



Inspection Report on

Prestwood - 2

Y Felinheli

Date of Publication

Manually Insert Date

Welsh Government © Crown copyright 2019.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context.

Description of the service

The service provider for 2 Ffordd Siabod is Prestwood Care Homes Ltd. The service is registered to provide personal care for two adults aged between 18 and up to 64 years with learning disabilities and/or mental health (functional) needs. The home is situated in the Marina in Y Felinheli. There is a designated responsible individual for the service and the manager is registered with Social Care Wales.

Summary of our findings

1. Overall assessment

People living in the home are actively involved in choosing the type of activities they want to participate in and are encouraged to be independent. They are able to express their views and opinions and have access to independent advocacy services. Peoples' care and support needs are identified within individual support plans and risk assessments and they have access to a variety of health and social care services. The staff team understand peoples' personal preferences. The environment is clean, well-maintained and future maintenance work is planned. Pre-employment checks are completed, staff receive training pertinent to their roles and feel supported. A quality of care report needs to be completed.

2. Improvements

The service has benefitted from numerous improvements relating to the environment and aspects of leadership and management. This includes the service meeting legal requirements in relation to previous non-compliances. The improvements are discussed within the report.

3. Requirements and recommendations

Section five of this report highlights our requirements and recommendations to improve the service. This includes:

An improvement is required in relation to the following in order to fully meet the legal requirements of The Care Homes (Wales) Regulations 2002:

- Quality of Care.

The following recommendations have been made to further improve the service:

- Appropriate use and monitoring of 'banter' as a form of communication.
- Reviewing risk assessments.
- Staff completion of e-learning training modules.
- Staff supervision and appraisal.
- Monitoring staffing levels.

1. Well-being

Summary

People living in the home are able to choose activities of their preference and are encouraged to be independent. Staff understand peoples' needs, involve them in conversation and use positive behavioural support methods. People are able to express their opinions and concerns. The service is working towards providing a consistent service in Welsh.

Our findings

People living in the home choose to participate in activities that matter to them. The previous inspections' non-compliance notice highlighted that opportunities and activities for a person living in the home had not been updated in line with what the manager, staff and the person had stated. It also highlighted that the persons' activity file had not been updated. We saw improvements had been made. Discussions with a person living in the home highlighted they participated in a range of activities of their own choice and preference. They stated they had a current weekly activity programme planner and stated they were "*updating it*" with staff. The person stated they enjoyed completing the activities and that they were of specific and personal interest to them. They told us "*I can do any activity I want*" and "*can make my own choices about where I go*". We viewed the persons' activity planner and saw it contained various activities that encouraged and promoted their physical and emotional mental health well-being. The person living in the home told us they were encouraged by staff to be independent and stated staff supported them to complete daily living skills tasks, to eat healthily and to participate in physical activities. The person recognised their own motivation levels could vary on a daily basis and that staff respected their choices and decisions. Daily records showed the person accessed community based activities and shared the use of the services' car with people living in other homes owned by the company situated nearby. The person living in the home described the arrangement as "*frustrating*" but also stated they had "*no concerns*" regarding the situation as they could decline if asked to share the car. They stated staff respected their decision and did not pressurise them into changing their minds. People are encouraged to be healthy, independent and are as active as they choose to be.

People living in the home are supported by staff who involve them in conversations and understand their needs. Care Inspectorate Wales (CIW) received a concern relating to the use of foul and inappropriate language being used with a person living in the home and that the person allegedly responded to this. CIW also made a safeguarding referral in light of this information. We discussed this with the manager and area manager who acknowledged this was inappropriate and unprofessional. The manager acknowledged they were aware that staff used "*banter*" with the person but had not heard inappropriate language being used. They told us the matter would be investigated and we received confirmation this had been addressed before the completion of this report. We also discussed the matter with the registered person who stated they would look into the matter further. We saw the monitoring of staff using 'banter' as a form of communication with people living in the home in an appropriate, professional and respectful manner as an area for improvement. During our observations, we saw staff using positive behavioural support techniques and humour in an appropriate manner when communicating with the person. We also saw them involving the person in conversations, treating them with respect, kindness and used

empathy when the person was unhappy. They spoke with the person in a calm and patient manner and were friendly and honest in their approach. The person described the staff team as *“very good, very kind”* and that they *“respect me and I respect them”*. They also stated they had *“no concerns”* about staff and told us *“staff know my likes and dislikes”*. The person also stated they could inform the manager or the company’s therapist if they did not get along with staff and that this would be addressed. People living in the home are treated with respect, have developed positive relationships with staff but the use of appropriate communication needs to be considered and closely monitored.

People living in the home are able to express their views and opinions. The previous inspections’ non-compliance notice highlighted issues relating to the services’ statement of purpose and service users guide not containing contact details for the Ombudsman in Wales. It also highlighted the statement of purpose did not include arrangements for dealing with complaints and that the complaints procedure should be made clearer. We saw improvements had been made. Details of the Ombudsman were available and the complaints procedure had been included within the recently updated statement of purpose. A person living in the home told us they had no current concerns and knew who to speak with if they wanted to make a complaint. They stated they had regular conversations with the manager and had previously expressed their opinions and concerns in relation to staffing, the use of the services’ car and elements of their care planning to them. The person told us the manager *“doesn’t ignore me when I complain”* and *“gives me a straight answer”*. They also told us they were aware they could access independent advocacy support and had previously used the service. The services’ ‘compliments, complaints and comments’ document was also available for people to express their views and was written in an easy to read format. The services’ whistleblowing, safeguarding and complaints policies had recently been reviewed and staff told us they were aware of the processes. Staff also stated they had not witnessed any concerns and would report any concerns to the manager or senior management. Processes are in place for people living in the home to express their concerns and they have access to independent advocacy services.

People’s individual identities and cultures are respected. The service currently employs six members of staff who can speak Welsh from a total of 15 staff. Any of the staff can be deployed to work at the home to assist in covering shifts. Over both inspection days we saw one Welsh speaking member of staff on shift. The person living in the home did not speak Welsh as their first language. The manager told us if they received a request for a Welsh speaking member of staff to support people living in the home, this would be considered. The staff rota showed a Welsh speaking member of staff was not available in the home on a daily basis and the manager acknowledged this. The manager also informed us the services’ statement of purpose was available in Welsh and they would be able to translate documents such as peoples’ individual support plans and risk assessments if requested. People have opportunities to express themselves in the language of their choice and the service is working towards providing a consistent service in Welsh.

2. Care and Support

Summary

Peoples' personal preferences in relation to the care and support they receive are included within their individual support plans and they are involved in the care planning process. People have access to various external health and social care services and the company's specialist internal services. Improvements are required in ensuring risk assessments are regularly monitored and updated when required and contain specific information.

Our findings

People living in the home receive person centred care and their choices and preferences are respected. We viewed a persons' care file and saw it contained information regarding their care and support needs in the form of individual support plans and risk assessments. We saw the individual support plans were based upon encouraging their independence, completing activities of the persons' choice and preference, recognising risks, providing guidance to staff and assisting the persons' emotional and psychological well-being. A person living in the home told us they were involved in their care planning and stated they were aware of their individual support plans' contents. They told us they had read the individual support plans and had declined to sign them as, "*this is my choice*". The person also told us they discussed matters in an "*honest way*" with staff and the manager and were happy with the way they received their care and support. Discussions with a person living in the home and staff highlighted the individual support plans and risk assessments provided a current and accurate description of the care and support being provided. We also saw staff providing support in accordance to the persons' care file and the information shared by the person. People receive care and support in the way they want it.

