



Inspection Report on

Llysfaen

**Ty Gurnos Newydd
Gurnos Road
Merthyr Tydfil
CF47 9PT**

23 March 2022

23/03/2022

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About Llysfaen

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Merthyr Tydfil County Borough Council Adults and Children's Services
Registered places	5
Language of the service	English
Previous Care Inspectorate Wales inspection	First inspection post registration under Regulation and Inspection of Social Care (Wales) Act 2016
Does this service provide the Welsh Language active offer?	Working towards: 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

Llysfaen specialises in providing care and support to people with learning disabilities. People are cared for in a pleasant, comfortable environment which is clean and well maintained. However, restricted areas must be kept secure for people's safety and arrangements for the storage of medication need to be strengthened in line with best practice guidance. An established team of care workers provide care and support tailored to each individual's specific needs. Care documentation is detailed and outcome focused. Care documentation needs to be reviewed more frequently to comply with regulatory requirements. Care workers receive training in core and specialist areas and have regular supervision to discuss any issues or development opportunities. Some policies and procedures require reviewing to ensure they are up-to-date. The manager has good oversight of service delivery and has regular meetings with the nominated Responsible Individual (RI). Further development is needed to ensure the RI visits the service regularly to gather information and feedback and to analyse the quality of service being provided and any improvements that may be required.

Well-being

People are treated as individuals by an established team of care workers. Personal plans are person centred. This means that the information recorded in them is specific to each person's needs. Personal plans contain information relating to people's background, likes and dislikes as well as the care and support they require. Personal plans are reviewed, however, the frequency of reviews needs to be increased to meet regulations. Activities are individualised and promote physical and social well-being. Most of the care workers have worked at the service for many years and have developed positive relationships with the people who live at the home. People have good access to health and social care professionals and have specialist management plans in place where needed.

The environment supports people's overall well-being. The home was recently renovated and is clean and comfortable throughout. It provides easy access and has specialist equipment on site for those who require it. People are offered choice in relation to their personal living space. Care workers working at the service need to be mindful to ensure restricted areas are locked to protect people from harm.

People are protected from abuse and neglect. Policies and procedures underpin safe practice and care workers know how to access them if they need to do so. Care workers are trained to identify the signs of abuse, neglect and poor health and are aware of the procedure for reporting concerns. People's overall health is closely monitored and professional advice is sought when needed.

Care and Support

Care workers have access to detailed documentation that enables them to provide quality care and support. Personal plans contain information on people's individual needs and instructions on the best way to support them. Some plans such as Positive Behaviour Support Plans (PBS) are devised using a multi-disciplinary team approach to ensure people receive the right care at the right time. Risk assessments are comprehensive and show thresholds for intervention. People's overall health and well-being is monitored and supplementary charts are completed, for example the recording of people's food and fluid intake. We saw documented evidence that people have good access to external health professionals and that advice and guidance is sort and implemented. We saw that care documentation is reviewed, however, the frequency of these reviews is not in line with three monthly regulatory requirements. We informed the management that this was an area for improvement and would expect the issue to be resolved by the next time we inspect.

People are supported to do the things they want to do. We saw each person's personal plan contained a timetable of activities which is individualised to the person's preference. These activities allow people to stay stimulated and active. Plans are in place that detail the support required during activities. We observed positive interactions between care workers and people living at the service on the day of our inspection. It was clear care workers know the people they support well and are familiar with their likes, dislikes and routines. We spoke to a number of relatives of people who use the service. One relative told us *"The staff are fantastic, nothing is ever too much trouble"*.

There are measures in place to keep people safe. The service has a safeguarding policy that contains the most up-to-date information. Care workers we spoke with are aware of their safeguarding duties and know the process for raising concerns. All care workers wear the required level of personal protective equipment (PPE) and complete routine testing for Covid-19 to reduce the risk of transmission. Any visitors to the service are required to show evidence of a negative lateral flow test (LFT) before entering the building. Routine cleaning is undertaken by care workers to ensure good standards of hygiene. Medication is administered as prescribed, however, improvements are required to ensure medication is being stored safely. The service does not currently monitor the temperature of the room where medication is stored. This is important as adverse temperatures can affect the efficacy of some medications. We advised this was an area for improvement and would review the matter at the next inspection.

Environment

People are supported in an environment with well-maintained facilities and equipment. We saw documents that confirm there is a rolling programme of maintenance, servicing and checks in place that ensures safety within the home. Maintenance issues are referred to Merthyr Tydfil County Borough Council's corporate estates department and contractors are sent to repair and replace.

The home is clean, comfortable and accessible. It is spread over one floor and provides good access for those with mobility problems. We conducted a visual inspection of the service and found the décor and furnishings are appropriate throughout. We noted a number of rooms containing items hazardous to people's health were left unlocked. We discussed this with the manager as it could pose a potential risk to people's health and safety. People's bedrooms are decorated to their preference and contain items that are important to them. All bedrooms are fitted with en-suite bathroom facilities. On the day of our inspection we observed people in communal areas. They appeared comfortable and relaxed which suggests they are content with the environment. Confidential information is securely stored and the building is secure from unauthorised visitors.

Leadership and Management

Effective governance and quality assurance measures ensures the service runs smoothly and delivers good quality care. The service seems to be well led. The manager deals with the day-to-day running of the home and is in regular contact with the RI who has a good level of oversight of service provision. We saw the service regularly consults with stake holders via satisfaction surveys to inform improvements. The RI is required to visit the home on a three monthly basis to gather information and feedback on the quality of care being provided. We did not see any evidence these visits have taken place. We told the RI this was an area for improvement and would expect the issue to be resolved by the next time we inspect.

Care workers enjoy working at the service and feel supported and valued within their roles. Records show care workers receive formal supervision on a three monthly basis. This gives them the opportunity to discuss any personal or professional issues they may have. Regular team meetings are held where information regarding service delivery and other operational matters is shared. There are relevant policies and procedures on site for care staff to use as guidance when needed. We examined a selection of policies and procedures and found some of them needed reviewing to ensure information recorded in them is current. This is an area for improvement that we will follow up on at our next inspection. The pandemic has impacted on the services training schedule. We looked at training records and found some care workers required refresher training in some core areas. However, we could see training had been booked and care workers would be attending the required training in the coming weeks.

A consistent team of care workers provide care and support. Staff turnover at the service is low which means people benefit from good continuity of care. Care workers told us staffing levels were good and allowed them to provide care and support in a calm relaxed manner. We looked at the staffing rota which was reflective of the staffing levels on the day of our inspection. The recruitment process is suitably robust and ensures all necessary pre-employment checks are conducted before a new employee can start in their role.

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
16	The provider is not compliant with regulation 16(1). This is because personal plans are not being reviewed every three months as required.	New

57	The provider is not compliant with regulation 57. This is because we found a number of restricted areas were unlocked on the day of our inspection.	New
58	The provider is not compliant with regulation 58(2)(c). This is because the service has failed to audit medication storage arrangements	New
73	The provider is not compliant with regulation 73(3). This is because the RI has failed to visit the service on a three monthly basis	New
79	The provider is not compliant with regulation 79. This is because some policies have not been reviewed in over 5 years and one of them contained outdated terminology.	New

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