



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

Inspection Report on

Dan y Graig Care Home

**Four Roads
Kidwelly
SA17 4SW**

Date of Publication

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Description of the service

Swanton Care & Community (Maesteilo Care Homes) Ltd is registered to provide personal care and accommodation at Dan Y Graig care home for eight adults up to the age of 64 with a learning disability. The registered manager for the home is Rhiannon Evans and there is a nominated responsible individual. The property is a large detached house, and is located in a rural location outside the village of Four Roads, Kidwelly.

Summary of our findings

1. Overall assessment

People living at Dan Y Graig Care Home have limited opportunities to participate in activities and things that are important to them. People's nutritional needs are met by staff but there is little evidence that people's general physical health care needs are being met effectively. There is a lack of robust governance and quality assurance arrangements, and timely action to address shortfalls in service delivery has not taken place. The external grounds were not being effectively maintained and there were some areas that were unsafe. The house is in need of complete updating.

2. Improvements

We did not observe any improvements at this inspection.

3. Requirements and recommendations

Section five of this report sets out the action service providers need to take to ensure the service meets the legal requirements and recommendations to improve the quality of the service provided to people in the care home.

- We issued non compliance notices in relation to:
- The quality of care review.
- Activities within the home.
- Governance and oversight of the home.
- Maintenance of the home and external grounds.

1. Well-being

Summary

There is some evidence to support that people feel safe within the home, however, we found they have limited opportunities to participate in meaningful activities. Therefore people's outcomes will be improved if there are more opportunities to support people to do things that are important to them in a more consistent and individualised way.

Our findings

People are generally safe and protected from harm. This is because staff we spoke with demonstrated a good understanding of their responsibilities in relation to safeguarding. There was a paper and electronic copy of the Safeguarding policy and how to recognise signs of abuse. Staff told us that training was provided on an ongoing basis, with all staff required to receive annual updates in specific areas such as Safeguarding of Vulnerable Adults. Staff we spoke with told us that physical restraint was rarely used and people were generally supported by distraction or escorting the person away to reduce stimulation and the risk of harm. However, we noted that incidents were not being reported in a timely way, as we saw a number of notifications had been submitted to CSSIW retrospectively and not as required within the legislation.

We noted that interactions between people and staff were friendly; kind and patient. For example, we observed that staff were speaking with people in an age appropriate and respectful way. Staff, were able to tell us how they maintained people's privacy and dignity whilst assisting with personal care. The atmosphere within the home was calm and there was evidence of people and staff talking together positively. We saw the front door to the home was open during the day and people were able to freely access the outside space, with one person spending time outside. People were able to move freely throughout most of the home, although we noted the dining room and kitchen were kept locked when not being used. Two people had authorisations under the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards. However, there was no evidence that the remaining six people had either been assessed or had applications submitted for such authorisations. This meant there was no appropriate legal authority in place. However, we did not observe restrictive practices other than the locking of the dining room and kitchen. We consider from our observations; discussions with staff and a review of records that people's safety needs are met and staff generally know the appropriate action to take if they suspect a person is at risk of harm or abuse. However, a review of the need for additional training should be carried out to ensure all incidents are correctly reported and that applications for the deprivation of liberty be submitted to ensure that any restrictions placed on people are done so lawfully.

Staff considered that they had got to know people and what their likes and dislikes were and what was important to them. Staff demonstrated a good understanding of the way people communicated. For example, one person used a mixture of sign-along, which is a communication system, as well as more bespoke signs that they had developed themselves to communicate their needs and wishes. We saw that staff, were able to interpret what the person was trying to communicate. Care records included information about how staff could recognise if people were in pain or distress as well as other emotions. Most of the people living in the home did not communicate verbally, but we asked people if the staff were kind; helpful and patient and all responded positively. We observed staff presenting as very motivated and calm. We also observed staff interact with people using a range of communication techniques such as a few pictorial displays in the dining room but there was little evidence of a deliberate prescribed model of communication strategy being delivered such as 'Total Communication'.

