

Care and Social Services Inspectorate Wales

Care Standards Act 2000

**Inspection report
Care homes for younger adults**

Bryn Y Wawr Care Home

Bryn Y Wawr
6 New Road
Llandeilo
SA19 6DB

Date of publication

29 August 2010

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Care and Social Services Inspectorate Wales

South West Wales
First Floor
Winchway House
Winch Lane
Haverfordwest
SA61 1RS

01437 752200

01437 752216

Home:	Bryn Y Wawr Care Home
Contact telephone number:	01558 822763
Registered provider:	Oakview Care (Llandeilo) Limited
Responsible individual:	Nicola Elliott
Registered manager:	Isobel Roberts
Number of places:	10
Category:	Care Home - Younger Adults
Dates of this inspection from:	10 June 2010 to: 12 August 2010
Dates of other relevant contact since last report:	None
Date of previous report publication:	08 October 2009
Inspected by:	Anthony Rendell

Introduction

Bryn y Wawr is operated by Oakview Care (Llandeilo) Limited, whose directors take an active interest in the home. The managing director and responsible individual is Nicola Elliott who is ably supported by the registered manager, Isobel Roberts. The care home for younger adult ladies with learning disabilities is in the centre of the small town of Llandeilo, with several shops and other facilities within easy walking distance. The house is a large semi-detached building with ten good-sized single bedrooms and other living rooms. The large attractive private gardens, in good condition, accommodate some pets and chickens. The term service users represent the ladies resident, although the term was not popular at the care home and so it is used interchangeably with the locally preferred term of ladies.

Summary of inspection findings

What does the service do well?

- Provide a care support system for service users, relatives and staff that overall meets the needs and contentment for the benefit of the service user ladies.
- Provide a relaxed and comfortable home for the ladies.
- Record in good detail the daily care and support provided to each person.

What has improved since the last inspection?

- More activities and day facilities.

What needs to be done to improve the service?**a.) priorities**

- None identified at this inspection.

b.) other areas for improvement

- None identified at this inspection.

Inspection methods

The inspection episode started with a self-assessment document being sent to the registered provider and manager, returned completed to a high standard, providing the inspector with good information for a needs analysis and an inspection plan. The inspection plan included case tracking individual service users, discussions with service users and staff. Specific areas examined were quality assurance, infection control, activities, and staff qualification training.

The announced inspection provided the inspector with quality time with the responsible individual and manager to observe and assess the care provision and environment in this small care home; to discuss the submitted data and to examine care records and staff files. The inspector also spent time talking with many persons either living or working at the care home to gather both informal and formal responses to life in the care home. These subjective and objective views helped construct parts of this report.

A thematic inspection on infection control standards was undertaken during this inspection. A separate section for the report on this thematic inspection will be found at the end of the report headed Infection Control.

Choice of home

Inspector's findings:

The aims and objectives were provided in the statement of purpose and service user guide, with a description of the services and facilities that were offered at the care home. Prospective service users were given information, which included details of the accommodation and particulars of the management and staff structure and qualifications. Trial visits and respite care were also available. The language of communication in daily use was English, although Welsh was spoken at times.

The manager assessed each prospective admission, whether in hospital or at home prior to admission, whether for short-term, emergency care or permanent residency. The pre-admission assessment documentation was of basic good quality and concise. The manager determined if a potential service user's needs could be met at the home. The assessment process included discussion with the potential client, her family and any relevant health and social care professional staff. Each person admitted had a written contract and statement of terms and conditions.

The home was imminently expecting the admission of one person, which would fill the one vacancy at the time of inspection; ten ladies at home at Bryn y Wawr. All rooms were single occupancy and the home had a no smoking environment. The care team was entirely female with a range of ages to complement the age range of the service users.

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:

An individual personal care plan was compiled from an assessment and data supplied from family, social worker or nurse. A sample of care records was examined to case track identified individuals; each person had been assessed for admission, with regular care reviews. Care plans clearly demonstrated aspects of daily living and previous social lifestyle. Contact details of relatives of each person were recorded on individual files; also doctors, district nurses, community psychiatric nurses, and social workers.

Reviews by the manager were being regularly undertaken and involved each service user and, if appropriate, the relative. Individual risk assessments were provided. Care records were securely stored in the office, with access for service users and family, if appropriate. Care records were added to daily including any significant change occurred in the condition of a service user. Placing authorities out of county had completed regular reviews; however, Carmarthenshire Social Services had failed to timely review their service users. The inspector had alerted the CSSIW inspector of that county's social services to take appropriate action to ensure that the statutory reviews were undertaken.

