



Inspection Report on

Options Llys-y-Delyn

Denbighshire

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

04/04/2023

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About Options Llys-y-Delyn

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Options Autism (4) Ltd
Registered places	4
Language of the service	English
Previous Care Inspectorate Wales inspection	07 June 2021
Does this service provide the Welsh Language active offer?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

Care staff understand people's physical and emotional well-being needs and are provided with clear strategies regarding how person-centred care and support should be delivered. People have access to community health and social care services and the service provider's clinical health team. They participate in recreational activities, are encouraged to lead a healthy lifestyle, and have opportunities to develop their basic living skills. Pre-admission assessments consider people's compatibility with each other and inform the provider assessment and person-centred planning document. People's personal plans, positive behaviour support plans and risk assessments are reviewed and focus upon people achieving identified goals and outcomes.

The home is suitably furnished and contains various facilities to suit people's individual needs and preferences. Various health and safety checks are completed, and the service provider has a maintenance team available and utilises external contractors if required. The service provider completes safe recruitment checks and newly employed care staff receive a formal induction. Care staff have access to various training, receive supervision and speak positively about the support provided by the management team. The responsible individual (RI) has a clear oversight of the service, and quality monitoring audits and reports are completed. Operational information regarding the service is shared with the service provider's senior management team.

Well-being

Whenever possible, people are supported to have control over their day-to-day life choices and are listened to. Detailed behavioural guidance is provided to care staff to assist them in understanding people's personal preferences, and to provide them with consistent boundaries and person-centred care. People's personal preferences and choices are sought by using unaided and aided communication systems. They also have family/representatives, commissioning services, and access to an independent advocacy service who can assist them in the decision-making process.

People have access to various health services and the service provider's clinical team, but care and support cannot be provided in Welsh. Care staff support people to lead a healthy lifestyle and to attend community-based health service appointments. Appointment consultations and outcomes are recorded in people's care files and the information is shared with the staff team. People's well-being and behavioural support needs are considered, and a healthy, balanced diet is encouraged. Although the service provider encourages the celebration of Welsh culture within the home and care staff can access a Welsh learner course, the service does not currently provide an 'Active Offer' of the Welsh language. The service 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 information.

The service provider has relevant safeguarding policies and procedures in place. Care staff receive safeguarding training and told us they have no concerns about people's safety and well-being. They also have access to the service provider's safeguarding and whistleblowing policies. Care file information shows people's risk assessments and behavioural support plans are regularly updated and reviewed when required. They include and consider the identification and management of potential harmful situations and the information is easily accessible to care staff. The service provider also completes enhanced staff recruitment checks.

People are encouraged to develop their independent living skills and participate in community based recreational activities. Depending upon their level of understanding and ability, people choose the type of activities they want to participate in. Care staff support people's daily routine activities which may include attending education/work placements, completing household chores, and participating in community based recreational activities such as going for walks and visiting places of interest.

People live in suitable accommodation that is safe and supports them to achieve well-being. The home is clean, suitably decorated, and well-furnished. People's rooms are spacious, and the décor and furnishings match their level of assessed need and preferences. They have access to facilities to develop their independent living skills and they have access to a

large, secure garden area. The service provider's maintenance team undertakes identified repairs and improvements, and relevant health and safety checks are completed.

Care and Support

The service provider's pre-admission process assesses whether and how it can meet people's needs and support them to achieve personal outcomes. Information sought in advance from the commissioning local authority informs the initial risk and impact risk assessments. Individual capacity assessments are completed which considers people's care and support needs and determine if best interest decisions are required. The home's suitability and people's compatibility with others already living in the home are also considered. The collated information informs the newly developed provider assessment and person-centred planning document, personal plans, positive behaviour support plans and risk assessments.

Personal plans highlight how person-centred care and support should be provided. Electronic care file information and discussions with care staff highlight people's personal plans contain detailed information and are regularly reviewed. Care staff told us the information provides them with up-to-date guidance regarding how to meet people's physical and emotional care and support needs. Multi-disciplinary meetings are held monthly with the service provider's home managers and clinical team to review and monitor people's short and long-term outcomes. Additionally, person-centred planning meetings are held, and positive behaviour support plans are completed. Care staff told us the service provider's assistant psychologist liaises with them on a regular basis and spoke positively about their input.

The service has systems in place to ensure people's needs are met and that they are listened to. It is difficult for some people to communicate their needs to the care staff team due to their level of understanding and limited communication skills. People are encouraged to communicate within their ability. They are supported by care staff who can use enhanced communication systems such as 'Talking Mats', social stories and object referencing to enable them to understand people's preferences. Discussions with care staff highlight they understand people's preferences in relation to their personal health care, behavioural support needs, communication, routines, and activities. Care file information and discussions with care staff show regular statutory reviews are held and contact with family members is encouraged. People have opportunities to raise a complaint through the assistance of care staff, family/representatives, commissioning services and an independent advocacy service.

