



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

# Inspection Report on

**Llys Newydd Care Centre**

**Heol Lotwen  
Capel Hendre  
Ammanford  
SA18 3RP**

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## **Description of the service**

Llys Newydd Care Centre provides 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 Registered Provider is HC One Limited and there is a responsible individual who visits the home on a regular basis. The manager with day to day responsibility for the home has applied for registration with CSSIW.

## **Summary of our findings**

### **1. Overall assessment**

People receive a good service and are supported by caring staff that have a good understanding of their needs. Management and staff were professional, well trained, motivated and complimented by both relatives and people living at the home.

We saw people are actively engaged in activities of choice. This is both within the home and the wider community, supported by staff that promote independence and understand their individual needs. The accommodation ensures people are safe, warm and secure. However, more focus on improving the internal environment would benefit the people living in the home.

### **2. Improvements**

This was a focused inspection concentrating on the well-being and leadership and management of the home. As such and as the last full inspection was only carried out on the 28 Sept 2017 not all regulatory requirements have been fully addressed, or all recommendations implemented.

However, there was evidence of improvements since the last inspection. These include appropriate staffing levels for people living at the home over a two week period prior to this inspection. The manager has reviewed and fully implemented the natural sleep policy. We saw people were able to sleep at a time of their choosing. In addition staff were actively implementing the policy. We saw service user meeting minutes which demonstrated actions and improvements based on people's views.

### **3. Requirements and recommendations**

Section five of this report sets out our recommendations to improve the service. These include the following:

- Premises: To undertake a comprehensive de-cluttering programme of the home and remove any unwanted items.
- Record keeping: To ensure all files of people living at the home are stored in a locked environment.
- Premises: To undertake a review of the layout out of the laundry room and the process currently being used.
- Safe working practices: To complete a review of everyone living in the home in relation to the use of the electronic call system (ensure this is reflected within care plans/ risk assessments).
- Service user plan: To ensure all care plans and risk management documentation is reviewed in appropriate timescales.
- Service user plan: To ensure care plans for people under deprivation of liberty safeguards (Dols) reflect their situation and the impact of having control measures in place.
- Service user plan: To ensure documentation is consistent and accurate in relation to people's skin integrity.
- Service user plan: To review care planning documentation with the aim to develop a more person centred approach, clearly stating the goals and aspirations of people.

# 1. Well-being

## Summary

People live in a warm happy home and feel they belong. People can access a wide range of activities of their choice and are actively involved in their communities. Staff are caring, professional and continue to ensure people have a good quality life.

However, the home would benefit from more focus placed on the internal environment. We recommend a comprehensive de-cluttering programme of the home is carried out and any unwanted items removed. Also, to undertake a review of the current layout out of the laundry room and the current process.

## Our findings

Overall people benefit from a well maintained environment that is welcoming, homely and where they feel safe. We entered the home via the main entrance and were requested to sign the visitor's book. We saw the manager's office was ideally located as it was opposite the main entrance. The door of the manager's office was open on entering the home. The manager appeared to have developed good relationships as they were seen speaking to people and their relatives throughout the course of the inspection. We saw the downstairs communal lounge and dining area had recently been re-decorated and refurnished. We saw both areas were light, airy and provided an uplifting environment for people to enjoy. People were seen eating their breakfast on nicely laid tables. Breakfast included fresh fruit, toast, cereal, eggs or cheese on toast. One person was heard saying *"what a lovely cup of tea"*. Another said *"it's like home from home"*.

The communal lounge was also a popular location for people to meet and socialise. We saw a number of relatives visiting the home throughout the course of the inspection. They were always offered refreshments. A relative told us *"we are always made to feel welcome, staff are always so friendly"*. We saw staff were always on hand if people needed assistance. We observed staff providing blankets to people who were cold, or were sleeping in chairs within the communal areas. In addition we saw staff assisting people into their favourite chairs. This assistance included the use of hoisting equipment. This was done safely and with sensitivity.