The inspector toured the care home, talked with several of the ladies and one close friend of a service user, but no family members were present. People expressed much satisfaction and contentment with the standards of care and the environment. The home was welcoming to visitors. Care staff were spoken to individually and collectively and were cheerful, caring and knowledgeable. The evidence gathered indicated that the care and support provided met the physical, emotional and social needs of each person. The individual daily care and support records were of an exceptional quality and the manager and staff were commended for achieving such excellence in daily records.

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Good practice recommendations:

Lifestyle

Inspector's findings:

Activities were both individual and group led; for instance, holidays may be taken separately. A good range of activities was available both within and outside the home, with assistance offered to individual service users to make choices whenever possible. Activities included bowling, visits to the cinema, local shops, cafes and restaurants and attending the theatre and swimming pool. A coach was hired for an outing to Manor Park, Tenby. Reflexology had recently been introduced and was subsidised at a cost. Within the care home the lounge was used for watching television, listening to music and playing on games consoles. An arts and crafts room was available for activities such as card making and painting, and also had a new television.

The ladies were motivated to maintain contact with friends and family members as appropriate and were helped to maintain personal relationships within an agreed level of support. A weekly outing for day services and activities had recently been introduced.

Bedrooms were all seen and each had been personalised with ornaments, soft furnishings and small items of furniture and reflected the individual preferences of the occupant. Communal rooms were comfortable and homely, and the ladies were able to freely move around the home.

Daily routines considered the needs and preferences of each person. The home had a policy on keeping pets for the cats, chickens and rabbit kept on the premises. Three ladies had been on a sponsored walk, some were doing pottery classes or day courses. Volunteer activity was also done. Visits to the shops and pub were also popular activities.

Some service users continued to assist regularly with shopping, meal choice and preparation. Mealtimes were unhurried and provided a time to socialise in the dining room. All ladies spoken with were pleased with the meals provided, and one parent also added that a good meal was always provided if visiting.

Flexible routines within the home continued to be developed around the needs and preferences of person and collectively. One person went regularly to church every Sunday. Relationships appeared relaxed between staff and service users, with readiness to discuss any issues. Staff were commended for their quality of report writing and their support to service users.

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Good practice recommendations:

Personal and healthcare support

Inspector's findings:

The inspection process continued to show that the privacy and dignity of service users at the care home was a priority, and provided in a kindly manner. People spoken to, and observations indicated, that staff were respectful and sensitively treating service users with patience and care. Ladies were well-dressed and appeared happy and contented.

Each person was registered with one of two GP practices and had access to a good range of other health professionals if required, including community nurses, specialist nurses and psychiatric community nurses from the NHS. Care records showed that the advice of health professionals was sought for a health concern or need.

The medicine checklist completed by the manager indicated compliance with regulatory requirements. The small medicine room contained medicines supplied by a local pharmacist. A record was kept of all medicines given and a sample seen indicated thorough record-keeping. Medicine administration was by trained carers and appeared to be a satisfactory process.

The large kitchen was kept clean and tidy. A good supply of food was regularly bought or delivered to enable regular turnover with small stock levels. Dietary needs included persons with special diets, with menus also adapted to suit individual need; vegetarian, weight management, diabetes and healthy eating. All the ladies were involved in menu planning. Staff and residents were enjoying their lunch together in conversations on the inspection day.

Discussions with the manager and service provider at inspection showed they made good provision to protect and promote the health, safety and welfare of service users and staff.

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Good practice recommendations:

Staffing

Inspector's findings:

The manager and twelve staff provided twenty-four hour care, support and assistance to the service users. No agency staff were used. The manager, deputy manager and senior support staff worked days to provide senior cover for each shift, with on call arrangements also in place. At night, one support worker did a sleep-in for any help or emergencies and that was discussed with the manager; the good mobility of all persons and the county fire officer raising no issue with the arrangement. Staff numbers were four in the morning and afternoon (three at weekends), two in the evening, and one at night, according to duty rosters. The staffing levels were assessed as satisfactory for meeting all current needs. No staff had left since the last inspection. The staffing levels will be increased to four all day when the home is full.

