provided	Care Home Service
Service Provider	Pobl Care and Support Limited
Manager	Karen Rogers
Registered maximum number of places	60
Date of previous Care Inspectorate Wales inspection	26/09/2017
Dates of this Inspection visit(s)	09 &10/10/2019
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 the Welsh language and culture.
Additional Information:	

Date Published 28/11/2019