



Inspection Report on

Prestwood - 2

Y Felinheli

Date of Publication

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Description of the service

Prestwood 2 is a registered care home for 2 younger adults (aged between 18 and 64) with learning disabilities and/or mental health (functional) needs.

The home is situated on a marina estate in Y Felinhelli.

Prestwood Care Homes Ltd is the registered provider. There is a nominated responsible individual for this service and the manager is Glenys Owens.

Summary of our findings

1. Overall assessment

People are supported by staff who know them well, maximise their potential and increase their independence both at home and in the community. They are encouraged to look after themselves, stay healthy and exercise. Person centred care is promoted with people being involved in the support they receive and how it's delivered. Individuals feel respected and listened to by a stable staff team who work well together and feel supported. The environment is homely and personalised. We identified a number of areas which need to be addressed by the registered persons to ensure compliance with the regulations.

2. Improvements

We found that the contact details for CIW had been amended in the Statement of Purpose.

Since the last inspection the facilities and standards of the home have improved. We found that issues with the environment and equipment identified at the last inspection had been addressed.

3. Requirements and recommendations

At the inspection of 7 January 2017 two non compliances were identified but a notice was not issued in respect of:

Regulation 24 (2) (b) (c) & (d) regarding the facilities and standards of the home. This has been met at this inspection.

Regulation 25 regarding the annual quality of care review. This has not been met at this inspection.

Non compliance was identified at this inspection. This relates to breaches of Regulation 10. (1) regarding the management and leadership of the service.

Section 5.2 of this report sets out our recommendations to improve the service. This

includes: staff signatures, fire drills, safe environment, staff transferring between services, staff training record and information about complaints in the statement of purpose and service user guide.

1. Well-being

Summary

People are supported by staff who assist them to reach their full potential and maximise their independence both at home and in the community. Individuals are encouraged to take care of themselves, make healthy choices and stay active.

Our findings

People are supported to have control and are able to make choices about their lives. On the day we visited a person was going out in the morning with their support staff. We spoke to them when they returned and they told us they “loved it here”. They said they were happy and felt supported by staff and that the manager “sorts things out”. During the week they told us they went to the library, did food shopping, cooking “sometimes” and choose when they wanted to get up and go to bed. Daily records completed by staff were sent to the manager and another health professional involved in a persons care and support. We looked at a sample of these records which showed they had been involved in menu planning, household chores, making choices, using public transport and shopping. Records also included them using the self scanning machine in the local supermarket and having driving lessons. At home a person said they enjoyed using their x box, watching TV, going on the computer and downloading music. A person told us they had been attending college three days per week to increase their skills and were now accessing a scheme which helps people get into paid employment. Staff told us that a person from the scheme had visited the previous day to have a chat with a person. We looked at a persons activity file and we were told by staff this needed to be updated as college had now finished. A person told us they were a representative for a company selling products locally. They said they took orders and organised stock when it arrived, to be delivered to their customers. They commented “I love it” and were looking to getting more customers as it was commission based. A member of staff and the manager told us about the progress a person had made since coming to live in the home. Staff said they had made “huge improvements” and they now did their own shopping, cooking and showed maturity in making decisions and reacting in different situations. People’s potential and independence is maximised.

People are supported by staff who assist them to stay healthy and well. A person told us how they were affected by hay fever and the hot weather. Daily records showed steps staff are taking to help reduce the impact of this on the person as far as possible. We were told by staff that a person has a weekly session with a health care professional. We saw they had attended a health appointment in their daily records. A staff member said they tried to encourage a healthy diet for a person and attempts at slimming had been tried but didn’t work. Weight charts had last been completed in March 2018; there was no indication of whether these were in place to assist the person to lose weight or how often this was to be monitored, as this was not recorded in their care plan. We discussed this with the manager who will review whether this is necessary for staff to complete. Staff told us about physical issues affecting a person’s ability to be more active and said there was involvement from a physio therapist. Daily records and discussion with a person identified they were accessing the gym and went out walking. People are as healthy and active as they can be.

2. Care and Support

Summary

People receive person centred care and support from staff who understand them well. Individuals have their privacy and dignity respected by staff who work well as a team.

