



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

Inspection Report on

1-2 Maes Yr Ysgol

Carmarthen

Date of Publication

Tuesday, 19 September 2017

Welsh Government © Crown copyright 2017.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context.

Description of the service

1-2 Maes Yr Ysgol is registered with the care and Social Services Inspectorate Wales (CSSIW) to provide accommodation and personal care for up to four people who experienced a mental illness. The home is located in a small residential area within walking distance of Carmarthen town centre.

The home was registered with CSSIW in 2002 and the registered provider is Bro Myrddin Housing association. The day to day operational responsibility is that of an acting manager. They have recently registered with Social Care Wales and will shortly be completing the registration process with the CSSIW.

Summary of our findings

1. Overall assessment

People receive a good service and are supported by staff, that have a good understanding of their needs and what is important to them. Staff, were professional, well trained and motivated and complimented by both relatives and external professionals.

People live in a positive environment where they are seen as individuals and are encouraged to make choices and decisions. The leadership and management ensure continuous improvement are at the heart of the service.

2. Improvements

Care plans and risk assessments are now reviewed and updated on a 6 monthly basis or before if the needs of the person change. Risk assessment document was detailed and clearly guided staff on risk management procedures. Policies and procedures relating to the service are reviewed on an annual basis or before to reflect legislation and good practice.

Staff meetings are now arranged on a regular basis and a guest/ visitor's book has been introduced. Succession planning is now considered and staff are undertaking the appropriate qualifications. The on-call management process has been reviewed and an on-call pack is being introduced.

3. Requirements and recommendations

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

- Management of the home: To re-introduce house meetings for people living in the home. This may include discussions with both people living in the home and staff on the format of the meetings.
- Service user plan: To ensure the new care plans are introduced to all people living at the home.

- Service user plan: To ensure care/ support plan reviews record any outcome achieved during the period being reviewed. In addition that any future goals or aspirations of the person are clearly recorded.
- Quality assurance: To consult all stakeholders, including relevant professionals as part of the annual quality assurance report.

1. Well-being

Summary

People contribute to the decisions that affect their lives, and enjoy an active life in a home that promotes health and well-being. People experience well-being because their needs are understood and catered for.

Our findings

People are supported to maintain their health and wellbeing and to access the right treatment and medication for their condition. We saw good evidence within case recordings that people had regular access to a range of medical professionals. These included the general practitioner, optician and dentist. We saw people had their weight recorded on a monthly basis. The acting manager told us they had developed good relationships with the local community mental health. This has resulted in close partnership working for the benefit of people living at the home. In addition a package of training was going to be arranged with professional staff from the team focussed on the individual needs of the people living at the home. External health and social professionals commented positively on the home and its staff. Comments included *“people are very well cared for”* and *“they always discuss any issues or concerns with me”*. People living at the home told us *“staff look after us very well”*. A relative visiting the home at the time of inspection said *“x is very happy living here, his health is very good”*. Therefore people can be confident their physical health and well-being needs are met, and are as healthy as they can be.

People receive timely, appropriate person centred care and support. We looked at the records of two people during the inspection. Documentation included care and treatment plans formulated by the commissioning body. There were detailed risk assessment and risk management plans that provided clear guidance on risk reduction measures. At the time of inspection the acting manager was in the process of introducing new care plans. These were person centred and appeared to be an improvement on the old documentation. As this process had not been completed at the time of inspection these will be looked at in detail at the next inspection. Reviews had been carried out on a regular basis and reflected the care and support needs of the individual. However, these would benefit further from clearer recording of outcomes achieved by the individual during the period being reviewed. In addition any future goals and aspirations of the individual should also be clearly recorded. We observed daily recording booklets. These were completed by staff and referenced areas such as mood, diet and nutrition, as well as the activities of which the person had been involved. Therefore, people’s best interests are understood and promoted.

People have choice in the activities they pursue and when they do this. This is because people living at the home were very independent and enjoyed accessing the wider community. One person told us they liked to attend a local drop-in centre. They left to attend the centre on the afternoon of the inspection supported by staff. They also enjoyed engaging in arts and crafts, we observed some of their paintings on the wall of the living room within the home. Another person whom we spoke had just come back from a walk around the town, followed by a coffee at a local café. They told us *“I like to do this everyday”*. Another person living at the home told us they liked to stay within the home watching television. They said they *“especially enjoyed horse racing”*. Their relative told us

they would like “to see x *getting involved in more activities*”. In discussion with the person he was quite happy with his current situation. The acting manager told us they planned to have further discussions with both staff and people living at the home on a future programme of activities. People, therefore are supported and enabled to do things for themselves. However in consultation with both people and staff further thought should be given to future activities.

