

Care and Social Services Inspectorate Wales

Care Standards Act 2000

**Inspection report
Care homes for younger adults**

The Clynsaer Care Home

Clynsaer House
Cynghordy
Llandovery
SA20 0LP

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Number of places:	10		
Category:	Care Home - Younger Adults		
Dates of this inspection from:	08/10/09	to:	13/01/10
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Inspected by:	Lynne Beech		
Lay assessor:			

Introduction

This report has been compiled following an inspection of the service undertaken by the Care and Social Services Inspectorate for Wales (CSSIW) under the provisions of the Care Standards Act 2000 and associated Regulations.

The primary focus of the report is to comment on the quality of life and quality of care experienced by service users.

The report contains information on how we inspect and what we find. The report is divided into distinct parts mirroring the broad areas of the National Minimum Standards.

CSSIW's inspectors are authorised to enter and inspect regulated services at any time. Inspection enables CSSIW to satisfy itself that continued registration is justified. It also ensures compliance with:

- Care Standards Act 2000 and associated Regulations whilst taking into account the National Minimum Standards.
- The service's own statement of purpose.

At each inspection episode or period there are visit/s to the service during which CSSIW may adopt a range of different methods in its attempt to capture service users' and their relatives'/representatives' experiences. Such methods may for example include self-assessment, discussion groups, and the use of questionnaires. At any other time throughout the year visits may also be made to the service to investigate complaints and to respond to any changes in the service.

Readers must be aware that a CSSIW report is intended to reflect the findings of the inspector at a specific period in time. Readers should not conclude that the circumstances of the service will be the same at all times.

The registered person(s) is responsible for ensuring that the service operates in a way which complies with the regulations. CSSIW will comment in the general text of the inspection report on their compliance. For those Regulations which CSSIW believes to be key in bringing about change in the particular service, they will be separately and clearly identified in the requirement section.

As well as listing these key requirements from the current inspection, requirements made by CSSIW during the year, since the last inspection, which have been met and those which remain outstanding are included in this report. The reader should note that requirements made in last year's report which are not listed as outstanding have been appropriately complied with.

Where key requirements have been identified, the provider is required under Regulation 25B (Compliance Notification) to advise, in writing, the appropriate regional office of the completion of any action required by CSSIW.

The regulated service is also responsible for having in place a clear, effective and fair complaints procedure which promotes local resolution between the parties in a swift and satisfactory manner, wherever possible. The annual inspection report will include a summary of the numbers of complaints dealt with locally and their outcome.

CSSIW may also be involved in the investigation of a complaint. Where this is the case CSSIW makes publicly available a summary of that complaint. CSSIW will also include within the annual inspection report a summary of any matters it has been involved in together with any action taken by CSSIW.

Should you have concerns about anything arising from the inspector's findings, you may discuss these with CSSIW or with the registered person.

Care and Social Services Inspectorate Wales is required to make reports on regulated services available to the public. The reports are public documents and will be available on the CSSIW web site: www.cssiw.org.uk

Summary

This inspection episode included one unannounced visit to The Clynsaer. Self-assurance documentation was completed by the registered persons and returned to the CSSIW within the given timescales at the commencement of the episode. Information contained in this document was used to formulate a needs analysis and an inspection plan which identified that during the inspection episode service user records would be examined together with staff records, quality assurance, service user activities and a tour of the premises would be undertaken. Five service users were case tracked. Information given to them prior to becoming resident at The Clynsaer was examined, together with assessment, care planning documentation and all other records relating to their care at the home, in order to ascertain how the service which they received impacted on their daily lives. Although five service users were specifically case tracked the experience of all service users living at the care home was considered. Service users, family members, the registered persons and staff members contributed to the inspection process either directly or through the use of pre-defined questionnaires.

The Clynsaer offered personal care and accommodation for up to ten adults between the ages of 18 and 64 whose need for care arose primarily from a learning disability. The Clynsaer was a detached property situated in rural surroundings some six miles from the town of Llandovery.