However, on a full guided inspection of the home we saw a number of areas that required further attention. There were two communal bathrooms with high-low bathing facilities that were out of order. These had been reported and since been followed up by the manager. There were also bags of clothing in the shower tray of one bathroom that required removal. In addition the upstairs communal lounge had become a staff storage area and office space, and was inaccessible to people living in the home. This room was also used for

storing confidential care planning documentation for people living at the home. Files were being stacked on the floor of the room. The room was also found to be unlocked. This was immediately locked by the staff member showing us around. These issues were later discussed with the manager who assured us these areas would be addressed as a matter of urgency. We were also shown the laundry area. This area was functional but had only one entrance for bringing both the clean and dirty laundry through. Although this was not ideal we found the area to be cluttered and lacking a clear system of work. As this could present a significant risk to people's health and well-being through cross-contamination we recommended the current system be reviewed as a matter of urgency. The evidence shows that people experience warmth and belonging in a home where people enjoy living. However, this would be further improved with more appropriate storage areas, a quicker response to maintaining bathing facilities and a review of the laundry service.

People are encouraged to be involved in activities both in the home and the wider community. The home employed an experienced activities coordinator. They were passionate about making a positive difference to the lives of people. They told us they placed great importance on ensuring people were involved in activities of their choice. Also that people were encouraged to be involved in exercise. They told us every morning they facilitated a light exercise class. We saw both people and staff were part of this activity, of which they clearly enjoyed. One person told us *"I look forward to this and get involved every day"*. We saw an activities board, located in the main corridor. A number of activities had been arranged for the coming weeks. These included lunch at a local pub, attending a pantomime, aromatherapy, a visit by local school children and a world food testing event. One person told us *"I enjoy tasting food from around the world"*. The activity coordinator told us the food had been from countries such as India and Spain, and was a monthly event. The person was also keen to tell us about their regular weekly trip to the pub. People were also engaged in individual activities. We saw the activity coordinator assisting a person to make Christmas cards. These were sold to people visiting the home, in order to raise money for the resident social fund. They told us they placed great importance on daily interactions as well as the more organised activities. This was demonstrated throughout the inspection. Therefore, people are stimulated and have a wide range of things to look forward to.

People receive proactive care and support where their individual needs and preferences are understood and anticipated. We looked at the records of four people living at the home. We found pre-assessment and admission information to be detailed and clearly recorded. We saw care plans and risk assessments provided good information and covered a range of areas. These included personal care, mobility, medication, skin integrity and social activities. However, reviews were inconsistent and not always being carried out on a monthly basis. Care plans were also very much task based, and did not reflect the goals and aspirations of the person.

We found the service placed great importance on maintaining the health and well-being of people. We saw records showing the diet, nutrition and hydration of people were regularly

monitored and any risks clearly identified. We saw a number of people had in place a malnutrition universal screening tool (MUST) to monitor their nutrition. In addition people had been assessed to determine their risk of developing a skin breakdown. However, the presence of any wounds was not always clear. This is because body maps did not correspond with the information contained within the care plans we viewed. We saw an electronic call system in each room for people to contact staff. However, there was no information recorded in care plans or risk assessment documentation in relation to their ability to use this system for assistance or in the event of an emergency. We recommended that a review of everyone living in the home be carried out, with outcomes being clearly recorded. This would include any additional support or equipment being used. We saw Deprivation of Liberty Safeguards (DoLS) standard authorisations in place that were well organised and being reviewed at appropriate intervals. However, care plans did not reflect their situation and the impact of having control measures in place. Therefore, people receive appropriate, person centred care but further focus is required to ensure documentation reflects the person's current circumstances.

## 2. Leadership and Management

### Summary

The manager dedicates a significant amount of time providing support to both staff and people living at the home. People see visible accountability and a team with shared values who want to enhance the lives of people.

### Our findings

People are aware of the lines of accountability and leadership as the manager is visible, approachable and treats people with respect. Throughout the inspection we saw the manager engaging with people, relatives and staff throughout the home. We saw they had good knowledge of everyone living at the home and were regularly seen sitting and talking to people. We saw relatives actively discussing the care and support of their family members. A relative told us *“the manager is very approachable”* and *“they are regularly seen sitting with residents and their families”*. They continued to tell us their relative had recently moved into the home. They were very complimentary on the moving in experience, and felt their relative had settled extremely well.

We spoke to a number of staff that were overall very positive about the management and culture of the home. There was a relaxed, positive atmosphere at the home. Staff told us *“the culture has improved”* and *“the manager is very approachable and made a big difference”*. However, one member of staff felt that the manager *“could listen to their opinions more often within team meetings”*. The manager told us they held management surgeries on a monthly basis. We saw dates noted on an information board for the following three months. This we were told was an opportunity for people and their relatives to discuss any worries or concerns with the manager. Therefore, the management create a positive ethos and culture, whereby people are treated with respect.

Staff are valued, supported and provided with a range of training and development opportunities. One member of staff said *“it’s brilliant here, best it’s been in years”* and *“I now look forward to coming to work”*. They also told us *“I now feel listened to and can air any concerns confidently”*. We also spoke to a member of staff responsible for cleaning the home. They too were very complimentary of the manager, and felt the home a better place to work. We were told that “flash meetings” were held on a daily basis. This was an opportunity for management and staff to share information. In addition staff meetings were chaired by the manager and held on a bi-monthly basis. We were provided with records of the last two meetings. The minutes were detailed and included clearly recorded actions, which were followed up at the next meeting. Staff were complimentary on the training they received. We were provided with a training matrix. We saw staff attended a range of training both through e-learning and a classroom based approach. This included person

centred care, falls awareness, mental capacity and deprivation of liberty safeguards, dementia care, continence care and promoting healthy skin. Staff, therefore, are well trained and provided with good management support.

### **3. Improvements required and recommended following this inspection**

#### **3.1 Areas of non compliance from previous inspections**

This was a focused inspection concentrating on the well-being and leadership and management of the home. As such and as the last full inspection was only carried out on the 28 Sept 2017 not all regulatory requirements have been fully addressed, or all recommendations implemented.

#### **3.2 Areas of non compliance identified at this inspection**

None

#### **3.3 Recommendations for improvement**

We recommend:

- To undertake a comprehensive de-cluttering programme of the home and remove any unwanted items.
- To ensure all files of people living at the home are stored in a locked environment.
- To undertake a review of the layout out of the laundry room and the process currently being used.
- To complete a review of everyone living in the home in relation to the use of the electronic call system (ensure this is reflected within care plans/ risk assessments).
- To ensure all care plans and risk management documentation is reviewed in appropriate timescales.
- To ensure care plans for people under deprivation of liberty safeguards (Dols) reflect their situation and the impact of having control measures in place.
- To ensure documentation is consistent and accurate in relation to people's skin integrity.
- To review care planning documentation with the aim to develop a more person centred approach, clearly stating the goals and aspirations of people.

#### **4. How we undertook this inspection**

This was a focused inspection undertaken following concerns raised about the well-being and quality of leadership and management within the service. We considered both areas as part of the inspection. We made an unannounced visit to the home on 30 November 2017 between 9.30a.m to 3.30p.m. The following methodologies were used to inform the inspection.

- Discussion with the registered manager and quality assurance manager;
- An inspection of four files of people living at the home (including care/ support plans, risk assessment documents, deprivation of liberty safeguards authorisations and medication charts)
- Discussions with four care staff and the activity coordinator;
- Discussions with seven people living at the home;
- Feedback from family members of people living at the home;
- Analysis of the statement of purpose and service user guide;
- Observations of staff interactions with people?; and
- A visual inspection of the home and garden area.

Further information about what we do can be found on our website [www.cssiw.org.uk](http://www.cssiw.org.uk)

## About the service

<b>Type of care provided</b>	<b>Adult Care Home - Older</b>
<b>Registered Person</b>	<b>HC-ONE Ltd</b>
<b>Registered Manager(s)</b>	
<b>Registered maximum number of places</b>	<b>35</b>
<b>Date of previous CSSIW inspection</b>	<b>28/09/2017</b>
<b>Dates of this Inspection visit(s)</b>	<b>30/11/2017</b>
<b>Operating Language of the service</b>	<b>English</b>
<b>Does this service provide the Welsh Language active offer?</b>	<b>Yes</b>
<b>Additional Information:</b> <b>There is an interim manager in place that is appropriately qualified and is currently in the process of registering with the CSSIW.</b>	