



Inspection Report on

Awelon Healthcare Mount Pleasant Stables

**Mount Pleasant Stable
Llantwit Major
CF61 2XR**

Date Inspection Completed

16 December 2021

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About Awelon Healthcare Mount Pleasant Stables

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Kay Campbell
Registered places	5
Language of the service	English
Previous Care Inspectorate Wales inspection	
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

A dedicated staff team at Mount Pleasant Stables offers sensitive care. Care workers know individuals well which helps to prevent escalation of behaviours for people who have very complex needs. People living at the service are happy and involved in activities they like, including those that take place in the community. Health care needs are monitored and addressed. Medication administration is safe but records and storage requires improvement. Support is given to encourage choice and independence.

The environment is suitable for people's needs, is safe and presentable. The provider has identified areas for improvement around décor. They also intend to provide a ramp to improve wheelchair access to all areas of the home.

Processes around assessments, care plan writing and reviews need reviewing to prevent omission of key information in personal plans. Evidence is not always available to show representatives of individuals are involved in these processes.

The provider has systems in place to monitor the quality of care. A manager oversees the day-to-day running of the service including the safe recruitment and development of staff.

This inspection took place 21 months after the start of the current Covid-19 pandemic.

Well-being

People have control over their day to day life. Improvements have been made to ensure additional care workers are available in the mornings to support people, ensuring they have choice of when to get support. Care workers know individuals well and understand their communication methods, which helps people to indicate what they would like on a day to day basis. Where people lack capacity or struggle with larger decisions, appropriate measures are taken to ensure they are represented. Every effort is made to gather information about people's preferences, their likes and dislikes, so that care staff can support people to make choices. Where people indicate preferences, these are provided.

The physical and mental health of people is considered and support provided to access relevant health professionals. Referrals are made to appropriate professionals in a timely manner. Activities are arranged to suit individuals and promote their well-being. People are observed to be content and involved in activities of their choice. Routine health checks such as weight, is recorded. Personalised care is provided to meet the mental health needs of people. Triggers that may instigate behaviours are avoided as far as possible as staff know individuals well.

People are protected as far as possible from harm. Policies are in place to inform staff on measures to take to protect people. Staff receive relevant training. When people lack capacity, applications are made to relevant authorities to ensure they have an independent representative appointed. The environment is safe. When people go out into the community, they have adequate support. Personal plans include risk assessments for individuals. Checks are carried out on staff before they start employment, ensuring they are suitable to work with vulnerable people.

Mount Pleasant Stables supports the well-being of people. Situated in a rural location but near to communities that people enjoy accessing. Individuals indicate how they would like their bedrooms decorated and people have personal items surrounding them. For people with mobility needs, equipment is available and the building is mostly accessible. The service intends improving the hallway by providing a ramp. Room temperatures on the first floor could be too warm at times as indicated by the maximum/ minimum thermometer.

Care and Support

People are provided with sensitive care, by appropriate numbers of care staff in a timely manner. Improvements have been made to address the needs of people who live at the home, with increased staffing levels in the morning to support people's personal care needs. Where people require the support of two care workers, this is provided. Care workers are observed to be kind and patient, showing understanding of the individuals they support. We observed care and support being given that reflected the needs of people, including dietary needs. People's weights are monitored. Health professionals are consulted when necessary. People take part in activities that they choose, including visits to the community and attending a day centre. Staff tell us they have additional support from the responsible individual and manager when a new resident is introduced to the home, to ensure a smooth introduction.

Comprehensive assessment documents are not always available in the personal plan. A document called a '*Grab Sheet*' is made available to give care workers information when a person is admitted to the home. This lacks statements around basic needs information, such as, communication, support with moving and handling, pain relief and pressure area prevention. Care workers communicate well with each other and share information they know about an individual to ensure needs are met, but this is not always written down. Following the day of inspection, the service provided improved documentation, including an assessment that covered areas previously identified as missing, such as communication. This remains an area of improvement.

Personal plans are in place containing care plans and risk assessments. Care plans are not being written within the expected time frame following a person's admission to the home. This is an area for improvement.

We are told by the service that people are consulted about their care, which is then recorded in the personal plans. A care worker is nominated to support the individual; they help with personal plan development and reviews. There is no evidence to show that the person has been consulted nor who has been involved in reviews. Where people lack capacity, it is not clear if an advocate has been invited to represent the individual. Care plans are not being reviewed every three months as required by the regulations. A statement on one document indicates that reviews are to take place six monthly. This is an area for improvement.