The home was inspected in line with national policy on proportionality and focus in regulation. Action needing to be undertaken by the home to meet regulatory or good practice requirements may in some instances be shown only in the body of the text. This does not absolve care providers from their statutory duty of care or the need for them to comply fully with the Care Standards Act 2000 and the Care Homes (Wales) Regulations 2002 (as amended). It is the responsibility of the Registered Persons to ensure that, in all respects, and at all times, the home operates in accordance with the relevant laws, Regulations and National Minimum Standards.

Prior to the inspection the registered persons were required to complete a self-assessment form and a technical checklist. These documents are a declaration that gives assurance that the registered persons have met health and safety requirements within the settings and that all necessary safety certificates, tests and checks are in place. These have not all been counter checked by the inspector, but future monitoring visits may involve random sampling of them.

The Service User Guide and Statement of Purpose for The Clynsaer were informative and

clearly presented, offering relevant and up to date information to current and prospective service users.

Five service user's files were examined in detail through the process of case-tracking. All files observed were maintained in very good order and contained pertinent information which was easy to locate. A comprehensive needs assessment had been undertaken and clear individual care plans developed from this. Detailed risk assessment in a number of areas had been undertaken for all service users whose files were observed.

The staff team presented as cohesive and supportive of each-other and of the management team. Six staff files were examined. All contained evidence of a robust recruitment process having been undertaken. An individual training programme was in place for all staff members and all new staff members undertook a three day training programme.

Policies and procedures were in place to safeguard service users in terms of their physical and financial protection and a number of staff members had undertaken training in adult protection.

Service users continued to be very much involved in the day to day running of The Clynsaer.

The Clynsaer was located in its own extensive grounds, just outside the village of Cinghordy. The outside of the building had been re-decorated since the last inspection episode.

Choice of home

Inspector's findings:

An informative Statement of Purpose and Service User Guide had been produced. These documents contained relevant information for current and prospective service users and their representatives.

Five service users' files were examined in detail as part of the case tracking process. All files contained a comprehensive assessment of need which had taken place prior to the service user entering the care home. All relevant professionals had contributed to this needs assessment in addition to the service user and family members. Where service users had been referred through the care management system a copy of the assessment and care plan was kept alongside those of the care home.

Observation of staff training records and discussion with staff members and service users indicated that staff at The Clynsaer had the skills and experience to deliver the services and care which the home offered to provide.

A letter to confirm that staff at the care home can meet the assessed needs of the prospective service user was forwarded, a copy of which was kept in the file of the service user.

Prospective service users were invited to visit the home, together with family members and representatives if appropriate, in order that they could meet with staff and service users. Service users were admitted to The Clynsaer on a three month trial basis before a decision to stay on a permanent basis was made.

A written contract or statement of terms and conditions was issued to all service users, a copy being kept on individual files.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

Individual needs and choices

Inspector's findings:

All service user files which were examined were maintained in very good order. Information contained in files was up to date, clearly presented and easy to locate. A clear personal profile was contained in all files examined. Care planning documentation was informative and demonstrated a good recent knowledge of each service user. Records clearly identified the assessed needs of the service user, the means of meeting the need and the persons responsible for this.

Care plans contained good evidence that specialist or professional advice was sought appropriately, for example, from the medical services, dietician, physiotherapist and social worker. Care plans which were developed by the funding authority were kept in service user files alongside those developed by the care home in order to ensure consistency of care.

All service user files examined demonstrated that risk assessment had taken place. These included personal and environmental risk and had been reviewed regularly in order to ensure their continued relevance.

Service users continued to participate in the day to day running of the care home with the support of staff members. Service user meetings were held on a regular basis to enable individual or collective views to be expressed regarding the service and to contribute to its development.

A policy on confidentiality was in place and was included in the induction training which new members of staff undertook. Records kept within the care home were held securely and confidentially.

