



Inspection Report on

Llety House

Llanelli

Date Inspection Completed

27/03/2023

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About Llety House

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| Type of care provided | Care Home Service Adults Without Nursing |
| Registered Provider | Ty Gofal LTD |
| Registered places | 3 |
| Language of the service | English |
| Previous Care Inspectorate Wales inspection | 7 February 2022 |
| Does this service provide the Welsh Language active offer? | The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service. |

Summary

Representatives of people have concerns about the service their loved ones receive. A small team of passionate and dedicated care workers support people, however the provider does not ensure there are personal plans or risk assessments in place to guide staff. The provider's failing around the provision of plans puts people at risk and we have issued a Priority Action Notice.

The environment is homely and reflective of the people who live there. Maintenance checks of the building have not been completed sufficiently.

Training and recruitment is inadequate and we have issued a Priority Action Notice. The manager of the service has been in post for five weeks and is not supported by the provider to effectively fulfil their role. The provider's oversight of the service is insufficient and puts people who live and work at the service at risk. We have issued three Priority Action Notices around the provider's oversight because they do not ensure the service is well run.

An additional Priority Action Notice has been issued around the financial viability of the service.

Well-being

People are supported by a small and dedicated team of care workers who focus on the individuals at the service. However, they do not feel supported by the provider, one told us *"We have no leadership or guidance and we just get on with it"*.

People do not receive person centered support and aren't involved in decisions about the service they receive. The provider does not have personal plans and staff rely on bits of information from previous service providers. People and/or their representatives do not contribute to decisions that affect them and do not have a voice or direct the way they want care and support to be delivered. People do not have risk assessments to guide staff and there is confusion around how to safely support individuals in the community. There is little advice from health and social care professionals in plans, which means people are not supported to remain as healthy as possible.

A lack of recruitment and training puts people at risk and does not ensure they get the right care and support, from skilled and knowledgeable workers. Staff protect people from abuse and neglect and are fully aware of their responsibilities to raise concerns. People and/or their representatives feel they do not have a voice because they are unable to make a complaint and have little faith in the leadership at the service.

The building is homely and people personalise their own rooms. Communal areas are welcoming and people appear comfortable and relaxed in them.

People have been put at risk because the manager is unaware of health and safety procedures at the service. The manager has been in post for five weeks. We could not find evidence of them being registered with Social Care Wales and they have not received an induction. The provider did not supply them with funds to buy food or items for the home and this was only resolved following a safeguarding referral.

People do not have a voice and input into the running of the service because the Responsible Individual (RI) does not involve them in quality assurance. Governance processes are ineffective and people involved in the service do not feel they are consulted with around quality of the service. There was no evidence of an up to date Quality of Care Review being completed.

Care and Support

People receive support from a small and committed team of care workers, who have built up positive relationships with them. Discussions with staff show a fondness and positive attitude towards the people they support, however concerns were raised around the providers leadership.

The provider does not have personal plans for how it delivers support to individuals and staff rely on their own knowledge and bits of information from other service providers. The absence of risk assessments mean staff use their own judgement and are potentially putting themselves and people at risk of harm. A support worker told us *“I have got to know people by working with them rather than through guidance in a care plan, risk assessments are done in my head rather than written down”*. There is little evidence of health and social care professionals being involved in people’s lives.

The provider has been issued with a Priority Action Notice and we expect them to ensure a comprehensive plan is in place to guide staff.

The staffing arrangements are insufficient because there aren’t enough care workers available to meet individuals’ needs. The manager told us they combine their time between managing the service and supporting people. During the inspection the manager was allocated to be an individual’s one to one support worker but had to complete administration duties. Therefore, was unable to focus on the individual they were supporting and they had to arrange activities around their duties.

We have issued a Priority Action Notice and expect the provider to ensure there are sufficient staff in place to effectively meet people’s needs.

The provider does not involve people or their representatives about the quality of the service. They are not consulted around risks, their needs and intended outcomes. During the inspection we could not find any evidence of a personal plan or risk assessments being completed. The provider does not ensure care and support is provided in a way which protects, promotes and maintains the safety and well-being of people. People are unable to maintain connections, safely within their community because they do not have a personal plan in place. The provider does not support staff to maintain good relationships with people because we could not find any evidence of mandatory training or specialist training in line with individuals’ needs. Staff rely on their own experience and learning from previous jobs rather than the provider’s training.