The staff organised and provided the meal service, with assistance or supervision of service users. Domestic cleaning and laundry involved everybody, as appropriate.

Staff recruitment was discussed, including attempts in recruiting a maintenance/gardener. Staff files examined were neat and tidy. A purposive sample of three newer staff files inspected indicated proper attention to the recruitment process and met the requirements of the regulations, including references and enhanced criminal record bureau (CRB) checks. The manager confirmed that all staff had a CRB check, repeated every three years. New staff had an induction and a three-month probationary period, with continuing training and skills; essential to working in the care home.

The manager confirmed that all staff undertook core training in induction, first aid, manual handling, adult protection, food hygiene, infection control, fire safety, health & safety, and non-abusive psychological and physical intervention. The level of achievement in training organisation and provision was now good, with a commitment to continue improvements. Support workers had been encouraged to obtain a national vocational qualification (NVQ) and good in-house working practices were promoted, building on skills, experiences and training. Only six staff had an NVQ and that was at a low level, even though other in-house training and supervision was good; all support workers should have a qualification, in addition to training. However, evidence was provided that three staff were due to complete the NVQ this year and that four more were due to start an NVQ in September; on completion, all staff would be qualified.

Formal supervision was organised by the manager; individually, and carried out every two months; sessions talking through issues. The records indicated a very good standard of supervision by the manager, reviewing individual issues. Appraisals were annually.

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Requirements which remain outstanding:

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

requirements)		

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

- Provide higher levels of training and achievement in a national vocational qualification for support workers.

Conduct and management of the home

Inspector's findings:

The registered manager had been in post for eighteen months, having been employed within Bryn y Wawr for five years. She had NVQ level 4 and demonstrated a high standard of record keeping, with a good knowledge of the service users and staff. Recent training in deprivation of liberty safeguards (DoLS) and appraisal had been completed by the manager. The manager and responsible individual continued to share a good working relationship and regularly met at the home. The management structure included the deputy manager and the senior support workers sharing an on call rota.

The excellent quality assurance programme was detailed and informative. The opinions of service users, staff members and relatives were gained by direct discussion, meetings and an anonymous survey. Staff held regular service user meetings for the ladies to voice their views; improvements from these meetings included garden projects. A high level of satisfaction was found, indicating a continuing improvement and commitment to the well-being of the ladies. The findings from the annual audit were collated and used to inform the annual development plan.

CSSIW did a postal survey of all nine service users and all twelve staff, with a 100% and 56% respectively return. Positive points from the service user survey (signed by each person) were general, but included *'brilliant staff they look after me well'; 'this is the best home, compared to others I lived in I do mean it; 'I am happy...'*. One person requested pottery classes. Positive points from the staff survey were *'the manager is always approachable and ready to assist in any way...we are always praised...and thanked.; 'service users being treated as individuals...freedom of choice'; 'warm, friendly environment, staff commitment to the job'; 'the family atmosphere, everybody is valued'; 'the clients get the right of choice...days out, menu planning, clothes, pets'*. Ideas for improvement included *'more day services, such as IT and colleges for service users'; 'more activities, swimming pool to be filled in' [underway]*.

Relationships between service users and staff members appeared to be positive. Support workers were seen to interact in a relaxed way with service users during the inspection visit. Comments made by service users, and information given in questionnaires which were returned to CSSIW confirmed that good relationships continued to exist between staff and service users. The responsible individual had done her statutory visits and produced a report after each visit, detailing findings and action for any improvements.

The service provision was recorded by the registered persons as having improved training, improved communication between staff and service users, better care plans and a stable and effective staff team. The kitchen had an extractor fan and blinds fitted. The garden room had been provided with a hot tub. A lack of day placements for the ladies was being actively addressed by arrangements made in visiting the sister home.

Forward thinking included to focus on expanding activities and more structured learning, such as workshops and projects. Developing the garden, including the chicken project, and the garden room improvements were continuing.

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New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

Concerns, complaints and protection

Inspector`s findings:

The informative complaints policy and procedure was available to service users, including a pictorial complaint procedure. No complaints had been received. The manager described how issues involving incidents or concerns were handled promptly and been resolved, and reported to CSSIW. The service user guide and a notice board showed how to contact CSSIW.

A policy and procedure detailed the action to be taken if any abuse within the home was suspected, including a 'whistle-blowing' policy. A copy of the local authority's Protection of Vulnerable Adults procedure was maintained within the manager's office and all staff members had received training in this topic.