2. Care and Support

Summary

People are supported by competent staff that have a good understanding of their individual needs and treat them with dignity and respect. People can be assured that medication is well managed in the home by staff that are competent in the management of medication.

Our findings

The home accommodates a small number of people. People living at the home have developed good relationships between themselves and with staff. We observed warm interactions between staff and people living at the home throughout the inspection. We saw people were very comfortable with each staff member. A new member of staff was seen to be gathering information on each individual. They told us they were keen to know as much as possible about people as part of relationship building. We saw people eating breakfast and discussing plans for the day with two members of staff. One person told us *"I enjoy living here, staff are great"*. Another said *"staff help me to make breakfast"*. The acting manager told us staff discussed support and activities with people on a regular basis. However as people enjoyed their independence arranging house meetings had been difficult. We discussed this with the acting manager who agreed further discussions would be had with both people and staff to discuss how this could be improved. It is evident that staff and people living at the home have good relationships and mutual respect.

People are supported by staff who understand them and their health needs. People can be assured that medication is administered and recorded safely within the home. This is because we saw Medication Administration Records (MAR) were accurately completed with no gaps in signatures and codes used where appropriate to explain why medication had not been administered. We saw all medication was stored in an appropriate location within the home. We saw regular audits were carried out by the acting manager and the room temperature recorded on a daily basis. The management of medication procedure had recently been reviewed and an updated copy had been provided to the CSSIW. This was appropriate and reflected current legislation and good practice guidelines. The acting manager had also developed simple guidance for staff on the reporting of medication errors. In addition all staff had completed the relevant training to enable them to safely administer medication. This demonstrates that people are supported to be as safe and healthy as they can be.

3. Environment

Summary

People can be assured that they are safe, warm, and secure and protected from risk by appropriate risk management and health and safety procedures. People are happy living in accommodation that is clean and well maintained.

Our findings

People overall are supported in safe, secure, warm and well maintained surroundings. The premises were safe from unauthorised access. We had to ring a door bell to gain entry and were asked for proof of identify. We were then asked to sign our name and time of arrival in the visitor's book. The acting manager showed us around the home. We saw the CSSIW registration certificates clearly displayed in the upstairs office. We saw plans for a new kitchen were displayed in the kitchen area of the home. These had been placed on the wall for the purpose of people living in the home. The acting manager told us people had been consulted on the colour and type of kitchen units. This was confirmed in discussions with people living in the home.

We saw the home was comfortable and clean throughout. We observed new leather furniture had been purchased for the front living room. These were of good quality and were certified under current fire regulations. However decoration throughout the communal areas of the home was tired and dated. Therefore consideration should be given to a programme of redecoration in consultation with people living in the home. The acting manager agreed and would discuss timescales with her immediate manager. We saw the outside area provided a pleasant space. The garden was well maintained and fully enclosed. The acting manager told us one person enjoyed cutting the lawn. We saw this was well managed and an appropriate risk assessment in place. A dedicated outside smoking area was in place. We saw this was will used during the time of inspection. One person told us *"I enjoy living here and they have helped me to change around my bedroom"*. They also told us they were having some work done to their bathroom. Therefore, overall people live in accommodation that meets their needs and maximises their independence.

Unnecessary risks to people have been identified and as far as possible eliminated. We found detailed health and safety policies and procedures which were reviewed and updated on a regular basis. We saw testing of services and equipment was kept up to date. We saw safe systems of work in relation to fire safety. Records showed that all staff had received training in fire safety. A personal evacuation plan was held in each file and provided detailed information on the ability of the individual to leave the premises in an event of a fire. We saw monthly emergency lighting checks and evidence that full fire evacuation drills were carried out on an annual basis. We were provided with the last fire risk assessment. This had been carried out in February 2017 by a registered external consultant. We noted an action plan with a number of actions that required addressing. These were overall completed, with just minor issues to address. Therefore people can be confident that all steps have been taken to protect them from risk.

4. Leadership and Management

Summary

The acting manager dedicates a significant amount of time providing support to both staff and people living at the home. The leadership and management ensure continuous improvement are at the heart of the service.

