



Inspection Report on

Llandaff House Care Home

**6 Mwrwg Road
Llangennech
Llanelli
SA14 8UA**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

23/09/2022

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About Llandaff House Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Cathedral Care Limited
Registered places	21
Language of the service	Both
Previous Care Inspectorate Wales inspection	29/01/2020
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

People and their representatives are happy with the care that is provided at Llandaff house. One representative told us, *"We can rest easy knowing she's in a safe and secure environment"*. Care staff are experienced and respectful and are guided by up to date care plans and risk assessments.

Care staff feel supported by management and whilst they feel confident to approach senior staff at any time individual supervision sessions are not taking place at the required quarterly periods.

The environment is enabling and supportive for people living with Dementia and regular audits ensure that it is safe and well maintained.

The Responsible Individual and manager strive to continually improve the service however this is not reflected in the quarterly and six monthly quality care review reports. These reports require more detail to reflect the views of people and the improvements being undertaken. The manager is new to the role and is updating policies and procedures and is keen to improve outcomes for people using the service.

Well-being

People are treated with dignity and respect by care staff who know them well. We saw positive interactions between care staff and those they care for demonstrating genuine kindness and compassion. A family member told us, *“He is always well dressed and happy, I have no worries about him”*. Another person told us, *“She has her hair done every Tuesday”*.

The pandemic has impacted on the activities that can be offered however people are provided with opportunities within the home and encouraged to participate in things that they are interested in. One person told us, *“There’s always something to do, I like that. I’m back to being me”*.

People are enabled to maintain relationships with friends and family members and visiting is encouraged. During the pandemic arrangements were put in place to facilitate visiting by providing an outside summer house. Following this, on completion of the conservatory families now enjoy *“more relaxed”* visiting times in this additional area.

We saw people making choices at lunch time. If people do not want what is on the menu they are offered alternatives. One person told us, *“The food is out of this world, if I don’t like something I can ask for something else”*. We saw healthy and appetising meals being prepared by the chef and people’s nutrition and fluid intake being recorded by care staff to ensure their health and well being is promoted.

The service has been impacted in the same way as many in the sector during COVID-19 and with the current recruitment challenges. Several new staff have been recruited recently and there are adequate numbers of staff during each shift. A staff member told us *“some days are busy, sometimes we are too busy to chat”*. Staff however feel that they have enough time to respond to people in a timely manner. A family member also said *“They (care staff) are run off their feet some days but there is no inkling of this and we never get ‘Try later we are busy’. They are faultless”*.

Care and Support

People are cared for in a friendly and relaxed environment by staff who are caring and respectful. One family member told us, *“They have been marvellous, we struck lucky where she ended up”*. A person using the service told us, *“I would recommend this place to anyone. They are marvellous, they make me comfy at night.”*

Assessments are undertaken with people, their representatives and health and social care professionals prior to them moving to the home to ensure their needs can be met. Information gathered is used to inform and develop care plans to ensure the appropriate level of care and support is provided. Care plans are thorough and detailed however would benefit from including people’s wishes and outcomes and how they would like their care provided. Plans would benefit from more detail on people’s life history and background as this would enhance care staffs’ understanding of the person they are caring for, especially those with communication difficulties. This area is currently being developed by the manager.

Care plans and risk assessments are regularly reviewed by the manager and senior staff so that they remain relevant. The pandemic has prevented representatives being involved in reviewing plans. Family members spoken to told us that although they are kept up to date of any changes to the person’s health and care plans they would like to take an active part in the review process and to have more opportunities to discuss care plans in detail. This is something that the manager hopes to put in place over the coming months. We have issued an area for improvement and will check this on our next inspection to ensure people and their representatives have the opportunity to participate in reviewing care plans on a quarterly basis.

People receive medicines as prescribed. Medications are stored securely and at the correct room temperature. We saw Medication risk assessments in the files that we looked at. Audits are undertaken by the manager and stock checks are completed at the start of each shift handover. Audits found that some signatures were missing and records looked at during the inspection also showed one signature and not the required two for controlled drugs administering. During the previous inspection it was recommended that audit findings were recorded and followed up with individual staff with a view to reducing the incidence of missed signatures. It was also suggested the outcomes of audits be considered as part of the quality assurance processes in the home. As this remains a concern we have issued an area for improvement. Overall, people can be assured their physical health and well-being needs are met.

