



## Care and Social Services Inspectorate Wales

Care Standards Act 2000

# Inspection Report

Pen-y-wain Bungalow

Nantyglo

Type of Inspection – Baseline

Date(s) of inspection – Wednesday, 21 October 2015

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## Summary

### About the service

Pen-y-wain bungalow is registered with Care and Social Services Inspectorate Wales (CSSIW) to provide accommodation for up to four adults with a learning disability in need of personal care. At the time of inspection, there were three residents and one person anticipated to arrive in November.

The registered provider is Cwm Care Ltd and there is a nominated responsible individual (RI) to oversee the operation of the home on behalf of the company. Mrs Keri Musa is the registered manager (RM) of the home and is also registered with the Care Council for Wales.

The home is situated in Nantyglo, a small village in the county borough of Blaenau Gwent, South East Wales.

### What type of inspection was carried out?

An unannounced baseline inspection to consider all four-quality themes was carried out on the 21<sup>st</sup> October 2015 between the hours of 10:15 and 16:05. The registered manager was not present during the inspection but we had telephone discussions with her, both during and subsequent to the inspection.

The following methodology was used to gain evidence for this report:

- Observation of staff support to and interaction with people using the service
- Discussion with one person using the service
- Case tracking one person's care from pre-admission assessment through to delivery of care within the home and detailed analysis of another service users care documentation
- Extensive discussions with the registered manager and the two staff on duty
- Analysis of medication records and storage facilities
- Consideration of the system for staff team communication particularly between day and night staff
- Consideration of quality assurance systems
- Consideration of staff supervision and training
- Visual inspection of the premises and outside areas
- Examination of the systems for maintenance of all essential services to the home
- Consideration and analysis of the home's Statement of Purpose

### What does the service do well?

Pen y Wain provides high quality support to people in a warm and friendly environment that maximises their independent living skills.

### What has improved since the last inspection?

Non-compliance with Regulations 15 (2) (c) and 13 (5) have been satisfactorily addressed.

### What needs to be done to improve the service?

We have not issued any non-compliance notices as a result of this inspection. However, we have notified the registered persons of the following areas of non-compliance with regulation:

- Regulation 13 (2) – a number of gaps in the medication administration records (MAR) were found where staff members had not signed to indicate whether or not medication had been given
- Regulation 27 (4) – reports reviewing the service do not capture the views of service users or their representatives

We make the following recommendations in line with the National Minimum Standards (NMS) for Younger Adults (Wales) 2002:

- NMS 32.3 – we recommend that the registered providers ensure that individual records are kept in good order so that relevant and up to date information can be found quickly.

## Quality of Life

Overall, we found that people are treated with kindness and respect and are valued as individuals. We saw this when observing interactions between staff and service users when support was being delivered. Residents said that staff were “nice” and “look after me when I need it.”

In one observation, we saw staff supporting an individual gently and patiently and we noted that their interactions were of consistently high quality. We saw no evidence of people being rushed or hurried along. Suitable communication, including use of simplified language, was used when explaining what staff were about to do. There appeared to be genuine warmth and mutual respect between staff and people that contributed to a happy and relaxed atmosphere throughout the home.

When we walked around the home we saw staff knocking on peoples doors and waiting for an answer prior to entering their room. We observed members of staff engaging in social banter with a person living in the service and noted that this interaction was very positively received by the person, who was laughing and joking with them. It was very clear that this was a regular interaction between them and one that other people enjoyed as well.

People can be confident that their wishes and feelings will be respected and they will be encouraged to make their own decisions. Residents told us how they are supported to plan weekly meals and we saw a menu that had been devised by residents, this was illustrated with pictures to aid in communication and understanding. Alternative meal choices were available and we noted that staff encouraged but did not cajole or bully healthy meal options.

Bedrooms were seen to be highly personalised and reflected individual likes and preferences. In the same way, people told us that they were helped to participate in lots of activities and hobbies both in and outside the home and felt that what they were doing was worthwhile and interesting. Relatives that we spoke to confirmed that staff encourage the residents to be involved in their care and be as busy and occupied as they wish.

People maintain contact with family, friends, representatives and the local community as they wish because staff promote contact with family members and friends and visitors are made welcome. Members of staff take people out each day to go shopping or into the local community and we were told by relatives that they feel their loved ones are part of society and not isolated or hidden away.

Regular meetings are held with people living in the home where they are able to give their suggestions about what they would like to be involved in and their views of the service provided, minutes of the meetings are recorded for action.

Peoples' health care needs are mostly met, although greater attention to record keeping is required. This is because both staff and management promote individual health and ensure speedy access to health care services to meet individual needs. Professional advice is sought as and when required and there was evidence in care documentation that advice is generally followed appropriately and with due care and attention. However, we did find a number of gaps in the Medication Administration Records (MAR charts) meaning that people cannot always be confident that they are receiving the correct level of medication at the appropriate time. We have brought this to the notice of the registered manager and asked that this be the focus of review and further attention and we will

follow up at the next inspection.

We found that people had been assessed prior to admission to the service and that these initial assessments of need were thorough and well detailed, informing care delivery for when the person moved in. Care plans also appeared to be reviewed regularly. However, we noticed that in one instance, documentation was disorganised and it was very difficult to find relevant and up to date information. The registered manager advised that archived material had been placed in the notes at the request of the local authority safeguarding team but she agreed to place them into a separate folder within the file and to ensure it was brought into order.

