



Inspection Report on

Llanfair Grange

**Llanfair Hill
Llandovery
SA20 0YF**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

02/11/2021

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About Llanfair Grange

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Parkmore Healthcare Ltd
Registered places	34
Language of the service	Both
Previous Care Inspectorate Wales inspection	19 December 2019 and 09 January 2020.
Does this service provide the Welsh Language active offer?	The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.'

Summary

People receive a good service through a dedicated manager and staff team. The Responsible individual (RI) has oversight of the service and intends to improve this with more robust Regulation 73 visits and meetings with the manager.

People's individual health and wellbeing are important to those providing the care and support. People living in the service and their relatives have corroborated this. Work is required to ensure the individual needs of people are recorded in more detail and people and / or their representatives are involved in the assessment and review of their care.

The environment is safe and appropriate infection, prevention and control measures are in place in line with Public Health Wales guidance. Refurbishment and redecoration within the service has commenced.

Well-being

People are protected from the risk of harm and abuse. Care workers speak respectfully about the people living in the home and have a good understanding of the person, their needs and how to meet these. Care workers interact with and support people in a caring and thoughtful manner. Appropriate infection control measures are in place and staff are clear about their role and responsibilities around infection, prevention and control. The service is clean with no malodours, and there is an ongoing programme of maintenance and improvements. Recruitment measures ensure staff working at the home have the right skills and approach to care but Disclosure and Barring Service (DBS) checks need updating every three years. The home liaises with health and social care professionals to ensure people remain as healthy as possible.

Overall care records reflect the needs and preferences of people. However, more details are required about any specific support individuals need and how they and /or their representative are involved in the care planning and review process. The Responsible Individual (RI) is strengthening his Regulation 73 visits to ensure people's views and opinions are recognised. People have access to information about how to raise a concern if they need to, one person told us *"I would speak to the manager or one of the staff if I had a concern"* and a relative told us *"I have not had cause to complain, however, I think if I did I would be listened to"*. People can personalise their bedrooms with items important to them such as furniture, ornaments, photographs and furnishings. Choices of meals and refreshments with alternative options are readily available for people.

Care and Support

Care and support is provided by a staff team who have a good understanding of people's needs and how to provide appropriate care and support. All staff spoke enthusiastically about caring for people and working in the service. There are sufficient staffing levels in place to meet the needs of people and to allow time for meaningful interactions.

Staff support people in a caring and professional manner. People told us they are well cared for and staff are kind and helpful. Comments include; *"the carers are wonderful, they are like my second family"* and *"they are so kind"*. Relatives also spoke positively about the care their love one receives including; *"I know mam is getting good care, the carers are so good to her"* and *"the carers are excellent!"*

The kitchen has improved to a five star food hygiene rating. There are varied menus offering daily choices. People told us that there are menu choices available and they can always ask for alternative meals if they want. Meal times appear to be a positive and enjoyable social event where people are encouraged and supported to eat their meals.

Care plans provide details of the needs of people; however, additional person centred information is required to give care workers a better sense of the individual and their specific care and support needs. In addition more work is required to demonstrate how individuals and /or their representatives are involved in the assessment and review of their care, particularly during the Pandemic.

Health and social care professionals are involved with people and this is documented in their care records. There are appropriate measures in place for the safe storage, administration and recording of medication. Care staff have a good understanding of safe medication practices and a good knowledge of the use of specific medications to support people living with Dementia.

The service promotes hygienic practices to reduce the risk of infection. On arrival, we were requested to show a valid Lateral Flow Test (LFT), we provided our contact details and had our temperature taken and recorded. Staff wear appropriate PPE and adhere to the current Public Health Wales (PHW) Guidance. The manager has worked with Environmental Health and the Local Health Board to ensure the service is meeting its obligations around infection, prevention and control measures. Policies and procedures are in place to support good practice, care staff are clear on these and their responsibilities around protecting people from infection.

Environment

Arrangements are in place to minimise risk to people's health and safety. Testing and servicing of fire-fighting and moving & handling equipment is undertaken within the required timescales. Personal Evacuation Plans are individualised and readily available in emergencies. Emergency alarms are accessible and when activated are responded to in a timely manner. Infection, prevention and control measures are in place because of the pandemic. Sanitation and PPE stations are located throughout the home. COVID-19 testing procedures are in place for all visitors who come to meet their relatives at the service. Substances hazardous to health are stored safely and communal areas are uncluttered and free from hazards. The service is clean and free from malodours.

The layout of the service supports people to use the facilities available to them safely. Signage to assist people orientate around the service has been improved. Better lighting installed in one corridor also helps people safely mobilize. Plans are afoot to improve the lighting in the remaining corridors. There are restrictors to the windows on the first floor and fire exits are clearly signed and free from obstructions. There are no communal toiletries stored in bathrooms. Care workers records confirm they have attended Health & Safety, COSHH, moving and handling and infection, prevention and control training.

People live in a homely environment but improvements are still required. Individual's bedrooms are personalised with pictures, photographs, small items of furniture and ornaments. Communal toilets and bathrooms are clean and efforts have been made to make these facilities more welcoming for people to use. Coloured toilet seats and handrails installed in a number of the communal toilets and bathrooms better assist people living with Dementia or have failing eyesight to use these facilities. People are very pleased with the recent redecoration and upgrade of the hairdresser's room.

There are several areas of the service still in need of redecoration and refurbishment. These include flooring, decoration, tiling, some windows and exterior works to the building. We have discussed the improvements with the manager and RI. The RI has produced a refurbishment and redecoration action plan, which CIW will monitor.

Leadership and Management

People receive care from a staff team who are motivated, valued and well trained. The manager effectively supports all care workers. This has been particularly valued during the COVID-19 Pandemic. Care workers told us; *“we feel well supported by (the manager). We can speak to her at any time, and she listens. She always thanks us”* and *“It is great working here, we are a good team”*.

Staff records show they receive an induction, regular supervision and an annual appraisal. It is important for supervision records to be signed and dated by those attending the meeting. Staff attend a range of mandatory and specific training including additional Dementia awareness and records corroborates this. Care staff told us about the training they have attended and were able to demonstrate a good understanding of their role in the protection of individuals and safe moving and handling procedures. There are policies and procedures in place to support staff but these need to be kept updated and relevant, particularly those pertaining to the Pandemic.

In the main staff recruitment records hold the required information, however, Disclosure and Barring Service (DBS) checks are not being renewed every three years as required under Regulation 35 Schedule 1 Part 2 (11) (a) (ii). We explained this requirement to the RI during the inspection. The manager is addressing this shortfall as a matter of urgency.

There is oversight of the service by the RI; however, this needs improving. Whilst the RI has conducted some virtual visits to the service during the height of the Pandemic, he has now made improvements to ensure they meet the requirements of Regulation 73. He has also completed a Quality of Care report. In addition to regularly speaking to the manager, the RI is now holding formal, documented supervision at least every three months with her.

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
N/A	No non-compliance of this type was identified at this	N/A

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