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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:

The environment

Inspector's findings:

The home was a large house and private gardens with ten bedrooms and various living rooms. The big garden was being developed and the redundant swimming pool was to be filled in; the garden was also home to some chickens and a pet rabbit.

Individual bedrooms were of a good size and personalised in a variety of styles. One lady had a flat and made good use of her facility. Bathrooms, a shower room and toilets were available around the home.

The programme of refurbishment continued, with all main areas now redecorated. The hairdressing room was now in use after being refurbished. The attic area was in use as the manager's office and the other room was to be used as a staff training room.

The technical certificates and testing regimes checklist submitted had been efficiently completed; verifying all were current and satisfactory. Ventilation, heating and lighting appeared to be suitable in all parts of the care home. The home was centrally heated throughout.

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Good practice recommendations:

A note on CSSIW's inspection and report process

This report has been compiled following an inspection of the service undertaken by 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. It 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. Those Regulations which CSSIW believes to be key in bringing about change in the particular service 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 CSSIW of the completion of any action that they have been required to take in order to remedy a breach of the regulations.

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

Thematic Inspection: Infection Control

Summary of inspection of infection control findings

What does the service do well?

- Provide a clean and homely domestic environment.

What needs to be done to improve the service?

a.) priorities

- None identified at this inspection.

b.) other areas for improvement

- None identified at this inspection.

Inspection methods

- The completed control of infection checklist was submitted in good detail.
- The inspector discussed aspects of infection control and hygiene with the manager.
- A visual inspection of all rooms and corridors was made and observation of facilities provided an overview of the situation.

Personal and healthcare support

Inspector`s findings:

Service users were encouraged and supported by staff to maintain their personal hygiene around the home. Each bedroom was provided with a hot and cold water supply, liquid soap, disposable paper towels and dispenser, and a small foot operated bin.

An infection control policy and procedure was available for staff in the office. Personal protective equipment, such as gloves and aprons, were readily available for staff to wear when attending to personal hygiene needs of service users.

Paper towels and liquid soap were available in all areas around the home.

Requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

Staffing

Inspector`s findings:

The manager provided carers with a working environment, while being aware of standard precautions, but also being aware that it was a home for the ten ladies. Staff appeared to have had sufficient recent training and knowledge in infection control to provide a safe working environment for all persons.

Requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

Conduct and management of the home

Inspector`s findings:

The manager and staff appeared to take an active interest in efficient daily infection control procedures, utilising the principles of standard precautions, including providing appropriate and good hand washing facilities.

Staff supervision was reported as including monitoring compliance with infection control policies and procedures, with general issues discussed in staff meetings.

Suitable arrangements were made to prevent infection, toxic conditions and the spread of infection at the care home. Visitors would be restricted in any outbreak.

Requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

Concerns, complaints and protection

Inspector`s findings:

The inspection process indicated that reasonable steps were taken to protect service users, staff and visitors from acquiring infections. Risk factors had been identified and the principles of prevention were in use; hand washing, protective equipment and the safe handling of waste products were features of daily care practices. Food hygiene in the kitchen was seen to be satisfactory during the inspection day.

Staff had mostly been trained in food hygiene to protect service users from any spread of infection.

A colour-coded cleaning system provided protection; plain in the kitchen, blue in general areas, yellow in toilets and red in an infection outbreak (with disposables where possible).

Requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

The environment

Inspector's findings:

The care home was clean and fresh during the inspection day; kept clean to a good standard. The good standard ensured that the environment was pleasant, with systems in place to minimise the risk of cross infection.

The kitchen was observed to be clean and organised. Staff had food hygiene training. The staff were responsible for organising breakfasts, lunch and the evening meals, with some assistance from service users, as appropriate.

The lounges and dining room were visually clean. Bathrooms, showers and toilets were visually clean. Each room was equipped with hand washing facilities and paper towels.

Colour coded buckets, mops, and brushes were used for domestic duties.

Personal laundry was laundered on site in the evening by staff and service users, as appropriate, with one person's laundry done at each cycle. One commercial washing machine and one commercial drier were in use. Personal protective equipment was used as appropriate.

The overall standard achieved was judged to be very satisfactory for the home; the manager and staff appeared to be committed to attaining good practices and procedures within the allocated resources.

Requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations: