



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

Care and Social Services Inspectorate Wales

Care Standards Act 2000

Inspection Report

Coleg Elidyr Care Home

Rhandirmwyn
Llandovery
SA20 0NL

Type of Inspection – Focused

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Summary

About the service

Coleg Elidyr is registered with the Care and Social Services Inspectorate Wales (CSSIW) to provide accommodation and personal care for up to 53 people with learning disabilities.

The service is owned by Coleg Elidyr Camphill Communities, Carmarthenshire. The responsible individual is David Sibbons and the registered manager, with day to day operational responsibility, is Huw Sparkes.

There are six homes set within a 180 acre site which is located in a rural area, a few miles outside the town of Llandovery. The individual houses provide accommodation for between four and nine people.

The homes offer residential support to people for between 38 – 48 weeks depending upon the type of educational plan the person is undertaking, and can also be extended if required. At the time of the inspection, there were 42 students living at the college.

As well as being inspected by CSSIW, the home is also inspected by Estyn and Ofsted.

What type of inspection was carried out?

This was a scheduled inspection to consider the progress made in respect of the non-compliance notices; the notifications of non-compliance and the good practice recommendations issued following the baseline inspection that was carried out in June and July 2014 and looked at the quality of life of individuals living in the home.

During the inspection we used the following methodologies:

- One unannounced visit to Nantgwyn, Ty Iori and the Farm House
- Discussion with the manager
- Discussion with eight care staff
- Discussion with five people
- Observation of interaction between staff and people living in the home
- Inspection of five sets of care records including care plans and medication charts
- Review of staff and residents meetings
- Review of the quality assurance monitoring visits
- Review of the Statement of Purpose
- Review of the homes quality assurance process
- Discussion with two professionals who visit the service

What does the service do well?

The inspection considered the quality assurance processes demonstrated rigor; transparency and a clear commitment to the improvement of services. The home continues to positively support people who have communication needs.

What has improved since the last inspection?

At the last inspection, we found that the service was non-compliant in two(2) areas; issued

four(4) notifications and made twelve (12) good practice recommendations.

Progress against these are as follows:

Non – compliance notices

Regulation 13(4)(a)

At the last inspection we issued non compliance with Regulation 13(4)(a) because the Farm House and Nantgwyn were not free from unnecessary risk. At the current inspection we found that chemical's subject to COSHH were all stored within the required locked cupboard, window restrictors had been fitted and the concerns we had around fire safety arrangements have been addressed. There are signs in place to notify people about hot water temperatures, risk assessments have been carried out around water temperatures and water temperatures are being monitored to identify areas where thermostatic valves need to be fitted.

We can therefore advise that compliance has been achieved.

Regulation 24 (2)(b)

At the last inspection we found that bathrooms within the Farmhouse and Nantgwyn were in a poor state of repair. At the current inspection we found that the bathrooms in Nantgwyn have been refurbished and bathrooms in the Farmhouse were undergoing refurbishment. For bathrooms that had not been refurbished we saw that grouting and sealants had been replaced.

We can therefore confirm that compliance has been achieved.

Notifications

Regulation 13(3)

At the last inspection we found that measures were not in place to prevent the spread of infection within the Farm House, Nantgwyn and Gardevias. At the current inspection we found that soap dispensers had been installed, peoples personal toiletries and towels were being stored to minimise the risk of cross infection. The quality improvement plan stated there was a food hygiene guide available in the kitchen to ensure the correct chopping boards were used for different food groups and that new bath panels had been fitted to Gardevias

We can therefore confirm that compliance has been achieved.

Regulation 24 (2) (d)

At the last inspection we found that the Farmhouse, Nantgwyn and Ty St Barbe were not reasonably decorated. At the current inspection we observed that Nantgywn had been redecorated and new carpets fitted. Areas within the Farmhouse had undergone painting and we were told that other areas have also been refurbished.

We can therefore confirm that compliance has been achieved.

Regulation 4 (1)

The statement of purpose has been reviewed and contains the required information.

We can therefore confirm that compliance has been achieved.

Regulation 18 (1) (A)

At the last inspection we found that the service was reliant on volunteers to perform staff duties. At the current inspection we found that the ratio of paid staff has increased with there always being a paid carer on duty within each of the six homes and that volunteer's

work alongside paid staff. The manager told us that only paid staff carry out one to one support with people and administer medication. Staff and volunteers we spoke with confirmed this. Guest volunteers continue to reside within the homes but we understand that there are plans in the future to house volunteers separately.

We can therefore confirm that compliance has been achieved.

Good practice recommendations

We were assured by the manager, that all of the good practice recommendations made have been put in place. The manager was receptive to the comments we made as they were focused on improving the quality for people living at the college, as well as staff who worked there.

What needs to be done to improve the service?

We have not issued any non-compliance notices on this occasion, however we made the following recommendations:

- Systems should be introduced to support people to self administer their own medication. The National Minimum Standards for Younger People (20.1) states “The registered person and staff encourage and support service users to retain, administer and control their own medication, within a risk management framework”.
- The service needs to review its practice with regard to the administration of homeopathic and over the counter medication and considers a discussion with a person’s GP to ensure there are no contra-indications to their administration.
- The manager considers adding an additional column to the medication audit tool to allow for discrepancies to be recorded. An up to date photograph should be attached to each person’s medication card.
- We would recommend that staff rota’s clearly reflect the minimum number of staff and volunteer’s that should be on duty.

Quality Of Life

People had a voice and were encouraged to express their opinions. We saw there were regular meetings for people and staff, these were recorded and on display on a notice board within the home. The notes were presented using pictures which supported people with communication needs. To further support communication and choice the college uses total communication and ensures that all staff have received training and ongoing training within this area. We observed this being used in practice.

People were treated with dignity and respect and their rights were protected. For example, we saw that staff respected the privacy of people's rooms and if people were in their rooms always knocked before entering. People's rights were further protected as we saw some people had the support of an advocate and others had an appointee as part of Power of Attorney.

We observed staff and people engaging in a relaxed and friendly way which demonstrated people experienced warmth and attachment. One person told us that: - *"the staff are great"* and another told us that they had the opportunity to visit local cafes and restaurants with staff.

People have the opportunity to develop their skills; this is because during the inspection we observed people being supported by staff to prepare, cook and clean up after lunch. The meals that were being prepared were nutritious and had fresh ingredients some of which was grown by the learners at the college. We observed meal m times and found them to be relaxed and unhurried, with both learners and staff Snacks were available outside of normal meal times and there was a shop on site where people could buy additional items if they wished to do so.

People had choice and influence. For example, we saw that one person did not like the meal that was provided and staff had prepared an alternative meal for them to eat alongside everyone else. This was further evidenced within the house meetings were we observed that people have influence over activities, the running of the home and food choices.

People experienced a sense of well-being and a sense of achievement. One person we spoke with was working within the grounds of the college and learning outdoor skills. We saw other people engaged in craft lessons within the college. We were told a new Head of Learning had been appointed and the focus of the college remained on learning and increasing people's independence; the educational and residential staff work together to ensure that this occurs across both settings which helps people meet their agreed outcomes. The manager was confident that the values and culture of the service fitted with the Wellbeing Act as they strived to support people to reach their full potential.

Care plans we reviewed were detailed and personalised. Most had been signed by the person. There was evidence of input from other health professionals, including Speech and Language Therapy and the Community Team for People with Learning Disabilities. One person was facing deterioration in their physical health and relevant professionals were working with the person, and staff, to ensure all was being done to support the

person at that difficult time.

We noted that a significant number of people were being supported with one to one support from staff, some for short periods of the day and others for much longer periods. We discussed this with the manager who assured us that levels of support were reviewed and the aim was to reduce levels at the earliest opportunity. We recommend that minimum paid staff levels are clearly identified within the staff rota's.

We saw that some people were being given homeopathic medicines but there was no evidence that these had been agreed with the doctor responsible for prescribing all other medication. We discussed this with the manager and suggested that as some homeopathic medicines can interact with prescribed medication, it would be appropriate to discuss this with the doctor to ensure their safety.

Overall we found that the service offers people good opportunities and experiences and promotes people to achieve their full potential.