## Quality of Staffing

We found that people feel confident in the care they receive because the staff are competent and confident in meeting their particular needs. We saw evidence of recent staff training to equip them with the necessary skills and, when we talked to staff about safeguarding procedures and processes, found them to be knowledgeable and able to translate theory into practice. A staff training matrix is used to keep track of competencies and skills and training is a mixture of in-house presentation and attendance at external events.

As noted in the previous inspection of November 2014, people benefit from having a very stable and settled staff group. The home continues to have a very low turnover of staff meaning that people can be confident that their wishes and feelings, likes and dislikes and preferences for care will be well known and understood.

Supervision rotas and notes were examined and found to be of good quality and specific to the individual staff member concerned. We saw evidence of monthly staff meetings and staff told us that they feel very supported and are able to approach the registered manager with any queries or issues of concern, both at the meeting or in private should they wish.

Staff reported that they greatly enjoyed working at Pen Y Wain and took satisfaction from what they did and the positive impact it appeared to have upon the people they supported. There was a feeling that they were a good and supportive team and they felt attached to and took a very keen interest in the welfare of all the residents. At the time of inspection, the arrival of a new resident was keenly anticipated and there was some discussion about how they would best be able to meet this person's particular needs and maintain the quality of support they were already providing. They reported that staffing levels would increase at night to take account of the new arrival but generally felt confident that they would be continue to be supported by the registered manager and provider in spite of any changes.

As the manager was not present during the inspection, we were unable to gain access to staff personnel files and were therefore unable to verify safe recruitment practices. However, no new members of staff have been appointed since the date of the last inspection and neither the registered providers nor CSSIW have received concerns about the quality of staff in that time.

## Quality of Leadership and Management

Overall, we found that the home was being run in an efficient way and that people using the service and staff shared good relationships with the management team.

People using and working in the service are clear about what it sets out to provide and how it intends to do that. This is because the home has a clear statement of purpose and service user guide available which set out the principles and aims of the home in a clear and accessible manner. We saw when looking at records, that pre admission assessments are carried out before offering someone a place at the home and assessments from the commissioning authority sought. A trial stay is also offered.

The Statement of Purpose describes the arrangements for reviewing the quality of the service provided. This includes seeking the views of people using the service, representatives and stakeholders and producing an annual report that highlights any areas for development or actual improvements made. At the time of inspection, the annual report was being collated and we were able to review a selection of responses from individuals and agencies that were, on the whole, extremely positive and complimentary about the service and the quality of care it provides.

We examined quality assurance visit records in relation to Regulation 27 and found these to be detailed but lacking in analysis and understanding of the standard of care provided in the home. This is because the records concentrated largely on the physical environment and maintenance of the building rather than interviewing service users and their representatives. The registered manager informed us that the providers are working on a revised approach to Regulation 27 and are actively researching the best methods of doing this. We have advised the registered manager that this needs to be in place as soon as possible and will follow this up at the next inspection.

## Quality of The Environment

Overall, we found that the home provides suitable accommodation for people who use the service and people feel reassured by an environment that offers a sense of familiarity and homeliness. We directly observed this when we walked around the home and when speaking to residents and gaining their views.

We saw that the home was clean and tidy on the day of the inspection. People using the service could use a communal lounge with a television and views across open countryside and to neighbouring towns and villages. Bedrooms were individually decorated and highly personalised and all were single, with shared bathroom facilities.

People have free access to the kitchen to prepare snacks and meals if they so wish.

We saw good evidence that equipment within the home is well maintained and serviced according to recommended schedule. Risk assessments for fire and personal evacuation were in place and up to date. Medications and records were kept in locked cupboards this was found to be secure and well organised.



## How we inspect and report on services

We conduct two types of inspection; baseline and focused. Both consider the experience of people using services.

- **Baseline inspections** assess whether the registration of a service is justified and whether the conditions of registration are appropriate. For most services, we carry out these inspections every three years. Exceptions are registered child minders, out of school care, sessional care, crèches and open access provision, which are every four years.

At these inspections we check whether the service has a clear, effective Statement of Purpose and whether the service delivers on the commitments set out in its Statement of Purpose. In assessing whether registration is justified inspectors check that the service can demonstrate a history of compliance with regulations.

- **Focused inspections** consider the experience of people using services and we will look at compliance with regulations when poor outcomes for people using services are identified. We carry out these inspections in between baseline inspections. Focused inspections will always consider the quality of life of people using services and may look at other areas.

Baseline and focused inspections may be scheduled or carried out in response to concerns.

Inspectors use a variety of methods to gather information during inspections. These may include;

- Talking with people who use services and their representatives
- Talking to staff and the manager
- Looking at documentation
- Observation of staff interactions with people and of the environment
- Comments made within questionnaires returned from people who use services, staff and health and social care professionals

We inspect and report our findings under 'Quality Themes'. Those relevant to each type of service are referred to within our inspection reports.

Further information about what we do can be found in our leaflet 'Improving Care and Social Services in Wales'. You can download this from our website, [Improving Care and Social Services in Wales](#) or ask us to send you a copy by telephoning your local CSSIW regional office.

