



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru
Care and Social Services Inspectorate Wales

Inspection Report on

Pen-y-wain Bungalow

Nantyglo

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Description of the service

Pen-y-wain Bungalow is registered with Care and Social Services Inspectorate Wales (CSSIW) to provide accommodation and personal care for up to 4 people aged 18 years or over who have a learning disability.

The registered provider is Cwm Care Limited and there is a nominated person (the responsible individual) to oversee the operation of the home on behalf of the registered provider. A manager is in post whose application to become registered manager is currently being determined by CSSIW.

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

Summary of our findings

1. Overall assessment

People are settled and content living at the home. They have good relationships with the staff that care for them. People are offered choice, and have some opportunities to engage in activities which enhance their overall well-being. They are cared for and supported by a stable and familiar team who are competent, friendly and caring. People live in a safe and comfortable environment which meets their needs. Improvements are required regarding staff supervision and staffing numbers at specific times.

2. Improvements

- Medication records evidence that medication is given as prescribed.
- The regulation 27 reports undertaken on behalf of the provider detail the views of residents or their representatives.

3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service and areas where the care home is not meeting legal requirements. Non compliance has been identified in relation to staff supervision and staffing numbers. Non compliance notifications have not been issued because we saw no impact on residents.

Recommendations include: medication, the arrangements for people to speak Welsh and care planning evaluation.

medication
Arrangements for Welsh speaking
care planning evaluation

1. Well-being

Summary

People living at Pen-y-wain Bungalow have good relationships with staff. The service promotes people's ability regarding decision making and they are supported by kind and caring staff. Improvements are required regarding staff availability and people being supported to access the community.

Our findings

People living at Pen-y-wain Bungalow have good relationships with staff. There is an established core team in the service with good retention of staff ensuring continuity of care. Many staff have worked in the service for several years. We saw that interactions between people living at the home and staff were relaxed and people were consistently treated with friendliness and respect. We saw that people living in the home appeared at ease with staff and the people they lived with. Some people had limited verbal ability to express themselves, we observed that staff were skilled at communicating with people to meet their individual communication needs and staff demonstrated an awareness of an individual's preferences and needs when providing care. People living in the home appeared content and settled. We found the evidence indicated that residents have safe positive relationships with staff which promotes wellbeing.

People are provided with chances to influence their care and day to day life in the home. We saw that people's individual routines were respected. Staff told us that some residents wished to get up later in the day and this was accommodated and they were easily able to recall people's individual preferences. We observed those who were able, moving freely throughout the home and when an individual requested to go back to bed during the afternoon period, staff supported the individual. There was a pictorial menu enabling residents to have choice over their meals and we saw that meals were served at the time of an individual's choice where they chose to eat; this included the kitchen, their individual room or the lounge area.

The home had a pictorial information guide for residents regarding the services available to them whilst living in the home which included information relating to advocacy services. We noted from the reviews of the files that the likes and dislikes of residents were used to inform care delivery and that residents had been involved in writing their plans as they had signed to confirm their agreement with the content. The home held regular meetings with people living in the home. Minutes of the meetings evidenced that future events such as trips to the pantomime and birthday options were discussed. Residents, therefore, may have confidence their rights, views and opinion will be respected and acknowledged promoting a sense of belonging and value.

People have some opportunities to engage in leisure and social activities to promote their emotional wellbeing. Due to the needs of the individual residents, a structured daily programme of activities was not considered appropriate. Social contacts with family and friends was encouraged and maintained. The home celebrated special events and bank holidays and staff were also involved in preparing buffet food for these occasions. On the day of our visit, Halloween was being celebrated and the house was decorated for the occasion. A party was being held early evening for the residents' and other residents from

sister homes. It demonstrated how the home's ethos was to involve all staff and residents in preparing and celebrating special events, thus, promoting a sense of community and inclusion for all.

On the day of our visit, two residents were at a day centre, which they attended four times weekly. In-house we observed that staff were closely supporting one individual, this included chatting and encouragement to participate in one of their favourite pastimes. We noted there was minimal information in the care planning documentation to support that this person had been given opportunities to access the community (which was in line with their personal care plan). Staff told us there had been times including the day we visited when outings could not take place because of the complex changing needs of other residents in the home and the support then required from staff. This resulted in sufficient staff not always being available. The manager acknowledged the situation and told us this was an area being actively addressed with the social care team.

