



## Inspection Report on

**Llwyngwian Fawr**

**Dyffryn Ardudwy**

**Mae'r adroddiad hwn hefyd ar gael yn Gymraeg**

**This report is also available in Welsh**

## **Date Inspection Completed**

05 April 2022

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## About Llwyngwian Fawr

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Achieve together Ltd
Registered places	4
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	This is a service that does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people who use, or intend to use their service.

### Summary

Care staff understand peoples' physical and emotional well-being needs and provide them with person-centred care. Pre-admission assessments consider peoples' compatibility and inform personal plans, behavioural management guidelines and risk assessments. The documents contain detailed information regarding peoples' personal preferences, care and support strategies, and are reviewed within their identified timeframe. Whenever possible, people have opportunities to be involved in community meetings and participate in keyworker sessions. They have access to community health services, are encouraged to be independent and participate in recreational activities of their choice. People are happy living in the home, feel safe and listened to, and know how to raise a concern. They have resided together for several years and have developed friendships and an understanding of each other's preferences.

Peoples' rooms are personalised, and various health and safety checks are completed. The provider completes safe recruitment checks and newly employed care staff complete a formal induction. Care staff have access to regular training, speak positively about the support they receive and how the home is managed. Despite this, an area for improvement has been identified in relation to ensuring care staff receive regular formal supervision. A new responsible individual (RI) has been identified and has recently visited the service. Despite this and the completion of quality monitoring audits and reports, the frequency and consistency of RI visits and the completion of their reports has been identified as an area for improvement.

## Well-being

Whenever possible, people are supported to have control over their day-to-day life choices and are listened to. We observed care staff providing a person-centred care approach and using positive role modelling when supporting people. They were responsive to their needs and requests, provided them with consistent boundaries and spoke with them in a respectful manner. People told us they “enjoy” and “like” living in the home. They participate in community meetings, keyworker sessions and can choose the type of activities they want to complete. People also have access to, and contact with commissioning service representatives, family members and independent advocacy services if they wish.

People have access to various health services. Care staff encourage people to lead a healthy lifestyle and support them to attend community-based health service appointments. Consultation recommendations and outcomes regarding their physical and emotional mental health well-being are recorded and inform peoples’ personal plans and risk assessments. The service is currently unable to provide an 'Active Offer' of the Welsh language.

The service has relevant policies and procedures in place to ensure people are safeguarded from harm. People told us they know who to speak with if they have concerns and stated, “*I feel safe here*”, “*staff look after me*” and “*staff are nice*”. Care staff have access to the provider’s safeguarding, whistleblowing and complaints policies and told us they understand the importance of raising safeguarding concerns. They also have access to safeguarding training and the provider completes enhanced recruitment checks.

Independent living skills are encouraged, and people participate in community based recreational activities. They participate in a range of household, social and leisure activities such as shopping, animal care, gardening, cooking and visiting places of personal interest which increases integration, independence and their self-esteem. The activities form part of their routines and care staff support them to further develop their basic skills.

People live in suitable accommodation which supports and encourages their well-being. Their rooms are suitably furnished, personalised and provide an area for them to have private time. They also have opportunities to socialise and have access to facilities within the home which encourages their independence. Plans are in place to complete identified repairs and to further enhance areas of the home, and relevant health and safety checks are completed.

## Care and Support

The service's pre-admission process assesses whether and how it can meet peoples' needs and informs personal plans to support them to achieve personal outcomes. Information contained within the provider's pre-admission documentation considers peoples' care and support needs, compatibility and potential impact upon others residing at the home. We saw provider assessments had not been completed however this had no impact upon peoples' care and support. The management team began the completion of the provider assessments during the inspection. Information contained within peoples' personal plans and risk assessments are person-centred, detailed and regularly reviewed. Care staff told us the information provides an accurate representation of peoples' needs and preferences and enables them to provide people with consistent boundaries central to their identified care and support needs. Although care staff were aware of peoples' personal outcome goals, it was difficult to compare progress made due to the structure of the personal plan template. The documents viewed did not contain dates of when goals were to be achieved by or if they were short or long-term goals. We discussed this with the management team and RI who stated they would review the document's template.

The service has systems in place to ensure peoples' needs are met and they are listened to. Care staff understand peoples' care and support needs in relation to their communication, personal preferences, routines, behaviour management and health and well-being. People told us they are encouraged to share their views and opinions, that care staff *"listen to me"* and *"I can do things I want to do"*. Care file information shows their independence is encouraged and monitored on a regular basis. People can participate in keyworker sessions, know how to contact their social worker and are encouraged to attend reviews. People do not currently access an independent advocate as they choose not to. Care file information shows communication and consultation with commissioning services and if deemed appropriate, people are encouraged to have contact with family members. A complaints procedure is also in place which people told us they are aware of.

People have access to various external health services. Care file records and discussions with people and care staff highlights that when required, people receive prompt medical care and treatment relating to their physical and emotional well-being needs. Care staff support people to attend appointments and consultation outcomes are accurately recorded. Prescribed medication is stored securely, and overall, the medication administration record charts viewed were accurate and are audited on a weekly basis by the management team.

Relevant safeguarding and whistleblowing procedures are in place. Care staff have access to safeguarding training and the provider's safeguarding and whistleblowing policies. They told us they understand how to report safeguarding and whistleblowing matters and do not have any concerns regarding how peoples' care and support is provided. They consider people are *"protected"*, *"looked after well"* and *"are safe here"*. When required, the provider

makes timely safeguarding referrals to the local authority and submits notifiable safeguarding events to Care Inspectorate Wales.