Peoples' care and support needs are incorporated within their individual support plans and risk assessments. The previous inspections' non-compliance notice highlighted due care and attention had not been given to a care plan, risk assessments and positive behaviour support plans. It highlighted documents were not detailed, had not been reviewed, did not evidence the involvement of the person or others involved in their care and that risk assessment documents contained inconsistent information. A persons' file also did not show information regarding Deprivation of Liberty Safeguards (DoLS) and weight charts were not clear. We saw improvements had been made as a persons' care file showed their individual support plans and risk assessments had recently been reviewed. We also saw they contained most recent risk associated factors and historic information had been condensed to make it easier for staff to read and understand. Information regarding current DoLS status and the persons' weight had been recorded. We also saw a document containing staff signatures showing they had read care file information. Despite the positive improvements made, we saw one example when significant risk related information had not been incorporated within a risk assessment. We discussed the potential negative outcome this could have resulted in with the manager who addressed the matter by including the information within the persons' care file. We did not see this had negatively impacted upon the persons' well-being or the care and support they received. Despite making the necessary change, we saw an improvement was required in ensuring risk assessments are detailed, regularly monitored and updated when required to assist staff in identifying and minimising potential risk factors. Peoples' care and support needs and risks are identified,

however more vigilance is required when completing, monitoring and updating potential risk factors within assessments.

People living in the home have access to professional services. We saw written evidence contained within the persons' care file showing they had contact with various specialist services to assist their emotional, psychological, physical and social well-being and development. If required, we saw they had regular contact with the company's' Psychologist and could access the Behavioural Support Therapist in addition to various health and social care services. Staff told us they were kept informed of any changes to intervention in regard to peoples' emotional and psychological well-being and were provided with guidance. They also told us they were involved in formal review meetings when required. We also saw contact had been made with the commissioning service and the information had been recorded within the persons' file. A person living in the home told us they were involved in their reviews and that their opinion was considered and listened to. They also stated they valued the support they received from the company's' Psychologist. The person told us they enjoyed the sessions. They stated the additional support *"has helped me change"* and *"feel I've got a weight lifted off my shoulder"* following the sessions. Peoples' individual health needs are understood and anticipated as they have access to professional services for advice, care and support.

3. Environment

Summary

People live in a clean and well maintained environment which has benefitted from refurbishment. There is sufficient space to meet peoples' needs and they are encouraged to choose the décor of their rooms. Improvements have been made since the last inspection in relation to fire safety procedures and relevant health and safety checks have been completed within their required timescales.

Our findings

People live in a clean and secure environment which meets their individual needs. The home was safe from unauthorised entry upon our arrival and staff checked our identification. We were asked to sign the visitor's book in line with fire safety procedures before touring the building. Each area we viewed was clean, tidy and contained sufficient space to meet peoples' needs. The home consisted of two bedrooms, kitchen, bathroom, a lounge/dining area, an outside balcony and a separate office where the services' manager was based.

We viewed one persons' bedroom and saw it contained their personal items. They told us they chose the colours and décor of their room, described the home as "*nice*" and stated "*I'm happy living here*". The lounge/dining, kitchen and bathroom areas were clean, tidy and well maintained. We saw staff regularly cleaning the kitchen and bathroom areas during our visits. The manager and staff told us any maintenance issues were reported to the company's' maintenance department to be addressed. Despite this, we did not see that a maintenance plan was being used to formally document work needing to be completed or recording the positive changes made within the environment. This made it difficult to see when the work had been identified, reported and addressed. We discussed this with the manager and were informed before the completion of this report that a maintenance book was now being used.

The previous inspections' non-compliance notice highlighted issues relating to peoples' personal emergency evacuation plans (PEEPs') not containing sufficient detail about peoples' ability to leave the home safely, evidence that fire drills were being not being signed and that a risk assessment relating to the use of a balcony had not been completed. We saw improvements had been made. We saw PEEPs' had been reviewed and a person living in the home told us staff had discussed fire safety and evacuation procedures with them. They also described the necessary actions they needed to take in the event of a fire. We also saw that fire alarms, extinguishers and emergency lighting tests had been completed. We saw recommended areas for improvement relating to fitting a carpet to the stairs and removing a sofa from a balcony had been addressed. The manager also told us of plans to replace the hallway carpet. We also checked a sample of health and safety records relating to electrical appliance testing and the five yearly electrical test and saw they had been completed within their designated timescales. People live in a home which meets their needs and supports them to maximise their independence and achieve a sense of well-being.