Our findings

People receive proactive care and their wide range of needs are anticipated. We asked a person what did they like about their home and they told us it was “calm”, staff were nice and “it’s really good”. We spoke to one staff member in private who was very knowledgeable about a person and their care and support needs. Staff were seen to provide reassurance and advice for a person so that they were able to make informed choices. A staff member told us they tried to keep the person grounded; encouraged them to prioritise what they needed and to research items they wanted to spend their money on before making impulsive purchases. We saw evidence of this during our visit and staff were consistent in their approach. Staff and the manager told us about a persons care and support needs which were not always seen to be reflected in the care plan documentation. We found that care plans and risk assessments were person centred but required more detail for staff to follow. This was discussed with the manager who said they would address this. Staff signatures should be recorded to evidence they have read and understood peoples care plans and associated documentation. The manager told us they had asked senior staff to make sure this had been completed. People receive the right care at the right time, in the way they want it.

People are supported by staff who are respectful and value their individuality. A questionnaire returned by a person living in the home commented “all staff” when asked if staff were caring, treated them with courtesy, respect and privacy. We looked at a person’s care plan documentation and it was recorded that they did not want to have a keyworker as they talked to all the staff team. Staff and the manager spoke fondly about a person and were pleased for them with the progress they had made. We observed positive interactions between two staff and a person living in the home. On the day we visited there was laughter and banter which was appropriate and there was a natural familiarity between staff and the person which created a relaxed atmosphere. Staff spoke to a person encouraging them to have their voice heard during discussions and not rely on staff to answer for them. The manager told us that a person had met with two advocates to discuss issues. People are treated with dignity and respect.

3. Environment

Summary

People are cared for in a secure, warm and well maintained home.

Our findings

People feel included, uplifted and valued because they are supported in a home which is appropriate to meet their needs. At the last inspection we identified a number of environmental issues which needed to be addressed. During this inspection we found that broken equipment in the kitchen had been replaced/ fixed, new work top benches had been fitted and a new cooker. The lounge had been redecorated and the ceiling had been painted. We did notice that the hallway stairs and landing still needed attention regarding worn and poorly fitted carpet tiles. This was discussed with the manager who told us they had the carpet ready to be fitted and they had been obtaining quotes from carpet fitters. Staff and a person living in the home told us it was more homely and "better than it was". A person told us they had chosen their bedroom items but they did not like the colour of wall in the lounge and wanted this changed. We fed this back to the manager. The sign on the bathroom and office were similar to those used in public buildings and not in keeping with a homely environment. The manager said they would remove these. People live in accommodation which meets their needs and enhances their sense of well-being.

People would benefit from attention being paid to safety issues. Since the last inspection we found that cleaning equipment was being stored securely. We looked at persons Personal Emergency Evacuation Plan (PEEP). We identified this required more detail and this was discussed with the manager. The fire safety file contained evidence of a fire drill which had taken place on the 3 January 2018 and 22 April 2018 this did not record signatures and dates from the manager to evidence they had been reviewed. We saw a sofa had been put out onto the balcony. The manager told us this was to be removed from the property as it was an old one. This should be done without delay to ensure that this doesn't not pose a health and safety risk. People live in an environment which could be made safer.

4. Leadership and Management

Summary

People and staff know who to go to and feel they are supported and listened to by the manager. Record keeping needs to be addressed to ensure that staff have up to date and relevant information available to them. The manager should review how they prioritise and delegate to senior staff to enable them to complete their own managerial roles and responsibilities. We found a number of areas which did not evidence that the service was being carried out or managed with sufficient care competence or skill or that systems for monitoring the quality of the service were being implemented. We have issued a non compliance notice in respect of this.

Our findings

People are aware of the lines of accountability and leadership and the manager is visible and approachable. The manager told us they attended management meetings each month to discuss operational issues and meet with other managers. The manager said they felt supported and received supervision from the area manager. Two senior support staff are employed to support the manager and oversee support workers. A member of staff informed us they felt supported by the manager who operated an open door policy. During our visit we saw that people and staff called in to the office or rang up the manager throughout the day. We spoke to a person who told us they told the manager about any issues they had and we observed this on the day we visited. At the last inspection we identified that the statement of purpose and service user guide did not include the contact details for the Ombudsman in Wales. We looked at both of these documents which did not refer to the Ombudsman. Information about the complaints procedure should be made clear include the correct timescales for responding and informing people and their representatives they can contact CIW local office if they are not satisfied with the response. The service user guide only recorded the telephone number for CIW and not the address. The statement of purpose did not include arrangements for dealing with complaints. People may not always know and understand what support is available to them.

We acknowledge that the manager is available for staff and people using the service however we found that attention to a number of areas was needed. We noticed during our visit that prioritising work and time management for the manager could be improved. The manager told us there were things they could do better but time ran away with them. Paperwork had not been prioritised and we found issues with record keeping including care plans, risk assessments, personal emergency evacuation plans (PEEPs) and staff recruitment files. We found the registered persons are non compliant with the Regulations regarding leadership and management. We have issued a non compliance notices regarding this. People may not benefit from a service if clear and up to date records are not being kept, read and understood by staff and the registered persons are not fulfilling their role and responsibilities in line with the Regulations.

People receive care and support from staff who feel valued and supported. We saw that staff supervisions were being completed and staff told us they had supervision. We were informed by a member of staff that the manager listens and they felt supported. A member of staff told us they had completed training in data protection, first aid, mental health

capacity/ awareness and autism. We asked to see a full staff training record. We were told by the manager these could be produced for each individual. We requested to see the training records for two staff to be sent to CIW and this has not been received. The manager should have information available to them of all staff and the training they have completed or they require. The manager said she also discusses training in staff supervisions and sends an email to remind staff if their training has expired. The manager told us they either access training from the local authority or from the company's internal training department. People benefit from a service where staff feel well lead, supported but we did not evidence they were well trained to meet individuals needs.

People are able to contribute but this is not effective in developing and improving the service further. During this inspection we asked to see the last quality assurance report and we were provided with information, however this did not meet with the requirements of the regulations, which should result in compiling a report which is also made available to people. We asked if the responsible individual visited the service on a three monthly basis and we were told by the manager this did not happen. We were provided with a review and improvement plan which was dated 23 February 2018. This did not evidence that three monthly visits were being made by the responsible individual in line with the regulations. People may not receive a service that is committed to quality assurance and constant improvement.

Overall we found there was a lack of oversight regarding the leadership and management of the service and we have issued a non compliance regarding this.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

At the last inspection two non compliances were identified but not issued. These were in respect of:

Regulation 24 (2) (b) (c) & (d) regarding the facilities and standards of the home. This has been met.

Regulation 25 regarding the annual quality of care review. This has not been met.

5.2 Recommendations for improvement

We recommend the following:

Staff signatures should be recorded to evidence those supporting people have read and understood the care plan, risk assessments and other associated documentation.

Fire drills should be carried out at in the day and at night and reviewed so as to identify any issues which need to be considered in the event of a fire.

Carpet to be fitted to the hallway and stairs and the old sofa to be removed from the balcony.

Where staff have moved between services the information required to be held in their staff file must be obtained and made available for inspection.

A full staff training record should be compiled which evidences what training staff have had and what training they need.

Review information about complaints in the statement of purpose and service user guide

6. How we undertook this inspection

This was a routine full inspection. We made an unannounced visit to the service on the 4 July 2018 between 10:00 and 18:00.

The following methods were used:

We met and spoke with a person living at the service, two staff and the manager.

We received a questionnaire from one person living in the home.

We looked at a range of records including a care plan, risk assessments and positive behaviour support plans, activity planner, daily records, two staff recruitment files, staff supervisions, statement of purpose, service user guide and quality assurance information.

We looked at communal areas in the home including the kitchen, bathroom and lounge/dining area.

We provided feedback to the manager at the end of our visit.

Further information about what we do can be found on our website:

www.careinspectorate.wales

About the service

Type of care provided	Adult Care Home - Younger
Registered Person	Prestwood Residential Homes Ltd
Registered Manager(s)	Glenys Owens
Registered maximum number of places	2
Date of previous Care Inspectorate Wales inspection	7 February 2017
Dates of this Inspection visit(s)	4 July 2018
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	Not considered at this inspection
Additional Information:	



Care Inspectorate Wales

Care Standards Act 2000

Non Compliance Notice

Adult Care Home - Younger

This notice sets out where your service is not compliant with the regulations. You, as the registered person, are required to take action to ensure compliance is achieved in the timescales specified.

The issuing of this notice is a serious matter. Failure to achieve compliance will result in Care Inspectorate Wales taking action in line with its enforcement policy.

Further advice and information is available on CSSIW's website
www.careinspectorate.wales

Prestwood - 2

Y Felinheli

Date of publication: **29 August 2018**

Leadership and Management	Our Ref: NONCO-00006268-CLQN
Non-compliance identified at this inspection	
Timescale for completion	28/09/18
Evidence	
<p>The service is not compliant with Regulation 25 The registered person shall establish and maintain a system for reviewing at appropriate intervals, supply to CIW a report of the review, and make a copy of the report available to people using the service.</p> <p>This is because effective quality assurance and monitoring systems are not being implemented.</p> <p>The evidence for this is:</p> <p>At the inspection on the 4 February 2016 the registered provider was reminded of the need to complete Regulation 27 visits and produce reports on a 3 monthly basis. We did not issue a non-compliance notice following this inspection as there was no evidence of any adverse impact on the quality of life of the people who uses the service.</p> <p>At the inspection on the 7 February 2017 we found that Regulation 27 visits were being conducted and reports known as “Compliance Review Monitoring (CRM) review and Service improvement plan” were in place.</p> <p>During this inspection we were provide with a CRM and improvement plan report which was dated 6/2/18. The improvement plan identified thirteen areas but recorded no actions, who was responsible, timescales or who had signed it off. The CRM and improvement plan did not identify issues we identified at this inspection. These visits are part of the overall process of quality assurance and a key system through which the registered provider ensures effective oversight of the quality and safety of the service.</p> <p>We spoke to the manager who told us three monthly visits had not been carried by the responsible individual or other reports compiled.</p> <p>The statement of purpose states "the home will receive a formal quarterly visit from the Responsible Individual. She will also check records and assess how each service is functioning and also review and record any actions required". We did not find evidence of this.</p> <p>Regulation 25 of The Care Homes (Wales) Regulations 2002 requires managers to annually seek the views of people using the service and produce a report of their findings. At the last inspection we found that the registered persons were non-compliant with Regulation 25 of the</p>	

Care Homes (Wales) Regulations 2002. Annual reviews of the quality of care were not being conducted in line with this regulation as we were not able to view a quality assurance report. We did not issue a notice on this occasion.

During this inspection we were provided with a document containing feedback from people, staff, friends and relatives dated March 2017. This did not contain actions and timescales to further improve the service as required in the Regulation.

The statement of purpose section on governance and quality monitoring arrangements states "questionnaires and surveys are distributed annually in various formats such as easy read and pictorial, which are collated for the home and organisation to gain insight and feedback about the service they provide". We did not evidence that this was improving the quality of care provided at the home or that people using the service were provided with a copy of the report which set out the findings and actions to be taken.

The evidence suggests there are not robust systems in place to improve the quality of care provided at the home.

The impact on people is that they will not benefit from receiving a high quality service which is committed to quality assurance and constant improvement.

Leadership and Management	Our Ref: NONCO-00006269-MVJK
Non-compliance identified at this inspection	
Timescale for completion	28/09/18
Evidence	
<p>The service is not compliant with Regulation 10 (1) the registered provider and registered manager shall, having regard to the size of the care home, the statement of purpose, and the number and needs of the service users, carry on or manage the home with sufficient care, competence and skill</p>	
<p>The service is not compliant with Regulation 10 (1) The registered provider and the registered manager shall, having regard to the size of the care home, the statement of purpose, and the number and needs of the service users, carry on or manage the care home (as the case may be) with sufficient care, competence and skill.</p> <p>This is because we identified a number of areas which required improvements.</p> <p>The evidence for this is:</p> <p>Due care and attention has not been given to a care plan, risk assessments and positive behaviour support plans.</p> <p>We saw a “my plan” which had been updated in 2016. This did not evidence the involvement of the person or others involved in their care. Information about opportunities and activities for the person had not been updated in line with what the manager, staff and the person had told us. We looked at their activity file which had also not been updated.</p> <p>We did not see evidence that all staff were signing to say they had read a persons care plan, risk assessments and positive behaviour plans. There were two positive behaviour support plans one generic one and one for college. Neither of these plans had been signed by staff to evidence they had read and understood the content. The CRM review and improvement plan states “regarding behaviour management staff follow a positive behavioural support programme”. The manager told us they had asked senior staff to make sure staff were signing to say they had read the relevant documentation.</p> <p>We saw risk assessments for challenging behaviour and using a vehicle which needed to contain more detail for staff to be able to follow. There was a risk assessment for college although the person was no longer accessing college.</p> <p>We found evidence of a risk assessment, a risk assessment summary and information within the persons care plan which was last reviewed on the 23/4/2018, being inconsistent which</p>	

could put the individual, staff and others at an unacceptable risk. We discussed this with the manager who said this was historical; this information still needs to be made available for staff to inform them where and how they support the person appropriately.

The CRM review and service improvement plan dated 6/2/2018 stated “risk assessments and individual risk assessments were in place but do not cover all the areas if risk presented by people’s needs or preventative measures were not put in place”. The risk assessment summary states “staff supporting aware of plan and risk assessments”.

Information in the persons care plan about Deprivation of Liberty Safeguards (DoLS) was not clear as to what this meant for the person or for the staff supporting them.