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New requirements from this inspection:

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Good practice recommendations:

Lifestyle

Inspector's findings:

The registered persons continued to ensure that service users had opportunities to maintain and develop social, emotional, communication and independent living skills. A wide variety of leisure and therapeutic activities were offered to service users, as documented in individual service user files. Many of these were offered within the specifically designated arts and crafts building situated in the grounds of the care home. Emphasis was placed on assisting service users to lead a busy and meaningful lifestyle. The workshops offered an opportunity for service users to participate in, for example, cooking and kitchen skills, woodwork, arts and crafts, music and computer skills. A quiet room was available for reading and a meeting room was also located in the workshop. Service users continued to be encouraged to participate in gardening activities within the grounds. Service users were assisted to identify new areas of interest and these were discussed at the residents' meetings. Links have been made with the local colleges and service users were encouraged and assisted to attend relevant training courses.

An annual holiday was offered to service users, usually to a holiday camp. Service users were supported by staff at The Clynsaer to attend this if they wished.

Staff at the care home supported service users to maintain and develop family links and friendships both within and outside the home. Service users were assisted to visits family members where appropriate. Family and friends were welcome to visit at any time in line with the wishes of the service users.

Daily routines within The Clynsaer were relaxed and informal. Service users were expected to keep their own rooms clean and tidy and to assist with daily tasks within the home where possible. Staff were observed treat service users with respect throughout the inspection visit and knocked on all bedroom doors prior to entering. Staff used the means of address preferred by service users and this was recorded on individual service user files. Service users were able to access all areas of the care home freely.

Mealtimes continued to form part of the social life of the home and took place in a relaxed and unhurried atmosphere. Special dietary needs were catered for if required and individual preferences were well known to staff members and documented in service user files. Service users assisted in shopping for and preparing meals.

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New requirements from this inspection:

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Good practice recommendations:

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Personal and healthcare support

Inspector's findings:

Personal care was provided at The Clynsaer. A key worker system was in operation and the manager had developed documentation which fully described the means by which this was to be implemented. Throughout the inspection visit staff members were seen to be sensitive in their approach to service users. Staff knocked on all bedrooms doors prior to entering and addressed service users by their preferred names as noted in care plans. Service users received visitors privately if they wished and medical consultations were carried out in private within the care home.

All service users were registered with a general practitioner. Specialist health and social care professionals were consulted appropriately and a record of contact made and visits to the home was maintained in the files of service users. Optical, dental and chiropody services were accessed appropriately as documented in individual service user files.

Polices and procedures for the safe storage, administration, recording and disposal of medication had been developed. The registered manager confirmed that although senior staff members were responsible for the administration of medication, all staff received training on medication issues in case they were called on to administer it. Medication was supplied by Boots pharmacy, mainly in a pre-packed system for each service user.

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Good practice recommendations:

Staffing

Inspector's findings:

A clear staff structure continued to operate at The Clynsaer, with a registered manager and assistant manager in place. Discussion with staff members, with the deputy manager and with the responsible individual on the day of inspection indicated that they were well aware of their roles and responsibilities. When employing staff the management were mindful of the impact which a prospective staff member might have on the service user group as a whole.

A robust staff recruitment procedure was in place. A sample of six staff files were viewed and contained all the required information. All staff files which were viewed were maintained in good order with relevant information easy to locate. All files examined contained two relevant references and evidence that current enhanced CRB checks had been undertaken. Once appointed staff members undertook a comprehensive induction training programme which was signed when each identified area had been completed.

The staff team was made up of seventeen staff members in addition to the registered manager and deputy manager. Care staff also undertook catering and cleaning duties. Staff rotas demonstrated that four members of staff were on duty throughout the daytime with one member of staff providing waking care during the night and one sleeping in. A dedicated staff sleep-in room was available. Both male and female staff were available within the home. The staffing levels were discussed and assessed as meeting the needs of the current service users. The assistant manager demonstrated through discussion that she was aware of the need to monitor the dependency levels of service users in order to ensure that the numbers of staff on duty remained appropriate.

Staff training had continued to receive attention over the past year. Of the sixteen members of care staff thirteen had received training in infection control, eleven in food hygiene, thirteen in health and safety, thirteen in adult protection, eleven in manual handling and fourteen in fire safety. The manager and deputy manager had undertaken training in DoLS. Additional relevant training had been undertaken by all staff in areas such as restraint, epilepsy and autism.

