

Inspection Report on

Maes Y Wennol Residential Care Home

Llangurig Road Llanidloes SY18 6ES

Date Inspection 12 May 2022

12/05/2022



About Maes Y Wennol Residential Care Home

Type of care provided	Care Home Service
	Adults Without Nursing
Registered Provider	Shaw healthcare (Group) Limited
Registered places	29
Language of the service	English
Previous Care Inspectorate Wales inspection	This was the first visit since the service reregistered under RISCA.
Does this service provide the Welsh Language active offer?	Yes. This is a service that is working towards providing a bilingual service.

Summary

We saw positive interaction between staff and people who live at the home. People who can tell us said they are very satisfied with the service provided.

Personal plans are clear with details of people's needs and how they should be met. Improvements are needed to make sure people are asked how they would like care and support to be delivered and what personal outcomes they want to achieve. The provider must complete an assessment within seven days of people moving into the home. The assessment must be kept under review, reflect people's needs and include personal outcomes.

Health and safety is taken seriously and measures are in place to maintain the home and its equipment to keep people and staff safe. The home is well-maintained, clean, and tidy. The manager and staff have worked hard to make it as homely as possible. People have easy access to well-maintained gardens and outdoor space.

Staff are recruited safely and provided with training and support.

Measures are in place to check the quality of the service including regular audits. Arrangements are in place for the responsible individual (RI) to visit and oversee the quality of the service. Quality assurance reports are completed and include areas identified for improvement.

Well-being

People have good relationships with staff with one person telling us, "Staff are always kind to me." Care staff are kind, respectful and work hard to meet people's needs. The routines of the home are flexible to suit individuals as much as possible.

Care records give care staff clear information about people's needs. People tell us they are not involved in care planning or asked what personal outcomes they want to achieve. Records do not show people are offered a copy of their plan or assessment as required.

Activities and opportunities for stimulation on an individual and group level are provided. People enjoy these opportunities which are based on their interests and are particularly pleased to have access to a safe and well-maintained garden. The new greenhouse and associated activities have proved very popular.

People who speak Welsh are supported as much as possible by the manager and staff. Everyday Welsh words are displayed on a notice board and signage is pictorial and bilingual. Information about the home such as the statement of purpose (SOP) and guide to the service are displayed in Welsh as well as English.

Care and Support

People tell us they are satisfied with the service provided and like living at the home. Comments include, "Staff always listen", "The foods very good" and "Staff are great and always kind." People tell us they are encouraged to be as independent as possible and appreciate the routines of the home such as getting up and bedtime are flexible to suit individuals. Visitors to the home tell us they "Can come as often as we like, and we are always made welcome." We saw people have good relationships with staff and feel comfortable with them. Care staff are attentive, courteous, and able to support and anticipate people's needs. The names of staff on duty each day is displayed for people to see.

Records generally contain good detail of people's needs and some information about their life history, although this is not always used to inform the care planning process. Risk assessments are in place and reviewed when circumstances change. A provider assessment is not completed within seven days of admission. Records do not show people are offered a copy of their records. The RI has assured us this is being addressed. While no immediate action is required, this is an area for improvement, and we expect the provider to take action. Records do not show people are asked how they want care and support to be delivered or are involved in developing the plan. People spoken with are unable to recall being asked about this. People are not able to recall being told they could see or have copies of their personal records. Records did not include any evidence people are asked what personal outcomes they want to achieve and how this is supported by the service. People are unable to recall being asked about this when they moved into the home. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

An activities organiser arranges group and individual activities and opportunities for socialising if people want to do so. The programme is based on talking to people about their interests and information included in personal plans. We saw people have support to use technology including phones and internet shopping. People tell us they appreciate having things available to do that interest them.

Medicines are managed safely by staff who have completed training and had their competency checked.

Environment

All accommodation is on the ground floor with access to the outside garden. The home does not provide en suite bedrooms. The home is well maintained, clean, tidy and staff have made efforts to make it homely. People can personalise their rooms within space constraints. People spoken with tell us they like their rooms. The home has a very well-maintained garden with raised planters so people who want to can help with gardening. The manager told us plans are in place to buy fruit bushes and trees so people can pick and eat produce from the garden. A greenhouse has been recently purchased and people are supported by staff to get involved in choosing and looking after plants. People tell us they enjoy having the chance to get involved in gardening.

Records show any issues with the premises are recorded and plans put in place to address them in a timely way. Health and safety is taken seriously and we saw measures are in place to check and service equipment including, hoists, appliances, and fire safety items. A fire risk assessment has been completed and work identified as required is near completion. Records are kept of personal emergency evacuation plans (PEEPs), so staff are clear what support people would need in case of a fire. Infection control measures are in place to keep residents and staff as safe as possible.

Leadership and Management

Information about the service is provided in a statement of purpose (SOP) and guide to service. This means people can make an informed choice when considering moving into the home.

Checks are in place to make sure staff are recruited safely and the provider can be confident they are suitable to work with vulnerable people. This includes checking people's identity, obtaining references and a satisfactory Disclosure and Barring Service, (DBS) check. DBS checks are renewed as required.

Staff are provided with training, and support through supervision and annual appraisal. New staff complete a detailed in-house induction and are supported to obtain vocational qualifications. Staff spoken with are very positive about working at the home. They tell us they enjoy working at the home and felt, "Very well supported" by the manager and senior staff. Staff confirm they have regular supervision and can raise any queries and concerns as the manager "is always available and approachable." The manager has plans in place to support staff to register with Social Care Wales as required by October 2022.

Measures are in place to find out the views of people who live at the home. People who can tell us said they can speak freely at the regular residents' meetings. They said the manager and staff listen to them and "Do something about things." Minutes are taken and people provided with a copy. Records show action is taken when necessary. Regular staff meetings take place with a record of discussion kept. The record includes details of issues raised and any actions to be taken by the manager. A record of action taken is recorded on the following meeting record. The views of staff have not been sought. After the inspection the provider told us a staff survey was now available on the organisation's website.

Policies and procedures are in place to give staff advice and information about their role and how the provider expects the service to be run. They are reviewed regularly. The safeguarding policy includes a link to the All Wales Safeguarding policy but not the contact details of the local authority. The provider tells us this is available within the home. The provider has a whistle blowing policy, but this does not include the correct contact details of external agencies.

The RI visits the home and prepares a report in line with the regulations. The provider completes quality assurance reports six monthly to review the quality of the service and record any actions or improvements required. This means people can be assured the provider is committed to reviewing and improving the quality of the service.

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	
15	The provider does not ask about, or support people to achieve personal outcomes. People are not involved in the development of personal plans.	New	

18	The provider does not complete an assessment of needs within seven days of admission.	New
	needs within seven days of admission.	

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