4. Leadership and Management

Summary

Pre-employment checks are completed and staff receive a formal induction. Staff have access to various training which assists them within their role and they feel supported. Improvements are required in relation to providing a consistent level of supervision, the monitoring of staffing levels, staff deployment and completing a quality of care report.

Our findings

Staff are securely vetted and complete a formal induction. The previous inspections' non-compliance notice highlighted issues relating to staff files being disorganised and not containing all the necessary information required in line with regulations. It also highlighted issues regarding details of staff moving between services being recorded and being made available. We saw an improvement had been made. We viewed staff files and looked at the staff employment and induction process. The manager and area manager told us the main staff files were safely stored with the company's' Human Resources department. We were able to access the information on the day of inspection and saw staff files consisted of an application form, employment history and references from previous employers. Dates and reasons why staff had left previous employment were also recorded and the company had their own recruitment department that liaised with the homes' manager regarding potential new recruits. We also saw that Enhanced Disclosure Barring Service (DBS) checks had been completed and were up to date. A formal induction programme was in place for newly appointed staff based upon Social Care Wales guidance and they were expected to complete a nationally recognised qualification if they did not already have one. Newly appointed staff also completed shadow shifts with more experienced staff and were expected to read the services' policies and procedures. We were informed by the manager that this was not time limited. Two staff members told us they had enjoyed their induction and found it *"informative"* and *"useful"*. Pre-employment checks are completed and people living in the home are supported by staff who complete a formal induction and are made aware of their role and responsibilities.

Staff access various training pertinent to their role. The previous inspections' non-compliance notice highlighted issues relating to staff training. It highlighted a full staff training record was not available to check whether all staff working at the home had received the necessary training enabling them to meet peoples' needs or whether it was up to date. We saw an improvement had been made. The staff training records showed staff completed regular training opportunities and that over half of the staff team had either attained qualifications in care at level two or above, or were working towards obtaining the qualification. Staff told us training consisted of completing e-learning and *"hands on"* sessions with external providers. We also saw staff had access to the company's internal training centre and could access bespoke training specific to peoples' care and support needs. The manager had oversight of the training completed by staff and we saw that staff had completed various mandatory subjects. Staff told us the manager alerted them when their training needed to be refreshed/completed. We also saw that the manager had pre-booked training sessions for staff with external providers. Each staff we spoke with told us they received regular training which was pertinent to their role. Staff responses to the training's quality varied and they described it as *"okay"*, *"generally good"* and *"poor"*. The

staff training record showed one staff member had completed 12 modules in one day and another staff member, nine modules. In total, a further eight staff had completed three to eight modules within a day. We discussed this with the management team and with the registered person who stated they would review the situation. We did not see this had negatively impacted upon people's well-being. We saw the practicalities of staff completing numerous e-learning training modules within a one day period needed to be considered and reviewed and saw this as an area for improvement. People living in the home are supported by staff that have access to varied and regular training.

Staff feel supported and have regular contact with the manager. The previous inspections' non-compliance notice highlighted issues relating to the managers' ability to prioritise their workload and a lack of delegation between them and senior staff. We saw improvements had been made. The manager told us they were delegating tasks to senior staff and had received additional performance management support from senior management. They told us they were "*grateful*" of the support they received and that it had assisted them in their role. Each staff member we spoke with praised the support they received from the manager. They spoke positively about them and stated the manager was available to discuss any work or personal related matters. We saw the manager interacting with staff in a friendly, positive manner and saw staff treating the manager with respect. The staff we spoke with described the manager as "*approachable*" and "*lovely*". They also stated the manager "*listens to me*", "*resolves issues*" and "*eisiau'r gorau i'r pobl*" (wants the best for people). Staff told us weekly staff meetings were held and they had opportunities to discuss work related issues. The staff supervision and appraisal records showed staff received formal and informal supervision but this was not consistently provided on a quarterly basis. We also saw that not all staff had completed their annual appraisal. We did not see this had negatively impacted upon staffs' well-being and these issues were seen as areas for improvement. People living in the home benefit from a service where staff receive regular support but improvements are required in providing a consistent level of formal staff supervision and an annual appraisal.

