



Inspection Report on

Llysywaun

**14 Heol Danyrodyn
Pentyrch
Cardiff
CF15 9QB**

Date Inspection Completed

22 July 2021

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About Llysywaun

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Llysywaun Ltd
Registered places	6
Language of the service	English
Previous Care Inspectorate Wales inspection	29 April 2021
Does this service provide the Welsh Language active offer?	The service is currently working towards 'Active Offer' of the Welsh Language

Summary

This was a focussed inspection to follow up on the progress made following the priority action notices that was issued at the last inspection on 29 April 2021. The report indicated that the provider acted without sufficient governance and oversight of the service to be assured that people are protected from harm, and, poor oversight of the health and safety of the home which compromised people's safety.

We found that sufficient improvement had been made to meet the required level of compliance. Staff are respectful and understand the needs of people they care for. Care documentation is personalised and evidences good engagement with external professionals. The provider must ensure that policies and procedures are up to date and staff are assisted to understand the policies which should underpin their practice when supporting people. People live in a warm, clean and safe environment which is suitable to meet their needs and promote their well-being. The provider has taken the necessary action to ensure the home is safe from hazards and there are systems and processes in place which promote a safe environment and mitigates risk. The RI has improved governance to oversee the management and provide assurance that the home is safe, well run and complies with regulations. This level of oversight needs to be sustained to effectively monitor the performance of the service in accordance with the statement of purpose document.

Well-being

People can exercise choice. They told us they go to bed when they choose and also determine how they spend their time. There is choice in respect of meals with each person sometimes choosing different things. Care workers have developed a good understanding and knowledge of people and know their likes and dislikes. Care plans are reflective of people's preferences but should also include their personal aspirations and the objectives of their one to one support. Formal engagement is not taking place to share their views about the service they receive to influence the future shaping. This includes the expected engagement with, their representatives, care staff and stakeholders. People access health care services to remain as healthy as possible.

People can be confident they are cared for by workers who have been safely recruited, and receive support from their manager. Care workers require further training to ensure they have the key information to understand the specific needs of people they support.

People can be assured that they are safe. The home environment is free from hazards. Equipment is serviced to ensure its safety and used to promote independence of people using the service. There are monitoring checks in place to identify any issues which could pose a risk to people. There is effective systems to promote hygiene practices and manage the risk of infection. The RI gave us assurance that audits will be introduced to increase the oversight of key areas such as incidents and accidents, and management of medicines. Visitors are monitored and asked to sign the visitor's book. Staff are safely recruited and receive safeguarding training. The safeguarding policy is out of date and needs to be revised in line with the recent changes in safeguarding procedures.

People can be confident that there is improved oversight and the service is being run with due care and diligence. The responsible Individual has put arrangements in place to ensure the quality of the service is monitored and reviewed to ensure it's being run effectively. The manager receives supervision to discuss their role and opportunities to gain skills for their personal development. This level of governance and oversight must be sustained to support the smooth operation of the service.

Care and Support

Care records are detailed and personalised. They contain up to date information about people's needs and how their care and support needs are to be met by care staff. Care workers we spoke with demonstrated a good knowledge of people; including what and who are important to them. Care plans should include personal one to one activity time which must be reflected on the staff working rota. Care plan reviews take place, but there is no evidence that people have the opportunity to be part of their review meeting. This may prevent people being able to influence how they receive support to achieve their personal aspirations. People decide where to spend their time, whether it be in their bedroom or enjoy socialising together. We were told that they are introducing an electronic care system in the near future. This will be considered at the next inspection.

Care records show regular contact with all necessary health professionals. People receive support from care workers to attend regular medical appointments and therapeutic therapy. Specialist medical referrals are appropriately made to seek advice and support.

People receive the right medication at the right time to maintain their health and well-being. The medication policy is in place which underpins care staff practice, but the policy requires updating. All care staff are trained to administer medication and we were told that competency assessments have been undertaken, but the assessments were not available on staff personal files. Medication charts show that people receive the correct medication but the room temperature needs to be closely monitored to ensure the effectiveness of medication is not compromised. The provider must ensure there is a regular audit system in place to identify any shortfalls and the appropriate action is taken. While there is no immediate action required, this is an area for improvement and we expect the provider to address this.

Care workers told us they are not rushed when assisting people and feel they have the time they need to effectively support and care for people. Staff rotas confirm that there is sufficient care workers allocated to support people at night to respond in an emergency and assist with a safe evacuation, if needed. The provider needs to consider a formal means to assess and review the needs of people to ensure there are safe numbers of staff deployed when there are changes to people's needs. Care workers are respectful and show warmth, kindness and understanding. We found the atmosphere in the home to be calm and people were relaxed and comfortable.

Environment

The grounds are well maintained and some people are happy to be involved in some of the gardening. There are colourful flower pots which welcome people to the home. We saw that people enjoy spending time in the garden enjoying the area. Paths around the garden have recently been repaired so they are accessible and not hazardous. The garden is well maintained and interesting.

People can be confident they are living in a home which is safe and appropriately maintained. Since the last inspection the provider has taken sufficient action to put systems and arrangements in place to ensure the environment is safe in accordance with current health and safety and fire legislation. There are contractual agreements in place to ensure the home is regularly monitored, risk assessed and serviced. Records evidence that there is a robust testing regime in place for care staff to undertake monitoring checks at the home such as, fire safety, health and safety and hot water temperatures. The repairs book is used to identify defects and we noted that prompt action is taken to complete the identified maintenance. Personal emergency evacuation plans are in place but not always updated when there are changes.