We found there was no robust process in place to review goals and care plans. We were told that neither residents nor relatives meetings took place. Also, there were no formal reviews of people's care carried out with the person; their key worker and the managers of the service. One of the mission statements of the service is that they are outcome focused, however, we did not find evidence that outcomes were considered and reviewed in any robust way. We discussed, with a visiting health professional, how local authority reviews were carried out and it was confirmed that annual reviews had not always taken place as required. This meant that people cannot be confident their needs were being reviewed and care and support plans amended to most effectively meet the person's needs. Each person had a named advocate but there was no evidence that any advocacy support had been received. Most people, however, did have family members who could represent them as required.

Therefore, from the information we gathered from care records; discussion with staff and observation of practice, we consider that people are, to some degree, able to express their wishes but there are opportunities to develop this further, by a more robust review and evaluation of care and support, and to ensure that people views and opinions are clearly identified; understood; recorded and acted upon by staff.

In some instances people are able to do the things that matter to them. This is because we saw that people had identified the activities they liked. However, there was no evidence that people participated in such activities in accord with their activity plans. For example, one person's activity plan stated they were to go to 'Bikeability' weekly but we saw evidence they had participated in that activity only twice in three months. We discussed this with the interim manager who was confident the person had been on a regular basis but this was not recorded. We saw that one person liked swimming, but records stated they had only been twice in three months. Staff told us that people had an allowance of £26 a week and with this they were required to pay for their toiletries and any remaining money was available for activities. This meant that sometimes they could not participate in the activities of their choice. We discussed this with the interim manager and one of the directors who were unaware of where the figure of £26 had originated and agreed to review this and to

ensure the interim manager was given accurate information on the financial position of people living in the home and also that people were receiving their full financial entitlement.

We were also told that due to staffing levels and availability of transport, not everyone was able to participate in all of the activities. For example, only four people could attend the day centre at any one time. This meant that although people's activity plans stated they were going to the day centre, they may not attend because there was not the required staffing levels and transport available.

One person told us they enjoyed going to the day centre and proudly showed us a bowl they had made in pottery. Some people had identified going on holiday as one of their likes, and we were told of an imminent holiday abroad for six people and six staff. One of the people we spoke with, clearly were looking forward to this very much and became excited when discussing with staff, and they were going shopping in preparation for the holiday. We also saw photographs in one person's file of a cruise they had been on.

We noted that time spent away from the home was mainly done with groups of two or more people, rather than individually. For example, there were entries in the records of times people had spent time away from the home, either going for a drive or to local cafes. During the inspection, people were planning and looking forward to a trip later in the day to a local lake; to feed the ducks and then go for a drink. However, there was little evidence of people going out individually supported by staff.

Staff told us that occasionally activities were cancelled due to staff shortages. One such time resulted in the person becoming distressed. We discussed this and the reason the activity was cancelled was because two staff reported sick at short notice, which meant cancelling the activity was unavoidable in that instance.

Care records indicated that one person liked jigsaws and we saw there was a selection of these in one of the lounges. Another person was noted to like watching films and staff told us they had a large collection of DVDs in their room.

We consider, therefore, that whilst there is evidence of people participating in some meaningful activities, that there are opportunities to expand this and to support people to participate in things that are important to them on a more regular basis and also to participate in more individual activities where appropriate.

2. Care and Support

Summary

People's nutritional needs are met by staff but there is little evidence that people's general physical health care needs are being met in a robust way. Whilst staff, demonstrated a good knowledge of the people they support, the care records lack rigor and there is no process in place to review people's care and support needs.

Our findings

People receive support at the right time. We were told that people can get up and go to bed when they wish. Staff demonstrated a good understanding of how people could expect to exercise choice. For example, we were told that one person liked to go to their room in the evening and watch DVDs. Another person was spending time in their room during the day. One person's care records stated they liked to attend to their personal hygiene needs in the morning and then have their hair styled and we noted this had been done on both days of the inspection. People appeared to be wearing appropriate and well fitted clothing. We are satisfied, therefore, that people are able to exercise choice about aspects of their care and support.

There was little evidence that people are supported to remain healthy. This is because we could not find evidence that people received regular routine health checks. For example, one person's weight had not been recorded since June 2016. Another person last saw a dentist in July 2016 and the same person was noted to require regular optician's appointments, but there was no record of any such appointments. It was recorded that one person's last physical health check was in December 2015. Records showed that people's general physical hygiene needs were met. This is because we saw regular entries to demonstrate that people were assisted to bathe or shower on a frequent basis.

One person had a diagnosis of epilepsy and we noted there was a corresponding care plan for this. Medication was provided and this was carried by staff when away from the premises to ensure it could be administered immediately it was needed. We noted that other medication was stored securely but one medication in the cupboard was noted to be out of date. However, the medication chart showed the person, although still prescribed the medication, had not taken it for a considerable period of time. The interim manager agreed to remove the medication from the cupboard to ensure it was not administered.

We consider, therefore, from the information provided in the care records, as well as our discussions with staff, that whilst people's daily hygiene and support needs are being met, people's physical on going health care needs may not be being met due to ineffective review and monitoring arrangements in place

We reviewed the meal provision and we were saw that menus were written at the beginning of each week, to ensure that a varied diet is maintained. We did note some repetition, with beans being served twice in one day and on another day, chips were made for both lunch and dinner. However, on the whole there was a good variety of food. There was evidence that many meals were prepared using fresh ingredients, with the meal on the second day of the inspection appearing appetising with meat; potatoes; vegetables and gravy. Most plates were cleared during the course of the meal which demonstrated that people enjoyed their lunch, with some having second helpings. We discussed the use of processed food with the interim manager, who told us they had already identified this and was working on providing a set of easy recipes for all staff to follow and be able to prepare nutritious meals. We noted that people enjoyed a take away once a week and this was paid for out of their personal allowance. Staff told us they were generally satisfied with the quality of the food provided for them to make meals for people, although the interim manager was not aware of the available budget for food. One person told us they liked curry and we saw this was on the menu. People were encouraged to participate in the preparation and clearing up after meal times and we saw people do this willingly. There were pictorial menus provided but we saw these were very small. Larger pictures may make it easier for people to recognise their next meal. Staff demonstrated a good knowledge of people's likes and dislikes with regard to food and we saw there were alternatives available. Food was also available should people request this outside of meal times and we saw people in the kitchen making themselves drinks with encouragement and support from staff.

One person was receiving pureed food after progressing from having their meals via a feeding tube. We saw the food was liquidised together and appeared as more of a soup. The acting manager told us the person had previously been offered separate portions but then mixed the food together. We discussed the potential benefits of trying again to offer the meal with the food provided separately for the person to enjoy the different tastes. Therefore, from the information we were provided, together with our observations, we are satisfied that people receive a balanced and nutritious diet.

People have support plans which are comprehensive, with information being held both electronically and paper records. We saw that most daily entries were personalised and detailed, with a clear record of the person's mood; behaviour; activities and diet. There was some very detailed and personalised information held within the paper records but this was not always evident on the electronic records. At times, information held electronically did not match what was written. Whilst there was evidence of some goal setting, there was no robust process in place for reviewing this. For example, one person had set an outcome to participate in more physical activities and the evaluation, each month, was that the person needed encouragement from staff to participate in physical activities. This meant that because there was no record of activities the person had participated in; the frequency and the outcomes, there was no indication of any progress made for the person in achieving this outcome, or if the interventions by staff needed to be changed. One person's outcomes were set in January 2015 and had been reviewed monthly but no changes had been recorded.

We saw that people had risk assessments but noted that these were not always reviewed monthly as required. Also, information within the risk assessments tended to roll over from one month to the next with no comprehensive review.

We discussed the care records with the interim manager who told us they had already identified some of the shortfalls with the system and the potential risks of having two systems. However, staff, told us they found the care records, both electronic and paper, useful and had time to read them. One staff member, though, told us that writing the daily progress notes was very time consuming and took considerable longer than the old paper records. We consider, therefore, that whilst the care and support records contain some useful information, some of it is either out of date or not reviewed with sufficient rigor. Also, care records did not always demonstrate that people's care and support needs were being met.

3. Environment

Summary

We found the home provided sufficient internal and external space and facilities to meet the needs of people living at the home. However, there is a need for updating throughout the house and surrounding gardens to ensure people's well-being is enhanced. The development of a meadow area and surrounding paths is a positive development.

Our findings

People do not feel uplifted and valued because they are not supported in a personalised environment that is appropriate to individual needs. There was very little evidence of people's personalities within the house. We found the home needed to be updated and personalised. The large communal spaces were well used but these would benefit from updating and making the activities room more up-to-date and fit for purpose. We noted the activities room to be very cold in temperature and staff agreed that was a problem with the room. We saw that some of the furniture was broken in the main lounge. The home had good natural light but had a faint malodour throughout the property. The carpets throughout the property would benefit from being replaced or at least professionally cleaned. This is because we saw there was a stain on the carpet on the landing and staff told us they did not know if this was faeces or coffee. Bedrooms generally were decorated to reflect individual taste, whilst balancing personal safety. However, the bedrooms would benefit from updating and a fresh coat of paint. We found that the laundry room needed refurbishment, as the paint on the inside wall of the laundry was peeling off and the room needed tidying up. Staff did not demonstrate a good understanding of infection control as the mop and buckets were stored on racks on the wall but these were not aligned to the correct colour coding for preventing cross contamination. Therefore, people do not experience wellbeing due to the shortfalls in maintenance and on going standard of decoration of the home and the promotion of good practice in infection control.

People are able to do things for themselves because the layout, design and facilities promote independence and accessibility. The interim manager explained that staff support people to access other community facilities when they went swimming or to hydrotherapy. A discussion with the interim manager and staff both recognised the need for refurbishment and the need to manage risk within the environment. For example, staff commented on the condition of the carpeting and the fact that people often are on the floor which is not in good condition and in good enough condition for people to be lying on top of. This means that unnecessary risks to people have been identified, however, not acted upon effectively.

People do not have access to safe, pleasant and interesting outdoor space, which is easily accessible. The large external areas require extensive updating and refurbishment

throughout the grounds. However, the front area of the grounds were well looked after by the maintenance officer, who informed that they were trying to develop a small meadow with wild flowers. He was not able to maintain the rear of the gardens due to not having the right equipment to complete this work. There was evidence of a small raised bed for vegetables but this was overgrown, neglected and was difficult to access. In another area of the garden there was a grassed area with swings and a trampoline but one of the swings was not working. To the front of the property there was a decking area with seating and tables but this was in need of a treatment to protect the wood from the elements. There was a large fenced off area in which people could play games on a tarmac area the size of a tennis court. However, we did not see it being used on the days of the inspection. Therefore, the external space and facilities do not meet the needs of people at present.

The rural location of the home means that people are not easily able to access community activities and public transport is not readily available. On the day of the inspection a number of minor roads were closed off to public access. In a discussion with staff, they mentioned that the remote location of the property can cause some difficulty when undertaking activities. This causes a reliance on cars and the minibus which means that people often ended up sharing transport which in itself led to group activities rather than individual activities taking place. They also stated that at times there is limited access to transport as they could not always ensure there were enough drivers available to support people with their activities. Therefore, people can not always easily have access to their activity of choice.

People can be assured there are effective prevention and protection measures in an event of a fire. We saw evidence of safe systems of work in relation to fire. We saw detailed fire safety procedures. An experienced member of staff had the responsibility to test fire alarms, oversee evacuation procedures and had been trained as the fire marshal. We were told by the responsible staff member and interim manager that the system was effective. This benefitted further from the introduction of personal evacuation plans for all individuals living at the home. Therefore people can be confident that appropriate steps have been taken to protect them from risk from fire.

4. Leadership and Management

Summary

People living Dan Y Graig Care Home do not receive consistency in care. There is continued over reliance on agency staff which impacts on providing continuity of care to people. The quality of the service has not been effectively monitored and timely action to address any shortfalls in service delivery has not been taken, through effective governance arrangements that support people to experience good consistent standards of care.

Our findings

People do not know and understand the care, support and opportunities which are available to them. We saw a detailed statement of purpose which was last reviewed in 2015 but the service user guide could not be found by the interim manager on the day of inspection. The document described the aims and objectives of the organisation such as '*working together works best*', '*Empowerment is powerful*' and '*Life is for living*'. We saw a philosophy of the organisation poster in both the office and staff room. However, when discussed with various members of staff, they were consistently unable to tell us what these were and we also saw staff working in a way that did not consciously demonstrate those values in action. One of the values of the company was that it values individuals; however, there was little evidence of this given the poor condition of the physical environment and that people were giving life enhancing opportunities. Therefore people are not benefiting from a service where clear principles and values are fully reflected in the service being delivered to people.

An analysis of staff rotas over a five week period showed that agency workers were used regularly and at times this fluctuated between one agency worker and up to eight agency workers during a week period. The interim manager told us they try to use the same agency workers to ensure consistency for people, but this reliance on agency workers needed to be reviewed to ensure people receive consistency in care. However, they stressed that normally they do not use any agency workers and this was supported by the evidence from past staff rotas viewed. Therefore, people can not be confident they are consistently cared for by the number of required staff who are qualified, and who ensure continuity of care, to meet their needs.

Staff, are appointed following a robust process but there is no evidence that the ongoing performance of staff is monitored. This is because we examined the records of five members of staff; each one confirmed that all necessary checks had been carried out. We saw a system for staff supervision and appraisal. This provided staff with opportunities to identify future training and developmental needs. Since the recent changes in management, staff told us that they felt "*well supported*" and that "*professional development was encouraged by the interim manager*". However, there were significant gaps in the

supervision periods for 2017. Of the sample of five files none were in line with the required supervision frequency but the interim manager and staff confirmed that supervision was usually carried out every other month. Training records confirmed that staff had completed a range of both mandatory and more specific training. The training included Swanton Philosophy; Medication Awareness and Administration; effective communication and dignity in services. The staff induction portfolio was completed by most staff which included the Swanton philosophy and values. Staff, were able to confirm they had completed their induction but were not always clear on the outcome expected for this. Records were not clear which training staff had completed, or if they were working towards the required qualification credit framework level two or above. The regional manager was able to confirm there were five of the staff group of thirteen who hold a level two, (38.5%) and five people working towards a level two (38.5%) and there is one of those staff who hold a level three and one about to complete level three. Therefore, 23% of staff had not yet enrolled. This was discussed with the interim manager who agreed that the matrix needed to be reviewed and updated.

The service annual quality of care report identified that in order to provide quality care the service required four team leaders, however, there were only two team leaders in place at the time of the inspection and one of these team leaders were acting up as a temporary manager. The interim manager told us how they attempted to complete the various auditing checks but this was in addition to their other support duties, which at the time was difficult to achieve. In discussions with staff it was regularly mentioned that it was a challenge to provide quality care when staff were dissatisfied with wage levels. This means that people cannot be confident that they are cared for by competent, knowledgeable staff who are supported effectively to ensure their needs will be met.

We were provided with the annual evaluation of the service for 2016 and saw evidence that relatives and professionals were consulted on the quality of care, but there was no inclusion of people living at the home involved in assessing the quality of care. One relative told us that they "*have a good relationship with the staff at the home*" and another stated that "*I can phone at any time*". However, another relative stated that "*communication could improve*". Auditing practices at the home were inconsistent, with limited analysis of the detail. The Medication audit for 2017 consisted of bar charts but no narrative. At the time of the inspection we contacted relatives to discuss their views on the quality of the service and the feedback on the whole was very supportive of the service and the staff.

The monitoring and review of the quality of the service contained very little information of the outcomes people experienced at the home and the samples viewed were inconsistently completed. The regional director of the service completed a 'manager's quality assurance tool' which asked about the experience of people living at the service and also asked about the experience of people working at the service. However, records showed limited detail about this in the report seen by inspectors. The quality of care report also referred to staff supervision; people's activities and a capital and major revenue budget.

We found there is lack of commitment to, and evidence of, driving continuous improvement with robust transparent systems in place to assess and monitor the quality of the service, in relation to outcomes for people, which includes feedback from people using the service. The quality of governance and quality assurance arrangements are not robust and there has been a lack of oversight and monitoring to ensure that people receive a good standard of care and are safeguarded and protected appropriately. Whilst we saw a range of quality assurance and auditing practices in place and reports that confirmed quarterly visits were being carried out by the responsible individual and the governance team. However, these lacked rigor and effective remedial action being taken to address any shortfalls. This means that people are not living in a home where there are robust and effective governance arrangements, to ensure they receive a good standard of care and where their welfare is safeguarded effectively.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

None

5.2 Areas of non compliance identified at this inspection

Non Compliance Notice

Regulation 10 (1)

This is because the registered provider has not had regard to the number and needs of people in the care home and has not carried on the care home with sufficient care, competence and skill. The registered provider has failed to ensure that there is a consistent staff team. The registered person must ensure that there is good governance and over sight of the home, that management is provided at all times and that people's needs are considered in the planning and resourcing of the home.

We therefore issued a non compliance notice with regard to Regulation 10 (1)

Regulation 12 (1)

The registered person shall ensure that the care home is conducted so as -

- (a) to promote and make proper provision for the health and welfare of service users;
- (b) to make proper provision for the care and, where appropriate, treatment, education and supervision of service users.

We found that few activities were being carried out individually; activities that people had identified as being enjoyable or important to them were not being carried out on a regular and consistent basis; activity plans were not being followed and people did not always have the financial means to carry out activities.

There was no evidence that authorisations had been granted, or requested, under the Deprivation of Liberty Safeguards to ensure that any restrictions placed on people are both lawful and proportionate.

The provider is required to carry out a review of people's needs and wishes to ensure that activities are planned and delivered in a consistent and supportive way. Also to demonstrate full compliance by ensuring referrals are submitted for all people in accord with the Deprivation of Liberty Safeguards.

We therefore issued a non compliance notice with regard to Regulation 12 (1)

Regulation 24 (2) (b) (d) (o)

(2) The registered person shall having regard to the number and needs of the service users ensure that—

(b) The premises to be used as the care home are of sound construction and kept in a good state of repair externally and internally;

(d) All parts of the care home are kept clean and reasonably decorated;

(o) external grounds which are suitable for, and safe for use by, service users are provided and appropriately maintained;

This is because:

- 1) there was evidence of some mould within the home; parts of the home were in need of repair and parts of the kitchen could be an infection control risk. The windows in the kitchen were in a poor condition.
- 2) Some of the carpets were in need of deep cleaning and/or repair
- 3) Areas of the external grounds were not appropriately maintained and safe for use by service users such as the rear garden being overgrown and raised vegetable bed not being maintained.

We therefore issued a non compliance notice with regard to Regulation 24 (2) (b) (d) (o)

Regulation 25 (3)

The annual quality of care review should consider the views of people who live at the service. Regulation 27 visits by the responsible individual and the annual quality report but these lacked sufficient detail and rigour.

We therefore issued a non compliance with regard to Regulation 25 (3)

6. How we undertook this inspection

We undertook a scheduled full inspection of the service looking at the four themes. Two inspectors visited the care home on Wednesday 20th September and Thursday 21st September 2017. The methodology used at this inspection included:

During the inspection we spoke with the following:-

- Three (3) people living at the home;
- Four (4) relatives;
- Five (5) staff;
- The interim manager;
- The Project Director;
- Maintenance Manager;
- Social Care Professional.

We looked at:

- Three care records of people living in the home;
- Five staff files;
- The Statement of Purpose;
- The maintenance File;
- The annual quality report;
- The reports of Regulation 27 visits.