Quality Of Staffing

The focus of the inspection was on the Quality of Life, Quality of Management and Leadership and following up on previous non compliance issued; however we made the following observations. People benefit from staff who are motivated and have learners at the heart of all they do; this was evident during our discussions with staff and our observations during the inspection

At the last inspection we found that guest volunteers were doing the roles of paid staff; at the current inspection we found that measures had been introduced to ensure that both staff and volunteers have clear roles. This was evident during our discussion with paid staff and guest volunteers, who were clear about their roles and responsibilities and told us that they had access to a manager for support over a seven day period.

People benefit from care staff that know and understand their needs; staff that we spoke to told us that they had the time to read care plans and progress records to ensure that they understood the person's needs and delivered care consistently. The care that we observed appeared relaxed, supportive and warm with staff that genuinely cared for people.

People can be confident that staff have received specialist training to support their needs; this includes training in communication, autism and behaviour management. For individual's with complex needs the service provides staff with person specific training; this allows staff to have a greater understanding of the person's needs, provide consistent care and helps staff to minimise the risk of behaviours occurring.

Quality Of Leadership and Management

Assurances can be given that there is investment and a desire to improve the service to benefit people living in the college. This is because we found that the service has invested in employing an Occupational therapist, has increased people's access to a Speech and Language therapist and has plans to employ a Nurse to support people with any clinical issues. The staff that we spoke to commented how beneficial this was to people living in the college and has resulted in positive outcomes for people, including a reduction in a person behaviour presentation.

During the inspection we observed further improvements finding that the quality of documentation had improved, the safeguarding board allowed for more robust decision making, the quality assurance process was more robust and improvements had been made to the environment.

People can be confident that the service is run well and with due regard to the National Minimum Standards and Care Home Wales (2002) Regulations. This was observed during the inspection and was also reflected by feedback we received from two (2) professionals who support the service. We were impressed with the rigor of the quality assurance processes put in place by the manager which has been further developed since the last inspection to ensure that it is robust and by the manager commitment to improve the service. People who we spoke to expressed confidence in the manager and we found that they were visible and demonstrated a good knowledge of people's needs and current good practice.

Assurances can be given that the home regularly audits medication practice within the home. During the inspection we observed the current audit and found that medication did not always tally up and found no explanation about the reason. We therefore recommended that an additional column should be added to the audit to highlight any discrepancies and identify the reasons and any actions taken. Furthermore we advised about the need to ensure that every person prescribed medication has an up to date photograph within their medication file and is a requirement under the regulations.

People received effective support from a service that is able to meet their needs. The manager discussed with us the ongoing support for one person who, it was felt, was not benefiting from the environment, and whose needs would be better served in an alternative placement. Staff were committed to continue to support this person until a suitable alternative could be found. Discussion was also taking place in respect of one person whose physical health needs were changing; the person was subject to regular reviews, was seeking advice from relevant professionals and had put in measures to ensure that the person maintained their level of independence for as long as possible. This additional support allows the person to maintain in the environment for as long as possible.

Overall we found that the college is forward thinking and committed to continually improving the service to benefit the people.

Quality Of The Environment

The inspection focused on the Quality of Life, Quality of Management and Leadership and followed up non compliance issued at the previous inspection; however we did make the following observations and had the opportunity to tour Natgwyn, Ty Lori and the Farmhouse.

One of the people living in Ty Lori was happy to show us around their home which we found to be comfortable and homely. There was evidence of the learners art work on display as well as photographs. Kitchen areas appeared clean and furnishings were in good order. Parts of Ty Lori were yet to be refurbished.

Both Natgwyn and the Farmhouse had undergone redecoration and new bathrooms had been fitted in Natgwyn and were in the process of being fitted to the Farm House. Natgwyn has recently had new carpet fitted within the lounge. The health and safety concerns we highlighted at the last inspection had been addressed.

The homes and the grounds we visited were not suitable for people with restricted mobility, and the manager told us this was discussed at the point of referral.

We were told of the plans to build a new home within the grounds and this would provide modern facilities to help people in their journey to greater independence. The existing buildings would then be used to accommodate guest volunteers.

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.