The registered manager had attained NVQ level 4 and the assistant manager NVQ level 4 in Care and Management. Four staff members had achieved NVQ level 3 and four level 2. Two staff members were undertaking level 3 and two level 2. Two new members of staff were in the process of completing their induction training.

The assistant manager demonstrated a very responsible attitude to staff supervision and appraisal. Staff received supervision every two months with a senior member of staff. Staff appraisals were undertaken annually.

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New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

Conduct and management of the home

Inspector's findings:

The registered manager had considerable experience in the care of younger adults with a learning disability, having been the manager of The Clynsaer prior to its acquisition by Oakview Care Ltd. He had achieved NVQ level 4 in 2007.

The manager and assistant manager continued to have a good working relationship and managed the home well between them. Lines of accountability within the home remained clear and were understood by those members of staff spoken with.

The manager and assistant manager continued to be very visible within the home. Both knew the service users well and spent time with them. The owners of the home, whilst not living locally, were very involved in the overseeing the running of the home. The responsible individual visited The Clynsaer on a regular basis and the inspector was pleased to meet with her at the time of the unannounced inspection visit. The manager and responsible individual liaised closely by telephone and e mail communication.

An informative quality assurance document had been developed. Information was based on the findings of questionnaires which were distributed to service users. It was clear from discussion with the responsible individual that information gained from quality assurance, together with that gained from visits to the care home, would be used to inform future development within The Clynsaer.

Policies, procedures and guidelines were examined prior to and during the inspection episode. These continued to be clearly written and informative and had been reviewed on a regular basis in order to ensure that they were up to date and relevant. Policies and procedures were available to staff members at all times, master copies being maintained in the office in a central file.

The registered persons had forwarded a signed technical checklist as part of the self-assurance documentation. This indicated that aspects relating to safety and checking of appliances had been completed appropriately in addition to relevant aspects pertaining to environmental health and Coshh.

Accidents and incidents continued to be appropriately recorded and reported in accordance with Regulation 38 of the Care Homes (Wales) Regulations 2002.

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Good practice recommendations:

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Concerns, complaints and protection

Inspector's findings:

A clear complaints policy and procedure had been developed. This was very specific, outlining the means of handling oral and written complaints which might be made about the service and included timescales involved and alternative sources of contact, for example, the CSSIW. A whistle-blowing policy was in place.

Three complaints had been received by the care home over the past twelve months. Two had been satisfactorily resolved and one was in the process of resolution. Service users appeared to be comfortable in reporting any concerns which they had to staff members or to the manager.

All but recently appointed staff had received training in the area of adult protection. One referral had been considered under adult protection over the past twelve months. This had been satisfactorily concluded at the time of the inspection episode. A copy of the local authority Adult Protection Procedures was kept in the office and was accessible to all members of staff.

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New requirements from this inspection:

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Good practice recommendations:

Environment

Inspector's findings:

The Clynsaer was located just outside the rural village of Cynghordy, approximately five miles north of Llandovery, on the Carmarthenshire/Powys border. It was a large old mansion house set within its own spacious grounds. Accommodation for service users was in the main house but some of the outbuildings had been converted into workshops to be used by service users for activities during the day.

Oakview Care Ltd purchased The Clynsaer in 2006. Since this time there had been a major investment of time and money in upgrading the premises. The refurbished areas had been completed to a high quality resulting in a marked improvement in the environment for service users.

A continual programme of refurbishment was in place with several areas within the care home being painted and decorated over the past twelve months. Service users' rooms were comfortably furnished and had been personalised with individual belongings. Shared areas within the home were well maintained being decorated to a good standard and homely in character. The exterior of the home had been re-rendered since the previous inspection.

The workshops situated in the grounds of the care home had been upgraded over the past year providing service users with facilities in which they could pursue a varied number of activities.

The premises were kept clean, hygienic and free from offensive odours throughout. Systems were in place to control the spread of infection. A dedicated laundry room was located within the home.

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New requirements from this inspection:

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Good practice recommendations:
