

## Care and Social Services Inspectorate Wales

Care Standards Act 2000

# Inspection Report

Llys Newydd Care Centre

Heol Lotwen  
Capel Hendre  
Ammanford  
SA18 3RP

Type of Inspection – Focused

Dates of inspection – Wednesday, 6 May and 6 June 2015

Date of publication – Monday, 20 July 2015

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## Summary

### About the service

Llys Newydd is registered with Care and Social Services Inspectorate Wales (CSSIW) to provide personal care and accommodation for up to 35 older persons over the age of 65; 25 of whom may have mental infirmity. At the time of the inspection there were 30 people being supported within the home.

The home is purpose built and is set within a rural village of Capel Hendre, which is close to the village of Crosshands. The home is owned by HC One Limited. The registered manager with day to day responsibility for the home is Wendy James, she is currently absent from the service and a temporary manager has been appointed.

### What type of inspection was carried out?

The Care and Social Service Inspectorate Wales (CSSIW) carried out an unannounced focussed inspection on the 6 May 2015. This focused inspection looked at the quality of life of people living at the home and checked whether the registered persons had addressed the two (2) non compliance issues, one (1) notification issues and good practice recommendation issued at the last inspection.

A second inspection visit occurred on Saturday 6 June 2015; following CSSIW receiving concerns about the management of the service. We partial upheld the concerns.

During the visits we spoke with the 5 people using the service, 13 members of staff who were on duty. On the first day of the inspection we spoke to the registered manager and deputy manager. During the inspection we examined a sample of documentation, and case tracked the files of five people who use the service, chosen at random.

The following methodologies were used:

- Review of the action plan provided by the registered person
- Review of staff rota's
- Review of staff training
- Observation of 4 service users using the Short Observational Framework for Inspection (SOFI) tool. The SOFI tool enables inspectors to observe and record life from a service user's perspective; how they spend their time, activities, interactions with others and the type of support received
- Feedback from two professionals who commission the service
- Feedback from staff questionnaires
- Feedback from 4 people's relatives

### What does the service do well?

This inspection identified that there were no significant areas of good practice that were

over and above the regulations and national minimum standards.

### **What has improved since the last inspection?**

The last inspection which occurred on the 16 October 2014 highlighted two (2) areas of non-compliance, one (1) notification and six (6) good practice recommendations. There have been some improvements as follows:

- An allocation system has been introduced to ensure the smooth running of the home.
- We found some evidence that peoples relatives have been invited to peoples care reviews.
- We were advised that arrangements at meal times have been reviewed with people using the service.
- Training delivered on dementia care and behaviour management was supported by a community psychiatric nurse.

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

#### **Previous non-compliance notice issued that have now become a notification**

##### **Regulation 17 (3)**

At the last inspection the service was non compliant with regulation 17(3) this was because we found that residents care files lacked detail or information was absent. This effected how staff supported people with behaviour needs.

Following the recent inspection we can confirm that care plans and risk assessments had recently been reviewed and separate working files have been introduced to give staff a brief overview of peoples needs. Not all documentation we reviewed was signed and dated and we continued to find no information in peoples files around the management of behaviours. We had further discussion with the interim manager about this who advised that since staff have received the training, that their approach and understanding has improved which has had positive impacts on people's behaviours. Whilst this improvement is positive we would still expect care plans to be in place to highlight peoples triggers and to direct staff on how to support people in the event of a behaviour incident.

On the second day of the inspection, we reviewed two further care files and found that the care plans on behavior management lacked detail. We continued to find that documentation lacked a person centered approach; however, was advised that this is currently being reviewed.

**We can therefore advise that this has been partly achieved and notified the service that there continues to be issues that need to be addressed. These matters will be followed up at the next inspection.**

### **Regulation 18 1(a)**

At the last inspection the service was non compliant with regulation 18 1(a) this was because we found that the registered person did not provide the appropriate numbers of suitable skilled, competent and experienced carers to meet the health and welfare needs of the people living at the home. We found that the number of people living at the home had recently increased from 27 to 33; however, the level of staff remained unchanged. We found that the home had no dependency tool to reflect the needs of people in the home and identify the number of staff required to support these needs over a 24 hour period.

We can confirm that the home has carried out a dependency tool and increased their staffing levels; however because staff have increased responsibilities within the home the impact has been limited.

**We notified the registered person that this has been partly achieved. These matters will be followed up at the next inspection.**

### **Regulation 18 (1)(a)**

At the last inspection we found that not all staff had the relevant training to support the needs of people using the service. We found that all training provided for staff was online and following feedback from the staff it was clear that their understanding of dementia, behaviour management, Deprivation of liberty safeguards (Dols), mental capacity and best interest was poor.

Following the recent inspection we can confirm that the home has started to supplement online training with practical based training within Dols, mental capacity, dementia, best interest and behaviour management. Just under half of the staff team have received supplementary training.