Individuals have access to various external health services. Care file information shows people receive prompt medical care and treatment when required. Care staff support them to attend appointments and consultation outcomes are recorded within care files. Care staff receive medication training and prescribed medication is stored securely. Overall, the medication administration record (MAR) charts viewed were accurate, however consistency is required in the recording and auditing process. We discussed this with the senior management team who began addressing the matter before the completion of this report.

Relevant safeguarding and whistleblowing procedures are in place. Care staff complete safeguarding training and told us they are aware of the service provider's safeguarding and whistleblowing reporting processes. They told us they would "*Report concerns straight away*" and have "*No concerns about the care and support people receive, they are safe here*". Deprivation of Liberty Safeguards applications are made, and risk assessments are updated when safeguarding matters are raised. The service provider submits notifiable safeguarding events to Care Inspectorate Wales and makes timely safeguarding referrals to the local authority when required.

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 adults within a large, detached property. It is located in a quiet, rural area and larger towns and a nearby city is easily accessible via the services' own transport arrangements. People have access to public health services, shopping amenities and recreational facilities. We viewed each room within the home, and they presented as being clean, presentable, and well-maintained.

The large communal kitchen/dining/lounge area is spacious and provides extensive views to the countryside. It provides people with opportunities to socialise with each other or to have quiet time. The kitchen/dining has various appliances and a large table and chairs where people and care staff eat meals together. The lounge area is suitably furnished and consists ample seating in the form of comfortable sofas and a games area where people can access board games and books. People's bedrooms are suitably furnished, and the décor and furnishings match their level of assessed need and preferences. They choose their own décor depending on their identified needs, and their rooms contain personal items of interest and importance to them. The office space is accessible to people and care staff. It provides an area for meetings, administration work and doubles up as a staff sleep-in room. The home also has an additional lounge area, a staff bedroom, two bathrooms, a toilet, and a separate laundry/utility room.

The front garden area is well kept and contains ample car parking spaces. The large side and rear garden areas are secure and enclosed by a large wooden fence which provides an area for safe outdoor activities and views of the countryside and mountains. It consists of a well-maintained lawned area, various trees and shrubs, a sandbox, external lighting, and a garden house/shed. The service provider has plans in place to remove the garden house/shed and replace it with a purpose-built de-escalation area for people to relax within a safe, calm environment.

Health and safety checks of the premises are completed. Environmental hazards are identified by the staff team and reported to the service provider's maintenance team. The manager told us the service provider is supportive of making required changes within the home and outside contractors can be contacted if required. Written records confirm matters relating to the testing of electrical equipment and appliances, and fire safety checks are completed within identified timescales. Procedures are also in place to ensure confidential and sensitive information is stored securely.

The service provider promotes hygienic practices and manages risk of infection. The service provider's infection control policy is available to care staff. They told us they have access to personal protective equipment and cleaning products and are happy with the

current infection control procedures in place. Written records show the regular testing of safe water temperatures are completed.

Leadership and Management

Governance arrangements are in place to support the operation of the service and they provide a sound basis to ensure quality care and support for people. The RI has contact with the service provider's senior management team and the manager told us they have regular contact with the RI. Since the last inspection, the service has transitioned from a children's home provision to an adult home provision. Care staff spoke positively about the way in which the transition has been managed and described it as a *"Positive experience"*. They also told us a recent staff consultation process was *"Useful"* and *"Your opinion matters, makes you feel valued and appreciated"*.

Arrangements are in place for the effective oversight of the service through ongoing quality assurance processes. The recently updated Statement of Purpose provides an accurate description of the current service provided. The RI has a clear oversight of operational matters and visits the home on a regular basis. A six-monthly quality of care review of the service is completed, and the service provider has a reporting system in place which monitors, evaluates, and reviews the quality of care provided. An independent person completes a quality monitoring visit on a six-weekly basis and their report is shared with the service provider's management team to action any required recommendations.

There are appropriate numbers of care staff available. There are no current staff vacancies, and the service does not currently use agency staff. The staffing rota shows people receive care and support in accordance with their needs and commissioning service's arrangements. Discussions with the management team and care staff highlighted significant improvements have been made to the staffing levels since the beginning of the year. The staff rota also showed this, and care staff told us they are happy with the new rota's shift pattern and completing additional shifts when required. The service provider verifies employment references and completes enhanced staff recruitment checks. Newly employed care staff complete the service provider's induction programme and the All-Wales Induction Framework for Health and Social Care if they have not previously done so.

Care staff receive training and regular supervision. The staff training record shows care staff have access to a variety of on-line training opportunities. Care staff described the quality and frequency of the training as *"Good"* and *"It helps us"*. The staff supervision records and discussions with care staff confirm supervision is provided on a consistent basis. Care staff praised the management team, describing them as *"Fantastic"*, *"Supportive"* and *"Pro-active"*.

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