Medication is safely administered by the service but improvements are required in the recording and storage of medication. Records show people have received their prescribed medication in a timely manner and in a way that meets their needs. Administration of controlled medication is recorded correctly but records are not updated when medication is returned to the pharmacy. The medication storage room has appropriate locked storage but

the room temperature is not recorded. The room becomes excessively warm at times, compromising the integrity of the medication. This is an area for improvement.

We expect the provider to take action regarding the areas of improvement outlined above. We will follow these up at the next inspection.

Environment

The service provider has identified areas where the environment could be improved, and plans to complete this as soon as contractors can undertake the work identified. The hallway is to have a ramp installed to improve access to areas of the home for people in wheelchairs. Appropriate equipment is in place to support mobility needs. Other areas for development includes the décor in the hallway.

Bedrooms are of a suitable size and individually decorated with involvement from the person. Due to the construction of the building, some bedrooms are in the eaves of the roof on the first floor. The temperature in this space fluctuates. A medication storage area on this floor has records where the maximum temperature is in excess of 30 degrees. This temperature compromises the integrity of medication, but could also impact on people living in this area. The responsible individual is going to monitor this and has agreed to address this if required.

Though the home is in a rural location, people are supported to access the nearby community and take longer journeys if necessary to places of interest or activity.

The environment and equipment is regularly maintained and tested when necessary to ensure everyone's safety. Appropriate records are maintained. Routine fire drills are undertaken. Some audits, including temperature checks for medication storage have not been undertaken. The kitchen and food handling meets the environmental health requirements and has achieved the highest level 5. Good practices were observed on the day of inspection around food preparation and service.

Leadership and Management

The service has appointed a responsible individual (RI) who has oversight of the service. They visit the service regularly to measure the quality of care provided. Care workers confirm that the RI visits and is supportive. The RI has a statement of purpose and has made improvements to provide a service user guide. Further work is currently being undertaken on this document to ensure it is user friendly. These documents provide key information for people who use or will use the service. Required policies and procedures are in place.

Staff are safely recruited and required records maintained. Care workers undergo intensive induction. All care workers receive appropriate training. Efforts have been made to secure face to face training in addition to online training. Training is comprehensive and appropriate to the needs of the people living at the service. Supervision meetings take place. Care workers confirm the manager supports them with their development. When short notice absences occur, regular staff are used to provide cover to ensure continuity of care. Recently, due to the pandemic, gaps in staffing levels have been filled by the deputy manager; this has at times, prevented some routine administrative tasks from being completed such as audits of temperatures and medication.

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
34	The service provider should ensure that there are sufficient staff numbers , with sufficient skill to meet the care needs of people across a 24 hour period.	Achieved
21	The registered person is not compliant with regulation 21 (1) The service provider must ensure care and support is provided in a way which protects, promotes and maintains the safety and well-being of individuals. Personal plans did not always contain the detail needed to inform staff to meet people's needs and preferences. Guidance for staff around continence care did not take into account people's dignity and privacy. Preferences around waking times were not clearly recorded and honoured. There were indications that there were expectations that night staff would wake residents up to assist the day staff Peoples preferred daily routines and wishes were not	Achieved

	always being followed by staff as indicated in their personal plans. Guidance on how to support people with their continence by night was not clear and it was not evidenced that less restrictive ways of managing continence care had been thoroughly explored. Low staff levels, during the early morning, could potentially put people at risk due to insufficient attention and safe supervision of vulnerable residents.	
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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
58	Medication storage and recording is not in line with NICE guidelines and regulatory requirements.	New
18	The service is not considering fully all aspects of care and support requirements as part of the assessment process.	New
15	Personal plans for new/ emergency admissions are not comprehensive and not completed within the desired time frame.	New
16	There is no evidence to show people or their representatives are involved in three monthly care plan reviews.	New
73	Quality Assurance - Regulation 73: The RI must monitor the performance of the service, in relation to its Statement of Purpose and to inform the oversight and quality review. The frequency of these visits to be determined by the RI, but must be at least every three months. The visits should be logged and documented.	Achieved
19	Written guide to the service – Regulation 19(1): The service provider must prepare a written guide to the	Achieved

	service.	
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