Environment

Llandaff house is a welcoming and homely environment. The building is maintained to a good standard and both the inside and outside of the building are kept clean and tidy. People are able to move freely around the home in a safe and clutter free environment aided by grab rails. There are several lounge areas where people can choose to sit or if they prefer they are able to spend time in their room. One person said that they enjoy sitting in the reception area with friends where they are able to see what is going on. This is indeed a popular place for people to sit and relax. We also saw people choosing to sit in the outside patio area as it was a warm sunny day. They were able to access this area independently.

The outside area is safe and secure with keypad locks on the outside gate requiring a code to exit the garden. Alarm sensors alert staff when exits/entrances to the home are in use and all visitors to the home are required to ring the bell on the front door to gain access. Following a recent incident whereby the outside gate was left open, additional safety measures have been put in place to ensure this does not happen again. A conservatory has been added recently and families have enjoyed using the space to visit people during the pandemic. It is also now being used for activities such as arts and crafts, cooking, pampering sessions and chair fitness sessions. A small pool table was also sourced for someone who enjoyed a game prior to their health deteriorating.

Bi lingual signage assists with orientation around the home and individual rooms have different coloured doors that resemble a front door. Many of the rooms have the person's photograph displayed outside for those with memory issues. People are encouraged to personalise their rooms with items such as photo frames and ornaments.

Maintenance checks are undertaken and the RI will attend to any minor repairs of the building himself as required. Work has recently been undertaken following a visit from the Fire services and the Enforcement Notice, dated 14/10/2021 has now been withdrawn due to actions completed. We saw evidence that Fire drills and Fire alarm tests are undertaken regularly and Fire safety equipment is also checked regularly within the recommended timescales.

Infection control procedures are in place and care workers use all necessary personal protective equipment when providing personal care. However some members of staff were not wearing their masks correctly. This was discussed and the manager agreed to ensure that staff wear them correctly in future.

Leadership and Management

A new manager has recently been appointed however has worked for the service for a number of years and therefore has good knowledge and an understanding of the service. Care staff told us they feel supported by management and are able to approach them with any issues they may have. One staff member told us *“It’s a lovely place to work, everyone is approachable and helpful”*. Although staff told us they feel supported, regular individual supervision has not been taking place on a quarterly basis in line with the regulations. The manager told us that she is currently reorganising workloads and will allocate this role to a senior carer and this will be a priority going forwards. As this was a recommendation in the previous inspection report we will issue an area for improvement and would expect to see staff having quarterly supervision at the next inspection.

The manager receives support from the RI who regularly visits the service however has not been receiving one to one supervision. The RI undertakes quarterly visits and we saw the two most recent reports. The reports were brief and very general. They would benefit from more detail on the views of staff and people at the service as they do not evidence that people have been consulted. The report also contradicted the evidence that we saw regarding staff supervision sessions. The quality of care report is up to date, however would benefit from being more detailed. It does not clearly demonstrate that there are effective arrangements in place for monitoring, reviewing and improving the quality of care and support provided by the service. However questionnaires have recently been distributed to people and their representatives and we would expect to see the feedback received incorporated into the next quality of care report.

The majority of policies we saw were up to date however the Staff Training and Development policy has not been updated for several years and refers to the standards in England. We would expect this to be updated and we have also advised for dates to be added to all policies to ensure consistency and evidence that policies are regularly reviewed.

Employee recruitment records evidenced the required pre-employment checks were in place before new employees started to support people. This included reference checks, photo identification and Disclosure and Barring Service (DBS) checks. However, we did note that gaps in employment were not always explored. As this was noted in the previous inspection we have issued as an area for improvement and would expect this information to be in place in future recruitment practice.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
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35	The provider could not show a full employment history, together with a satisfactory written explanation of any gaps in employment for all employees at the service.	New
80	The RI has not effectively analysed the information from medication audits and not identified a recurring issue with missed signatures. This has the potential to impact on people's safety and wellbeing. The RI also does not evidence that he has spoken with individuals who work and are using the service. The RI reports require more detailed information to show that information gathered is being used to monitor, review and improve the quality of care and support being provided by the service.	New
36	The manager has not received supervision since being promoted to manager in February 2022. The staff have not been having individual supervision sessions every three months and some staff have not had supervision for several months.	New
16	Individual care plans are being reviewed regularly however people and their representatives are not having the opportunity to be part of the review process.	New

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