In addition, we

- Toured the property;
- The Short Observational Framework for Inspection (SOFI) was used during inspection. The SOFI tool enables inspectors to observe and record care to help us understand the experience of people who cannot communicate with us. However, observations were also noted of interactions in the home and recorded.
- More informally observed interactions between people and the staff supporting them.

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
Registered Person	Swanton Care & Community (Maesteilo Care Homes) Ltd
Registered Manager(s)	Rhyannon Evans
Registered maximum number of places	8
Date of previous CSSIW inspection	17/03/17
Dates of this Inspection visit(s)	13/09/2017
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	No
Additional Information:	

Care and Social Services Inspectorate Wales

Care Standards Act 2000

Non Compliance Notice

Adult Care Home - Younger

This notice sets out where your service is not compliant with the regulations. You, as the registered person, are required to take action to ensure compliance is achieved in the timescales specified.

The issuing of this notice is a serious matter. Failure to achieve compliance will result in CSSIW taking action in line with its enforcement policy.

Further advice and information is available on CSSIW's website
www.cssiw.org.uk

Dan y Graig Care Home

Four Roads
Kidwelly
SA17 4SW

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Quality of leadership and management

Non-compliance identified at this inspection and action to be taken

Description of Non Compliance / Action to be taken	Timescale for completion	Regulation number
The provider is non compliant with Regulation 10. The registered provider must evidence to CSSIW how they are meeting their statutory duties.	30-Oct-2017	Regulation 10 (1)

This is because the registered provider had not ensured that there was sufficient governance of the home.

The evidence (e.g. what documents were examined)

Observations during the inspection on 20th and 21st September 2017 include:

Review of five staff files.

Review of a sample of six weeks of the staff rota.

Review of care files of three people living in Dan Y Graig.

Review of agency arrangements for the period of the sample of staff rotas.

Review of the statement of purpose.

Review of the Governance and Quality Policy.

What the evidence shows:

- 1) The acting manager did not possess the required level 5 QCF.
- 2) Instead of four team leaders there were only two in post and one of the two was acting up into the role of manager.
- 3) There were no effective governance arrangements in place to monitor the quality of the service.
- 4) There was no current Statement of Purpose for staff to refer to, to ensure they were carrying out their duties in full accord with the values of the organisation.
- 5) Staff were unaware of the values and goals of the service.

The impact on people using the service is

The impact for people is they cannot be confident the business is well run and where quality and other measures are monitored that this is acted upon. Also people cannot be confident that staff are employed in sufficient numbers and with the required skills and qualifications to meet their needs.

People cannot be satisfied that there are adequate management arrangements in place to support the concerns identified within the service and ensure that the service is run with sufficient, care competency and skill and that people are receiving a service which is safe.

Quality of Life

Non-compliance identified at this inspection and action to be taken

Description of Non Compliance / Action to be taken	Timescale for completion	Regulation number
The provider is non compliant with Regulation 12. The registered provider must evidence to CSSIW how they are meeting their statutory duties.	30-Oct-2017	12 (1)

This is because activities that people had identified as being enjoyable or important to them were not being carried out on a regular and consistent basis.

List the evidence (e.g. what documents were examined)

Review of care files of three people living at Dan Y Graig.

Review of Activity Plans.

Activities that people had identified as being enjoyable or important to them were not being carried out on a regular and consistent basis.

Trips out to the supermarket or drives in the home's vehicle were being considered as activities.

What the evidence shows

1) One person had identified going swimming and to bikeability as things they liked to do. We saw these activities were recorded on the activity plan but the records indicated the person had not been swimming and had attended bikeability once in three months.

2) People had attendance at the day centre scheduled on their weekly activity planner but not all people could attend due to staffing and transport.

3) One person had a goal to participate in more physical activities but the records indicated that the person had only been to the hydrotherapy pool twice and for a walk twice in three months.

4) Staff told us that because people's personal allowance is limited to £26 a week, they did not always have the money to participate in the activities of their choice.