The review of residents' care planning documentation further identified that at times information regarding leisure/social activities had not been documented in people's daily records. This meant that we could not always determine what or if any activity had taken place, been offered or refused. This would not aid evaluation of what worked well and could impact on strategies used by staff to ensure optimum outcomes for individuals. The lack of daily recordings required improvement. We concluded that some people benefit from having access to activities of their choosing and that they can enjoy fulfilled lives for much of the time, however community access may be restricted for one individual because of insufficiency of staff. The registered persons are not meeting legal requirements. We have not issued a non compliance notice as the registered manager assured us this was being addressed as detailed above.

2. Care and Support

Summary

People benefit from care that is planned and delivered in a person centred manner by caring and familiar care workers. People's needs are anticipated and they receive support to remain as well as possible.

Our findings

People receive appropriate care and support and are encouraged to keep fit and well. We saw the care documentation for two people and found them to be person centred and easy for staff to use. Care plans included details of people's life history and individual needs and preferences. The documentation had been reviewed and was up to date. Records we saw included details of applications that had been made under the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLs). We saw that care documentation evidenced how people accessed health and social care professionals promptly whenever needed. This included GP's, community nurses, social workers, dentists and opticians. We checked the way medicines were managed and found they were stored securely and people received medication as prescribed by their GP. A recommendation was made that the reason medication was administered on an 'as required basis' was recorded and the effectiveness documented consistently. Overall we judged that people's individual needs and preferences are understood and anticipated so they receive the right care at the right time.

People benefit from a varied and nutritious diet. The home had been inspected by the Food Standards Agency and awarded a five star rating which is considered 'very good'. We viewed the home's menu selection and saw it contained varied nutritional meal options. The menu choices had been discussed and agreed with people living in the home. We saw that a home cooked meal had been prepared for the evening. We saw staff members offering snacks and regular drinks throughout our visit. Mealtimes were appropriately spaced and flexible to meet people's needs. We observed lunch being served and saw that residents were supported as needed to make meal choices in accordance with their preferences. Based on the above we concluded that mealtimes for many people are a positive experience and their nutritional needs are met.

3. Environment

Summary

People live in an environment which meets their needs, supports them to maximise their independence and achieve a sense of well-being. The home was clean, homely and inviting and people's confidentiality is respected.

Our findings

People live in a comfortable home that is clean and homely. We saw that people were relaxed whether they were in the communal areas or in their bedroom. We saw that people's bedrooms had been personalised with small items of furniture, pictures, photographs and ornaments. One individual had a bedroom which was decorated and filled with objects relating to their favourite film icon. We considered the communal areas in the home to be comfortable, welcoming and well decorated. We saw that the home was well maintained, clean and there were no malodours. Therefore people live in a pleasant, comfortable and clean environment.

People have access to safe, pleasant outdoor space which is easily accessible. The garden at the rear of the house was secure and well maintained and had been developed to provide an opportunity for people to sit outside. People therefore can enjoy spending time outdoors at their leisure.

People are protected and their safety is maintained. We saw that all the required checks had been carried out throughout the home, including fire safety. All confidential files, including care documentation was stored securely in lockable cupboards in the office. Visitors needed to ring the doorbell before entry to the home and visitors had to sign in and out of the building. The manager was advised that staff should also sign in and out to provide an accurate record of who is on the premises and when. Overall we judged that people's right to privacy is respected within a secure environment.

4. Leadership and Management

Summary

The service did not have a registered manager in post at the time of our inspection. The provider has appointed an individual to provide day to day management of the home and an application to register a manager has been submitted to CSSIW. Based on what we saw we concluded that there is clear delegation of responsibilities and effective administrative systems in place. Staff supervision is an area that requires improvement.

Our findings

We reviewed the home's statement of purpose and service user guide. These documents should provide people with details of the service and facilities available within the home as well as the underpinning ethos for care delivery. We found both documents met the requirements of the Care Homes (Wales) Regulations 2002. They also provided a clear outline of the home's care philosophy and the values underpinning the service; an emphasis upon recognising people as individuals and supporting them to achieve their individual sense of wellbeing. Overall we considered that people are provided with information which details the care, support and opportunities available to them. The manager was asked to consider information being available regarding the provision of receiving a service in **Welsh for those residents whose first language is Welsh.**

The provider was seen to have clear oversight of the service. We reviewed the monitoring reports completed by the responsible individual on behalf of the provider. We saw that monitoring visits took place regularly and there was evidence that views of people who used the service were sought during this process. An annual quality assurance report was also available. We were therefore satisfied that the service had an effective system for measuring how it meets the service aims as outlined within the statement of purpose and regulation. Residents may therefore feel confident their views will be taken into account by the leadership and management of the home.