**We notified the registered person that this has been partly achieved. These matters will be followed up at the next inspection.**

### **Good Practice Recommendation from this inspection:**

- The format of documentation to be reviewed to ensure that it supports a person centred approach.
- Systems need to be introduced to monitor the hours worked by staff.
- The registered person should review the use of online staff training within the home.
- Assistive technology to be used in the home to allow staff to call for assistance when there may be periods when they are unable to reach the nurse call bell.
- We would recommend that senior managers hold a staff surgery.
- Staff would benefit from receiving further training in dementia care and physical

intervention training.

- Staff would benefit from mentoring around report writing.
- Visible information to be available to staff, people using the service and their relatives about who they can raise concerns or complaints to.
- Review staffing levels at night.
- Process to be introduced to ensure that there is sufficient staff on duty to cover periods of sickness and absence.
- The complaint process must be accessible to service users and their family.
- The registered persons must review staffing issues to address concerns that were raised regarding staff morale.

## Quality Of Life

Since the last inspection there has been some minor improvements to the care that people should expect to receive, this is because we found that staff had received greater direction, were given responsibility for the running of the home, staff training had improved and we found that there were increased numbers of staff on duty to support the people within the home.

People can be assured that consideration has been given to the needs of people within the home and staffing levels have been adjusted. We were provided with a dependency score that assessed the individual needs of people using the service and were advised that staffing levels have increased within the home, even though the number of people being supported has been reduced.

We found that staffing levels have improved and observed that an additional member of staff was rotated between 7am -12pm and that staffing rotas during weekends were now consistent with those offered during the week. Staff that we spoke to commented that whilst there were additional staff rotated that due to sickness and staff having additional responsibilities for paper work, the impact for people was limited. This was also reflected by a relative who commented that staff seem busy doing paper work; but felt that this took them away from people living at the home. On the second day of the inspection we observed that there were five members of staff on duty, as one person had phoned in sick and staff had the additional responsibility of covering kitchen duties. We therefore would recommend that staffing levels within the home are further reviewed and clear processes are put in place to direct staff about what to do in the event of staff sickness. People who we spoke to commented that when staffing levels allowed that they were encouraged to sit down and talk to people

During the inspection we observed peoples experience at meal times; at the last inspection we found that meal times were chaotic and observed that care staff were feeding two (2) people at once. We observed improvements during this inspection, the environment appeared calmer and we were told that people now receive the required support at meal times. Since the last inspection we found that peoples views have been sought on meal times within the home; whilst we found that people choice for lunch time remain unchanged, the period when breakfast is available has extended and people are also offered a cooked breakfast. People continue to express satisfaction with the quality and choice of food.

During the inspection we reviewed five (5) peoples care files and found that peoples care files had recently been updated and staff had access to a separate working file that provided them with an overview of peoples needs. We continued to find that people who presented with behaviour difficulties did not have plans in their files to direct staff on what causes them to become challenging and what staff need to do to reduce the risk of this occurring. We continued to find that peoples care plans were not person centred however, we were advised that this is currently being reviewed.

Overall we found that some progress has been made to address the concerns raised at the last inspection and found that systems are in the process of being introduced to improve the quality of the service however, we have found the progress made regarding training and documentation to be slow.

## Quality Of Staffing

The focus of this inspection was on quality of life and CSSIW did not focus on this theme; however, we did make the following observations.

People can have more confidence that staff are starting to have a better understanding of how to meet their needs; this is because we found that just under half of the staff team had received additional practical based training to allow them to have a better understanding of people's behaviour and sensory needs. This included staff trying specialist glasses to allow them to understand the needs of people with visual loss and perception difficulties. We were told that the increased understanding of peoples needs has had a positive effect on their behaviour, staff understanding and confidence. Currently the training has been delivered to just under half of the staff team and we understand that there are dates to train the remainder of the staff.

On the second day of the inspection we spoke to staff who commented that there were periods when they did not have the skills to support a number of the residents within the home. This was also reflected by a persons relative, who commented that they were not confident in staff's understanding on dementia and felt that they had to visit the home frequently to ensure that theirs relatives care and nutritional needs had been meet. We therefore recommend that staff receive further behaviour management training, including physical intervention training and that a person centred approach is adopted to allow staff to have a better understanding of peoples needs; which will assist in the management of people's behaviours. We would further recommend using assistive technology to support staff during twilight hours.

## Quality Of Leadership and Management

The focus of this inspection was on quality of life and CSSIW did not focus on this theme; however, we did make the following observations. The registered manager is absent from the service and interim management arrangements have been introduced, the temporary manager is registered with the Care Council and has the appropriate qualifications and experience to run a care setting. Since the last inspection we found that allocations systems have been introduced to ensure greater accountability and ensure the smooth running of the home.

Some staff reported improvements to the management of the home; however, the remainder of the staff expressed that whilst there had been some improvements to the quality of life for people residing at the home they expressed dissatisfaction with communication and conditions for staff. We were advised that this has resulted in an increase in staff sickness and low staff morale.

The staff and relatives that we spoke with were unaware of whom to raise concerns to within the organisation.

## **Quality Of The Environment**

The focus of this inspection was on quality of life and CSSIW did not focus on this theme; however, we did make the following observations. People who we spoke to commented that the allocation system and the purchase of new cleaning equipment have resulted in a better standards of cleanliness within the home.

## How we inspect and report on services

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

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

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

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

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

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

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

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

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