We have issued a Priority Action Notice and expect the provider to ensure that care and support is provided in a way which protects, promotes and maintains the safety and well-being of individuals.

Environment

The environment is homely and people appear comfortable and relaxed throughout the service. Individual rooms are personalised and people decorate them as they wish.

The expected regular Health and Safety audits of the property are not completed in line with the relevant guidance. We noted the fire logbook, kitchen checks and water temperature testing had not been completed for over nine months. Care workers expressed frustration about the length of time it takes to repair or replace items and we were told it took two months for the provider to replace the tumble drier.

The kitchen has a food hygiene rating of four. The cupboards and fridge was well stocked but were told that the provider had not provided staff with a means of purchasing food until two days before the inspection. This matter has been referred to safeguarding.

Leadership and Management

The current manager has been in post for five weeks. They have not received any form of induction into the role or been supervised by the provider. They told us they did not have access to finances to buy items such as food for people until a local safeguarding officer requested a director to resolve the matter. They are unsure about the day to day running of the home, they don't know how to complete the fire book, when to take legionella water temperature checks or even which day the bins go out. Staff have concerns about the provider's support and approach to the new manager; we were told *"She knows what she's doing but I feel she's intimidated by the owner"* and *"The new manager is trying her hardest to get things sorted but I think she's being limited by the RI"*

Care workers told us they did not receive regular, supervision meetings or appraisals until the new manager started. Records corroborate this and we observed two supervisions recorded since the new manager started. There is no evidence of team meetings taking place and a support worker told us *"We would like to meet the RI and have a meeting but nothing has happened and he doesn't seem interested"*. We expect the RI to support the manager to conduct supervisions and arrange team meetings and we will check this in the next inspection.

Pre-employment checks do not always take place before new employees start work. Right to work and Disclosure and Barring (DBS) checks are completed but almost all personnel files were missing references. Staff are critical of the provider's induction programme and one said *"Induction wasn't very good, I did eleven hours of shadow shifts and straight into lone working at nights"*. We could not find any evidence of certificates of ongoing training and a care worker told us *"Training is nothing in comparison to other jobs I've had. I read policies, I was supposed to have some E:Learning and I did a medication competency check. I used my previous experience and training to get by"*.

We have issued a Priority Action Notice and expect the provider to ensure recruitment is conducted safely in line with the regulations.

CIW have reasonable grounds to believe that the financial sustainability of the service may be compromised. However, the RI has assured us of the financial viability of the service and has provided CIW with a copy of their accounts.

The provider has inadequate arrangements in place for monitoring, reviewing and improving the quality of the service. The RI completes Regulation 73 visits to the service but actions are not checked and remain outstanding. Staff and representatives told us they aren't consulted with. A support worker said *"I met him (Responsible Individual) once in a meeting and he basically said hello"*. There was no evidence of a recent six-monthly Quality of Care Review being completed by the provider.

We have issued a Priority Action Notice because of the ineffective oversight of the service by the provider and we expect them to take immediate action.

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 |
|------------|--|--------|
| 6 | The provider does not ensure there is sufficient staffing to effectively support people to meet their health and well-being outcomes. The provider does not have personal plans to guide staff or risk assessments to help keep them and the people they support safe. The providers induction and training is ineffective and does not enable support workers to help people to achieve their outcomes. The provider does not ensure sufficient resources are available for the provision of the service. | New |
| 15 | The provider is noncompliant because they do not ensure that people living in the home have their own personal plan, that identifies their care and support needs or how they achieve their personal outcomes. The provider does not identify risks to peoples safety or prepare a plan to reduce these risks and enhance | New |

| | | |
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| | each individuals well-being. | |
| 21 | The provider does not have individual personal plans in place, therefore care and support does not promote health, well-being and safety of individuals. | New |
| 66 | The Responsible Individual's (RI) oversight of the management of the service is ineffective and does not support people to achieve their health and well-being outcomes | New |
| 11 | CIW have reasonable grounds to believe that the financial sustainability of the service may be compromised. | New |
| 35 | The provider recruitment practices are not safe because they do not always check that new staff are of suitable integrity of character and have the required skills and knowledge. | New |

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 inspection | N/A |

Date Published 16/05/2023