People receive care and support from staff that have been appropriately recruited and who receive ongoing training. We viewed the personnel files of two staff members. These demonstrated that pre-employment checks had been completed in line with regulation. Staff told us about the training they received and confirmed there was an ongoing training and development programme which assisted them in their work with people they support. We saw in the training matrix that all staff were either working towards or had a Quality and Credit Framework (QCF) qualification in health and social care. We therefore considered that the home has systems in place where staff are recruited and trained to effectively meet the needs of people who live in the home.

The home does not have an effective system of staff supervision that leads to agreed targets. Supervision in this context refers to members of staff meeting regularly with their line manager on a confidential one to one basis, to discuss their performance, training needs or any concerns they may have. This in turn ensures that residents receive the best possible care from a knowledgeable, motivated staff group. We considered how often staff received supervision and saw it had not taken place since July 2017 which was not in line with current guidelines. The supervision process consisted of staff completing a form during staff meetings and the manager then reviewing the document at a later date.

Although the form detailed that staff could speak to the manager if they wished, this was not the same as staff having a 'face to face' meeting with their manager and being actively encouraged to give their perspective on the quality of care or their personal needs. Staff told us they felt this was unsatisfactory and indicated they did not always feel valued. However all stated they felt the manager was approachable and they would have no hesitation in raising concerns. The staff presented as motivated about their jobs and two gave valuable comments regarding how life could be improved for residents. Overall, we concluded that staff appeared motivated and caring however residents are not always cared for by staff that are supported by the implementation of formal processes. The registered persons are not meeting legal requirements. A non compliance notice was not issued as the manager assured us this would be addressed as a priority.

People do not receive services where the Welsh language is actively promoted and supported. We noted that the home did not provide the 'Active Offer' in relation to this and have made a recommendation regarding this in the section 'About the Service'.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

No noncompliance was identified at the last inspection.

5.2 Areas of non compliance identified at this inspection

We informed the registered persons that improvements are required in relation to Regulation 18(2). This is because records showed that staff were not supervised (with their line manager on a one to one basis) on a regular basis.

We informed the registered persons that improvements are required in relation to Regulation 18(1) (a). This is because there were times when staff were not available to support an individual to access the community.

5.3 Recommendations for improvement

We made the following recommendations to further support positive outcomes for people using the service.

- To provide information in the statement of purpose and service user guide regarding the arrangements for people having an opportunity to speak welsh if that is their main language;
- To follow the National Institute of Clinical Excellence guidelines for the management of medication in care homes.
- All staff sign in and out of the home (including the manager) to provide an accurate record of whether the planned work shift was actually worked

6. How we undertook this inspection

We carried out an unannounced inspection as part of the annual inspection process. Our visit to the home was undertaken on 1 November 2017 between the hours of 12:00 and 15:30. We used the following sources of information to formulate our report:

- Information held by CSSIW about the service.
- Observations of daily life, staff interactions and care practices at the home.
- Examination of two residents' care files to determine how assessments were translated into care plans, and how the care plans impacted directly on outcomes for them.
- Observations relating to the home environment.
- Examination of two staff personnel records.
- Examination of staff training and supervision records.
- Examination of a sample of the home's records relating to the maintenance of the environment and equipment.
- Examination of the monitoring reports completed on behalf of the registered provider.
- Examination of the quality assurance process.
- Conversation with three staff and the manager.
- Review of the home's statement of purpose and service user guide.

Further information about what we do can be found on our website www.cssiw.org.uk

About the service

Type of care provided	Adult Care Home - Younger
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Registered Person	Cwm Care Ltd
Registered Manager(s)	To be determined
Registered maximum number of places	4
Date of previous CSSIW inspection	21 September 2016
Dates of this Inspection visit(s)	31/10/2017
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	Working towards.
Additional Information:	
<p>This is a service that does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people who intend to use their service. We recommend that the service provider considers Welsh Government's</p>	