The service does not currently provide an 'Active Offer' of the Welsh language and documents such as the statement of purpose (SoP) and service user guide are not available in Welsh. The provider should refer to Welsh Government's 'More Than Just Words: Follow-on strategic framework for Welsh Language Services in Health, Social Services and Social Care' for further guidance regarding providing an 'Active Offer' of the Welsh language.

## Environment

People live in a home which meets their needs, supports them to maximise their independence and achieve a sense of well-being. The home provides accommodation for up to four people with a diagnosis of a learning disability and/or mental health needs. The home is a detached small holding situated amongst six acres of hillside. It is within walking distance/a short drive from the local village where people can access shops. People can access community-based activities within larger towns and cities via public transport links or by the home's own transport arrangement. We completed a site inspection and viewed most rooms within the home and the outdoor area.

Upon arrival, visitors to the home are asked to provide identification and complete a signing in book situated within the separate office building located on-site. We viewed the main lounge, dining area and kitchen. Overall, each area presented as being clean and tidy. The bedrooms viewed were suitably decorated, furnished and contained personal items to reflect peoples' preferences and interests. The people we spoke with told us they "*like*" living in the home and were "*very happy*" with their rooms. One person was eager to show us their room and the proposed changes. They also confirmed they had been involved in the decision-making process and were "*looking forward to it being done*".

The front outdoor area contains ample car parking spaces, and the surrounding grounds consist of on-site facilities such as a greenhouse and sheds for woodworking and gardening. Several pets and farm animals are kept on the grounds and people can choose and are encouraged to participate in animal care duties. The various on-site facilities encourage people to complete activities, while also enhancing their skill base knowledge and independent living skills.

Health and safety checks of the premises are completed. Environmental hazards and required maintenance work are identified and reported. The manager told us the provider is supportive of change and financial investment within the home. We saw improvements have been made to a section of the homes outside rendering and further significant changes are planned to the kitchen and a person's bedroom. Written records and discussions with care staff confirm fire safety and checks relating to the testing of electrical equipment are completed. Procedures are also in place to ensure confidential and sensitive information regarding people and care staff is stored securely.

The service promotes hygienic practices and manages risk of infection. Care staff have access to the provider's infection control policy and told us they are satisfied with the current infection control procedures in place. We also saw they have access to personal protective equipment and cleaning products.

## Leadership and Management

Governance arrangements are in place to support the operation of the service. The provider has recently identified a new RI and despite having governance and reporting systems in place, the previous RI had not visited the service in accordance with regulation expectation. Although the previous RI had not visited the service on a regular basis, the manager stated this had not negatively affected service delivery. The manager told us they had access to and contact with the previous RI and were in “*regular contact*” with their regional manager who had an oversight of the service. They told us the regional manager continues to provide “*excellent support*” regarding service objectives, staffing, peoples’ personal and behavioural progress, and the provider’s continued financial investment. The manager also completes regular operational audits and states they are “*looking forward*” to working with the new RI. Discussions with the new RI during the inspection highlights they are aware of their responsibilities and the service’s operational objectives.

The service is provided in accordance with their statement of purpose (SoP) and new arrangements are in place for the effective oversight of the service. The recently updated SoP accurately describes current service provision arrangements but had not been updated prior the inspection to highlight the change of RI. As a result of the previous RI not visiting the service in accordance with regulation expectation, they had not completed their three-monthly reports. Most care staff told us they did not know the name of the previous or current RI. This was fed back to the current RI who provided each of the provider’s services with details of their role and contact details. The RI recently visited the service and has arranged further visit dates to complete their regulatory duty. We also saw quality assurance processes in place and a six-monthly quality of care review of the service has been completed with oversight by the current RI. Despite the recent positive change, the frequency and consistency of RI visits and the completion of their reports has been identified as an area for improvement. We expect the provider to take action to address this and we will follow this up at the next inspection.

Overall, there are appropriate numbers of suitably experienced care staff available. The staff rota record showed people receive care and support in accordance with their identified needs. It also showed care staff completing shifts additional to their contracted working hours. Care staff told us they were happy completing additional shifts and did not feel pressurised in doing so. They told us they did this as they “*enjoy working here*” and “*it makes sure people living here have consistent support*”. The rota also showed ‘bank’ staff are used when required to cover shifts and the manager has also completed shifts to assist the situation. We saw the provider is actively attempting to recruit new care staff. Enhanced staff recruitment checks are completed, and newly employed care staff complete an internal induction and the All Wales Induction Framework for Health and Social Care if they have not previously done so.

Care staff receive training, and an improvement is required in ensuring formal supervision is consistently provided and recorded. Care staff told us they have access to regular on-line



training which is pertinent to their role. They also praised the quality of the training. The staff supervision record shows care staff have not received formal supervision on a consistent basis. Care staff told us they have “*daily discussions*” and feel “*really supported*” by the management team. They also told us they receive “*regular, informal supervision*” and praised the level and frequency of operational and personal support being provided. Since the beginning of the year, the management team has been completing and recording formal supervision and appraisals with care staff. Despite this positive change, the completion and recording of formal staff supervision has been identified as an area for improvement. We expect the provider to take action to address this and we will follow this up at the next inspection.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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
36	Care staff have not received consistent one-to-one supervision with their line manager or equivalent officer, or a more senior member of staff within a quarterly basis. The provider needs to ensure care staff receive supervision on a consistent basis and	New

	that this is formally recorded.	
73	Prior to this inspection, the previous Responsible Individual had not visited the service on a regular, three monthly basis. This has resulted in a failure to evidence that visits are logged and documented.	New

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