5) Only two of the eight people had been assessed, and had valid authorisations for the lawful deprivation of any liberties.

Impact

The impact for people is they cannot be confident that the things they have identified as being important are taking place; that people's right to exercise choice over aspects of their support are limited due to staffing or financial reasons and that people may not have the legal safeguards in place to ensure they are living at the home under the proper legal authority.

Quality of Environment

Non-compliance identified at this inspection and action to be taken

Description of Non Compliance / Action to be taken	Timescale for completion	Regulation number
<p>The provider is non compliant with Regulation 24.</p> <p>The provider is required to ensure a system is introduced to monitor the fitness of the premises and that any shortfalls are addressed in a timely manner. The provider is required to prepare a written action plan with dates when the work will be completed.</p>	27-Nov-2017	Regulation 24 (2) (b) (d) (o)

This is because the external grounds were not appropriately maintained and safe for use by service users such as the rear garden and the raised vegetable bed not being maintained. Internally, the spacious communal areas would benefit from updating and making the activities room more up to date and fit for purpose. A discussion with the interim manager, staff and relatives all recognised the need for refurbishment and the need to manage risk within the environment.

The evidence (e.g. what documents were examined)

Review of the environment

Review of five staff files.

Discussion with staff and the interim manager.

Discussion with the Maintenance Officer.

Discussion with the Project Director.

Review of the care files of three people living at Dan Y Graig.

Discussion with four relatives of people living at the home.

Review of the Statement of Purpose.

What the evidence shows

- 1) The outside area at the side and back of the home was very over grown and could not be used by people.
- 2) We were told that requests had been made for the purchase of a more suitable lawnmower and strimmer but these had not been approved.
- 3) The window in the main kitchen was in a poor condition with evidence of previous attempts at repairs.
- 4) The flooring in the kitchen around the oven had been badly fitted and as a result food debris was evident under the oven where the flooring stopped.
- 5) The carpet in the lounge was badly worn
- 6) One of the sofas in the lounge was broken and staff said this had been reported to management.
- 7) The temperature in the activities room was cold and staff told us this was an ongoing problem in that room.

- 8) The carpet on the landing was badly stained and staff told us they did not know if the stain was coffee or faeces.
- 9) The base of the shower in the staff sleep-in room had areas of mould.

The impacts for people are:

They cannot be confident the physical environment meets the required standards of hygiene. They cannot fully benefit from use of the extensive grounds.

Their comfort is not assured.

They cannot be assured that the provider is operating in full accord with the Regulations and national Minimum Standards

Quality of leadership and management

Non-compliance identified at this inspection and action to be taken

Description of Non Compliance / Action to be taken	Timescale for completion	Regulation number
The provider is non compliant with Regulation 25. The registered provider must evidence to CSSIW how they are meeting their statutory duties.	30-Oct-2017	Regulation 25 (2)

This is because at the annual quality of care review should consider the views of people who live at the service. This was because the home consults with people who live at the service and their representatives but does not include this in the annual quality of care review.

The evidence (e.g. what documents were examined)

The Quality of care report 2016.
The Provider Visit Reports 26/07/17
Governance and Quality Policy.
Relatives Telephone Questionnaire (CSSIW)

What the evidence indicated:

During the inspection on Wednesday 20th September and Thursday 21st September 2017 we found that systems for quality assurance including the Regulation 27 visits by the responsible individual and the annual quality review report lacked detail and sufficient robustness.

The quality of monitoring and governance arrangements are not robust and there has been a lack of oversight to ensure that people receive a good quality of care and are safeguarded and protected appropriately.

There was no evidence in the sample of files viewed that people living in the home were consulted on the assessment of the quality of care at the home.

There was no evidence of people being involved in any exercise to establish the wishes and feelings with regards to their experience living at the home.

The impact on people using the service is:-

People who live at the home are not able to contribute to the decision making process at the home.

People who live at the home do not have a say in deciding on the future developments at the home.

People who live at the home do not receive a good standard of care and are not safeguarded and protected appropriately.

Please evidence below the non compliance.