Staffing levels need to be continually monitored to ensure a sufficient number of staff are on duty. CIW received a concern relating to a person living in the home being left without the required support and staffing levels in accordance with their care plans and risk assessments. The concern also highlighted the person was owed excess hours of staffing support. We viewed the staff rota and saw staffing levels on the days of inspection were consistent with the staff rota information and with commissioning services' agreements. The staff rota showed one staff member covered the night time hours and that one to one support was provided throughout the day. Staff told us they believed the current support levels were adequate and met the persons' care and support needs. The person living in the home agreed with this view. The staff and manager also told us procedures were in place to contact the services' on-call person to provide assistance in the form of additional staffing if required. A discussion with a person living in the home highlighted occasions when an allocated staff member had been asked to provide support in another of the company's' homes situated nearby. They described changes to the staffing as "*annoying*" but also stated "*it doesn't stop me from doing things*". The person also stated the manager had recently informed them that their support may be varied as the service was actively attempting to recruit new staff. They stated they were "*happy*" with this arrangement and stated they did not always want daily two to one support to go out as they were happy to stay at home. The person also told us they were aware they were owed excess staffing hours and stated they were happy with this arrangement. They told us they utilised the

excess hours to go on holiday with staff and were aware of the amount of hours owed. Staff told us they regularly worked additional hours to their contracted hours to ensure shifts were covered. They stated this was their own choice and did this as they enjoyed their work and wanted to ensure people living in the home were supported. Staff also told us 'bank' staff were also regularly used to cover shifts. Discussions with the manager and area manager highlighted they were aware of the situation and we saw evidence they were actively attempting to recruit new staff for a full-time post. We also saw new staff had been appointed and saw an interview being held during our visit. We did not see the issue had negatively affected the persons' well-being. CIW strongly recommend that staffing levels continue to be closely monitored. The registered person needs to continue to ensure there are sufficient staff numbers and that staff are deployed appropriately to ensure people living in the home receive a consistent level of supervision, support and assistance.

The service does not have an up to date quality of care report. The previous inspection highlighted that a quality of care report had not been completed. A non-compliance notice was issued as the quality monitoring processes at the time were not extensive. We saw improvements had been made as the service had quality monitoring processes in place and non-compliance has been met. Despite this, the manager could not provide us with reports completed by the registered person. They told us the registered person had not visited the site and this was also confirmed by staff. We saw quality monitoring visits had been completed and delegated to other members of the company. We also saw that the area manager visited the service on a regular basis and they told us they reported their findings to the registered person in a verbal and written form. 'Compliance Review Monitoring Review and Service Improvement Plan' visits and reports were also being completed by the company's compliance manager. Staff spoke positively about the area manager and stated they were regularly on site. We saw evidence that the manager and members of the senior management team were making positive steps in improving the service in relation to health and safety, staff training and the homes' environment. During the inspection we were provided with a document dating back to 2016 which showed questionnaire responses had been obtained from people living in the home. The manager and area manager told us further questionnaires had been distributed and completed since this date but the information had not been gathered and compiled into a report. A person living in the home and staff also told us the manager had recently asked them their opinion about the service. Despite this and the fact quality monitoring processes were in place, an annual quality of care report had not been completed. This meant the service could not demonstrate or evidence how they were actioning, reviewing, and reflecting upon positive aims and outcomes for people living in the home. A failure to produce a quality of care report also meant none of the positive progress made by the management team was evidenced. We also did not see that the views of peoples' representatives or commissioning services had been obtained as part of the quality of care process. CIW recognises that improvements have been made in the quality monitoring process, however the registered person is not fully meeting regulation requirements in regard to the completion of an annual quality of care report. A non-compliance notice has not been issued on this occasion, as we did not see the issue had negatively affected peoples' well-being or the care and support they received. CIW expects the registered person to take action to rectify this matter as soon as possible. A copy of the report has been requested upon its' completion and the situation will be closely monitored until compliance has been achieved. The service has not fully demonstrated that it sets high standards in relation to formally evidencing constant improvement and in showing how people living in the home contribute to the development and improvement of the service within a quality of care report.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

<ul style="list-style-type: none"> Regulation 25 (1) (a) and (b), (2) and (3). (1) The registered person shall establish and maintain a system for (a) reviewing at appropriate intervals; and (b) improving, the quality of care provided at the care home. (2) The registered person shall supply to the appropriate office of the National Assembly a report in respect of any review conducted by him or her for the purposes of paragraph (1), and make a copy of the report available to service users. (3) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives. 	<p>We saw improvements had been made to the services' quality monitoring process since the previous inspection. Despite this, a quality of care report had not been completed.</p> <p>Although compliance has not been fully met, a non-compliance notice has not been issued on this occasion. An improvement is required to fully meet the legal requirements and CIW fully expects the registered person to take action to rectify the matter.</p>
<ul style="list-style-type: none"> 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>We saw improvements had been made since the previous inspection.</p> <p>Compliance has been met.</p>

5.2 Recommendations for improvement

We have strongly advised the registered person that an improvement is required in relation to the following in order to fully meet the legal requirements:

- Regulation 25 (1) (a), (2) and (3) in relation to the review of quality of care.

A non-compliance notice has not been issued on this occasion, as we did not see the issue had negatively affected peoples' well-being or the care and support they received. CIW fully expects the registered person to take action to rectify the matter.

The following are recommended areas of improvement to promote further positive outcomes for people:

- Further vigilance is required in the monitoring of staff using 'banter' as a form of communicating with people and to ensure it is used in an appropriate, professional and respectful manner.
- We strongly recommend that risk assessments are detailed, consistently monitored and updated when required to assist staff in identifying and minimising potential risk factors.
- Review the practicalities and benefits of staff completing numerous e-learning training modules on the same day.
- All staff should receive formal supervision on a quarterly basis and complete an annual appraisal which provides feedback on their performance and identifies areas for training and development in order to support them in their role.
- We strongly recommend that staffing levels continue to be closely monitored to ensure there are sufficient staff numbers and that staff are deployed appropriately to ensure people living in the home receive a consistent level of supervision, support and assistance.

6. How we undertook this inspection

We, Care Inspectorate Wales (CIW) carried out an unannounced, routine inspection at the home on 26 February 2019 between the hours of 09:20 am and 18:30 pm and on 27 February 2019 between the hours of 08:30 am and 19:25 pm. The following methods were used:

- We spoke with one person living in the home, the manager, area manager and one care staff.
- We viewed one bedroom, a bathroom and the communal lounge, dining and kitchen area.
- We looked at a wide range of records. We focused upon one persons' care records, three staff files, quality assurance documents, minutes of one staff meeting, medication records, staff training, staff supervision, statement of purpose, the complaints, whistleblowing and safeguarding policies and a selection of health and safety records regarding fire safety and electrical items.
- The recommendations were discussed with the manager on the days of inspection.
- We spoke with the area manager during a telephone conversation on the 07 March 2019.
- We met with the registered person on the 11 March 2019 at the Care Inspectorate Wales Office in Llandudno Junction.

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
Manager	The person appointed to manage the service is registered with Social Care Wales
Registered maximum number of places	2
Date of previous Care Inspectorate Wales inspection	04 July 2018
Dates of this Inspection visit(s)	26 February 2019 and 27 February 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
Additional Information:	

No noncompliance records found in Open status.