We saw weight charts which had last been completed on the 5/3/2018, 12/3/2018 and 23/3/2018. There was no indication in the care plan as to whether this was necessary or how often the person was to be weighed. The persons care plan referenced eating and drinking and for treats to be monitored by staff. A staff member told us they tried to encourage a healthy diet.

We looked at a Personal Emergency Evacuation Plan (PEEP) for one person. This did not include sufficient detail about the person in line with their needs, abilities or conditions as identified in their care plan, which may affect their ability to safely exit their home in an emergency situation.

The PEEPs section on “describe assistance needed” was marked not applicable (N/A). In the section “list actions that people attempting to assist should not do” this again recorded “N/A”. We identified the person had diagnosed conditions which may hinder their ability to leave promptly in the event of a fire. The persons care plan recorded dislikes which included being told “no” or being “rushed”. In the communication section it stated “reacts quickly to negative responses” and “will not listen” which may result in challenging behaviour.

The PEEPs referred to “safe routes” taking into account if a fire was to start downstairs where the person’s bedroom, bathroom and office is located. It did not record what action to take if there was a fire upstairs where the lounge and kitchen were located.

The evacuation point was recorded as “across the road” which did not make clear where the designated meeting point was.

We looked at the fire file which contained evidence of a fire drill which had taken place on the 22 April 2018. This recorded that the person had remained in the lounge. We saw another fire drill dated 3 January 2018. Neither record had been signed or dated as required by the manager. This did not evidence fire drills had reviewed so as to ensure staff supporting people are able to assist them to safely exit their home in the event of a fire.

At the last inspection it was identified as a recommendation that the balcony needed to be risk assessed to ensure there was no negative impact on the health and safety of people using the service and support staff. We asked to see a copy of the risk assessment and this has not been received. When we visited we found an old sofa had been placed out on the balcony to be collected and taken away. This could present as a risk in the event of a fire.

Staff files were seen to be disorganised and did not contain all the necessary information in line with the Regulations. One application had a two month gap in the person’s employment history

and there was no photo of the staff member, identification or references held in their file. The manager told us the staff member had transferred from another service and they were trying to obtain their information. This did not ensure that the manager had satisfied themselves that the staff member was fit to work at the home.

We looked at another staff file and could not find two references. We asked the manager who showed us one reference. Following the inspection visit the manager told us the staff member had brought in a second reference but this was not acceptable and had been asked to provide it again.

We found that the individual's application form did not provide dates of when they started or left their previous employment or their reasons for leaving.

A full staff training record was not available for us to check whether all staff working at the home had received the necessary training or whether this was up to date. We requested individual staff training records to be forwarded to CIW following the inspection and these have not been received. We could not evidence that all staff working at the home had received the necessary training to meet people's needs.

At the last inspection we identified that the statement of purpose and service user guide did not include the contact details for the Ombudsman in Wales. At this inspection we looked at both of these documents which did not refer to the Ombudsman. The statement of purpose did not include arrangements for dealing with complaints.

Information about the complaints procedure should be made clear including the correct timescales for responding and informing people and their representatives that they can contact the CIW local office if they are not satisfied with the response.

At the last inspection we found that three monthly Regulation 27 visits were being conducted and reports to evidence this were in place. During this inspection the report we were provided with did not evidence the responsible individual was visiting the service on a three monthly basis. The report dated the 6/2/2018 identified the service was non compliant with Regulation 25 but did not include information about what action was being taken to address this.

On the day of the inspection visit, the manager informed us three monthly visits by the responsible individual had not taken place.

One area of non compliance was identified at the last inspection regarding the annual review of quality of care not being carried out. This was not issued as we did not evidence this was impacting on people using the service. During this inspection although we found that questionnaire feedback had been obtained from people using the service, staff, friends and relatives, this information was dated March 2017. It had not resulted in a report being compiled and made available to people using the service.

During our inspection we observed the manager trying to complete tasks as well as stopping what they were doing to take phone calls and speak to people and staff coming into the office. Through discussion with the manager we found that by making themselves available to everyone their roles and responsibilities in line with the regulations were not being always being met and affected their ability to prioritise work. We found there to be a lack of delegation between the manager and senior staff which would enable them to oversee the day to day

management of the home more effectively.

The evidence suggests people are not receiving a service where clear and up to date records are being kept, staff have read and understood care plan documentation and the manager is not fulfilling their role and responsibilities in line with the Regulations.

The impact on people using the service is they may not be supported by staff who have access to up to date information to ensure they are kept healthy and safe and the manager is not prioritising and delegating work effectively.