Our findings

People receive care and support from staff that have been through a robust recruitment and induction process and thereafter well supported. We inspected the personnel and recruitment records for two members of staff. We saw records were well maintained and found them to be compliant with Schedule 2 The Care Home (Wales) Regulations 2002. We saw new employees then went through an initial induction, and thereafter, received regular support from the management team. We saw records of regular team meetings of which were generally arranged on a bi-monthly basis. The acting manager told us due to staff shortages this had been difficult of late. However we saw a team meeting had been arranged later that week. Minutes of team meetings were circulated to all staff, and any actions carried out were signed by the individual staff member. In addition staff supervision meetings were consistent and being carried out on a bi-monthly basis. We spoke to two staff members as part of the inspection. One had recently been employed and was going through the induction process. The other was employed through an agency, and had been working in the home for a number of months. Both spoke highly of the management support provided. One told us *"I really enjoy working here"*, whilst the other said *"management support is very good"*.

The acting manager was very complimentary on the support provided by their direct manager and the responsible individual. They told us they had also arranged for additional external support. This was in the form of a consultant with a wide range of professional experience in delivering health and social care services. The acting manager said this had been invaluable during her first year managing the service. They also told us they had completed the Quality Credit Framework (QCF) Level 5 in Leadership in Health and Social Care. They were in the process of registering with Social Care Wales, and would be applying for registration with CSSIW once completed. However the non-compliance notice issued at the last inspection would remain until both registrations are completed. Therefore, people are supported by staff that have the right skills and knowledge to make a positive impact on their lives.

People receive support from a service that maintains effective quality monitoring and continuous improvement. We saw a strong commitment to continuous improvement, and the quality of the service was regularly assessed. We saw quarterly checks were carried out by the head of housing services on behalf of the responsible individual. These covered a range of areas including speaking to people and staff. The acting manager provided us with a copy of the newly introduced annual quality assurance report. In discussion with the acting manager we felt referencing consultation with relatives and health and social care professionals that use the service could further improve the report. We saw the acting manager used reflective practice in both supervision and team meetings. A health and social care professional who used the service said *"the service has definitely improved"*

since the acting manager has been involved". Therefore there is a strong commitment to, and evidence of continuous improvement within the service for the benefit of people.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

<ul style="list-style-type: none">• Care plans and risk assessments not being reviewed on a 6 monthly basis and exceeding the required timescales as stated in regulations/ national minimum standards.	15 (2) (d) - This has now been addressed and all care plans and risk assessments are reviewed on a 6 monthly basis.
<ul style="list-style-type: none">• The organisation has employed a manager to manage the service without the appropriate qualification (QCF Level 5 in Leadership & Management).	9 (6) (a) - The acting manager has achieved the appropriate qualification and is in the process of registering with the Social Care Wales. Until the process has been completed with both Social Care Wales and CSSIW the non-compliance notice will remain.

5.2 Areas of non compliance identified at this inspection

None

5.3 Recommendations for improvement

The following good practice recommendations were made:

- To re-introduce house meetings for people living in the home. This may include discussions with both people living in the home and staff on the format of the meetings.
- To ensure the new care plans are introduced to all people living at the home.
- To ensure care/ support plan reviews record any outcome achieved during the period being reviewed. In addition that any future goals or aspirations of the person are clearly recorded.
- To consult all stakeholders, including relevant professionals as part of the annual quality assurance report.

6. How we undertook this inspection

This was a full unannounced inspection undertaken as part of our inspection programme. We carried out the inspection over two days, on 03 & 15 August 2017.

The following methods were used:

- We spoke to the acting manager, head of housing services, human resources manager and care and support staff;
- We spoke to people living at the home and their relatives;
- We received feedback from social care and health professionals;
- We looked at the statement of purpose and service user guide;
- We were shown around the home and gardens;
- We looked at two staff files (including recruitment & induction records);
- We looked at staff training records;
- We looked at two files of people living at the home (including care/ support plans, risk assessment documents and medication administration charts) and
- We looked at a range of policies and procedures;

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	Bro Myrddin Housing Association Ltd
Registered Manager(s)	No Registered Manager
Registered maximum number of places	4
Date of previous CSSIW inspection	20 December 2016
Dates of this Inspection visit(s)	03/08/2017
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	No- currently working towards
Additional Information:	