People are protected by infection control procedures. There is robust risk assessments in place to inform care workers of the procedure to test visitors for signs of infection. Personal protective equipment (PPE) is provided for visitors. There is a sufficient supply of PPE available throughout the home and bins available to dispose of the PPE appropriately to minimise cross contamination. There is a robust cleaning regime in the home to promote good infection control. All care workers are trained in infection control and follow the correct procedures. Although the general infection control policy and risk assessment has been recently updated, the document requires further detail for care staff to follow in the management of symptomatic and positive cases.

Leadership and Management

There is improved governance arrangements in place to monitor and review the quality, safety and effectiveness of the home. The responsible individual (RI) visits the home regularly to monitor the performance of the service.

The RI prepared a quality of care report for the service in June 2021 which identifies the improvements made and evaluates the quality of care. This report needs to be further strengthened to ensure analysis of information is reflected upon, to identify patterns and trends and appropriate action is taken, if needed. The RI gave us assurance that audits will be introduced to maintain oversight of key areas such as, incidents and accidents and medication audits. Since the last inspection there is no evidence of the provider seeking people's views for 2020, about the quality of the service they receive, including the expected engagement with residents, their representatives, staff and stakeholders. The manager has direct access to the RI. Since the last inspection, the manager is supported by supervision and training to support their personal development. It's imperative that the provider sustains this level of governance and oversight to support the smooth operation of the service and maintain the level of compliance. While there is no immediate action required, this is an area for improvement and we expect the provider to address this.

Since the last inspection the care workers personal records evidence that all staff receive the opportunity for supervision but not annual appraisals. Care staff told us that the manager is approachable and they feel supported in their role. Although some core training recently took place, this should also include, learning disabilities, skin integrity, oral care and end of life care to ensure care staff have the key information to understand the specific needs of people they support. While there is no immediate action required, this is an area for improvement and we expect the provider to take action.

The responsible individual has failed to ensure that policies and procedures are reviewed and updated in light of changes in practice, legislation and best practice guidance. Policies and procedures are not easily accessible for care staff to refer to, and the file is difficult to navigate if an urgent response is required. There is no evidence that care workers have been assisted to understand key policies and procedures which should underpin their practice when supporting people. The safeguarding policy in place is inadequate and does not take into consideration the new guidance outlined in the Wales Safeguarding Procedures. People told us that they felt safe and comfortable to raise any concerns. The provider was able to demonstrate that they are in the process of updating all policies and gave assurance that this will be completed in the near future. While there is no immediate action required, this is an area for improvement and we expect the provider to take action.

Areas for improvement and action at, or since, the previous inspection. Achieved

Regulation 7 (1) – The service provider must provide the service in accordance with the Statement of Purpose – regards to staff supervision, appraisals, management of hazards, health and safety, updated policies and procedures and RI governance of the service

Regulation 31 (3), (b) – The provider must demonstrate the means to assess the needs of people in the home to ensure there are safe numbers of staff deployed to meet personal outcomes, provide adequate supervision and respond in an emergency if needed.

Regulation 73 (1), (a), (b) and (3) – The responsible individual to formally visit the service to meet people and monitor the effectiveness of the service. The frequency of the visits should be at least three monthly

Regulation 74 (1), (2) and (3) – The responsible individual must report on the adequacy of resources on a quarterly basis

The service provider must ensure that the service is provided with sufficient care, competence and skill, having regard to the statement of purpose.

Regulation 6

The service provider must ensure that any risks to the health and safety of individuals are identified and reduced as far as reasonably practicable.

Regulation 57

Regulation 57 - Management of hazards are identified and reduced as far as reasonably practicable – In relation to identifying and addressing hazards in the home

Regulation 19 (3) (a), (b) - Service user guide to be updated to fully meet the regulatory requirement.

Areas for improvement and action at, or since, the previous inspection. Not Achieved

Regulation 36 (2), (c) – The service provider must ensure that any persons working at the service, (c) receives an appropriate appraisal

Regulation 76 (1), (a), (b), (c), (d), (e) and (2) – The responsible individual must put suitable arrangements in place for obtaining views of people using the service, their representatives, staff and stakeholders

Regulation 79 – The responsible individual must put suitable arrangements in place to ensure the service policies and procedures are kept up to date	
Regulation 16 (4) - People or their representatives to contribute to the review meeting at least every three months	
Regulation 27 (1) (a), (b) – The service provider must have policies and procedures in place (a) for the prevention of abuse, neglect and improper treatment, and, (b) for responding to any allegations or evidence of abuse, neglect or improper treatment	
Regulation 36 (2) (d) – People must receive core training to undertake the work they perform	

Where providers fail to improve we will escalate the matter by issuing a priority action notice. Where providers fail to take priority action we may escalate the matter to an Improvement and Enforcement Panel.

Areas where priority action is required

None	
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Areas where improvement is required

Regulation 6 – Quality audit systems to be in place to review progress and identify patterns and trends – In relation to incident and accidents and a matrix to record the frequency of staff supervisions and appraisals	
Regulation 58 (1), (2)(c) and (3) - Arrangements to be in place to store medicines at the correct temperature, medication policy to be updated and regular auditing of the management of medicines	

The area(s) identified above require improvement but we have not issued a priority action notice on this occasion. This is because there is no immediate or significant risk for people using the service. We expect the registered provider to take action to rectify this and we will follow this up at the next inspection.

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