



## Inspection Report on

**Llun y Mynydd**

**Abergavenny**

## **Date Inspection Completed**

24/09/2024

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## About Llun y Mynydd

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Orbis Education and Care Limited
Registered places	6
Language of the service	English
Previous Care Inspectorate Wales inspection	15 May 2023
Does this service promote Welsh language and culture?	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

People are relaxed and comfortable in their own individual homes and they are doing things they enjoy in the community, which support their physical and mental health. They attend regular health appointments and the manager is a strong advocate in relation to their health needs.

They build trusting relationships with compassionate care staff who treat them with respect and dignity. Their regularly reviewed personal plans provide suitable guidance for care staff to ensure their needs are fully met.

Most of the time, with the use of a group of consistent agency care staff, there are enough care staff to safely care for people. Recruitment is ongoing and the use of agency care staff is reducing.

Care staff are trained and regularly supervised and they value the mutual support they offer each other. Families report good communication from a responsive manager but not all care staff feel valued by managers.

Overall, quality assurance measures are suitable but the consultation processes for people living in the service need attention. Feedback from families is positive.

The improvements in staffing and people's documentation means the priority action notice issued at the previous inspection is met.

## Well-being

People's rights are respected because important information about their care is shared with them and their views are responded to in a positive manner. Suitably formatted information about the service is shared with people and they know how to make a complaint. They communicate what they want and make choices on a daily basis in relation to their clothes, food and activities. They influence the way their care is provided and they contribute to their personal plans and identify the goals they wish to achieve. They personalise their homes to their taste and needs and are developing their garden spaces.

Committed care staff have trusting relationships with people and they support them to do things they enjoy, which supports their physical and mental health. Care staff talk about people with kindness and compassion and people indicate they like their care staff. They support people to do things such as taking regular walks, attending social groups and craft activities in the community, going out for meals and swimming. They encourage people to try new things and they promote socialisation between people for celebrations such as birthdays. A family member told us *"the staff are fantastic and dedicated – they have turned X's life around"*.

Overall, the environment and the practices in the home safeguard people and promote their security. People are safeguarded by suitably knowledgeable and trained care staff and the manager takes action to safeguard people when required. People feel safe in the home, they see their families regularly and care staff know them well. The environment is subject to mostly regular checks and suitable signing in procedures are used.

People like their individual homes and are relaxed and comfortable in them. We saw people listening to music and watching television in their lounges with their care staff. People are confident moving around their homes, as they do not have to consider the impact of any others in their space. They put their own stamp on their homes with pictures and ornaments and also outside in their gardens. A parent told us *"B is happy and settled, I have no complaints"*.

Overall, quality assurance measures are suitable which means people are assured the service provider is identifying and making improvements to their service. The manager follows through on the actions resulting from regular audits of the service and the RI is regularly visiting the service. The responsible individual (RI) and manager need to ensure quality assurance processes reflect their consultation with people living at the service.

## Care and Support

The service provider gathers information to ensure they are able to meet people's needs. People's files contain previous assessments, local authority care and support or health service plans and their personal plans evidence contributions from people and their representatives. Impact assessments are in place which need to outline more clearly the potential impact of people spending time together and how any potential risks would be mitigated. Provider assessments are being updated but they require more information about the reasons for changes in people's care.

Care staff are able to meet people's needs because they have access to suitable information. Regularly reviewed, outcome focused personal plans contain guidance for care staff in relation to people's routines, likes/dislikes, health needs and staged responses to people when they are becoming unsettled. They are signed as read by most care staff and daily records show they are being followed. Risk assessments are suitable but need to be reviewed in line with personal plans. Some personal plans required amendment to fully reflect personal hygiene issues and the manager attended to this before the end of the inspection.

People are settled and have positive relationships with care staff who treat them with kindness and respect. People are relaxed and comfortable with their care staff who are confidently able to describe people's needs and how best to meet them. Care staff talk about people with fondness and warmth; they are positive and upbeat in their interactions, give people choices and praise them. Some people are socialising with each other in their homes and in the communal garden.

Safeguarding measures are suitable. Care staff know their safeguarding duties and the manager makes safeguarding referrals when needed. Incident reports are detailed and the least restrictive measures are used to support people when they are unsettled. Informal support and guidance is offered to care staff, however, a formal debrief following incidents is required to promote reflection and learning.

People are supported to be as healthy as they can be. People are registered with primary health services and appointments are sensitively arranged to meet their needs. Care staff are responsive to emerging health needs and the manager is a strong advocate in relation to people's health care. Care staff receive training on nutrition to ensure they can support people's healthy diets, although some care staff feel further training is needed on this topic. Regular exercise is promoted and people are doing things they enjoy in the community which support their mental and physical health.

Overall, care staff are following the service provider's administration of medication policy and people are receiving their medication as required. The manager takes appropriate action when errors are made and learning is used to improve practice.

## Environment

People are comfortable and relaxed in their own homes. They have plenty of space and suitable facilities to promote their independence skills. They personalise their homes to varying degrees; some have ornaments and colourful pictures on the walls, while others prefer a more minimalist environment. The furnishings and fittings are of a good quality and lounges have comfortable settees and suitable specialist chairs where they can relax.

Bathrooms are clean and contain suitable aids for people. Kitchens are modern and clean; fridges and cupboards are well-stocked and food is labelled on opening. People are making progress in helping with household tasks such as shopping, cleaning and doing their laundry.

The home is secure. Care staff follow suitable signing in procedures for visitors and people's front doors are locked, in line with their deprivation of liberty (DoLs) assessments. Care staff carry out regular health and safety and fire safety checks, although the more recent records for fire safety checks show some gaps. Fire drills are being held every two months and care staff undertake a range of training in relation to environmental safety. Repairs are completed in a timely manner.

There has been some development of people's gardens. All now have garden furniture, including the communal garden, and some are more personalised with raised planters, pots and garden ornaments. There is a need for continued development to ensure all gardens provide an inviting space to promote people's physical and mental health. The sheds containing the sprinkler systems in people's gardens are suitably secured.

The office is in one of the bungalows and is accessed via the person's front door. Care staff also use the toilet facilities in this person's bungalow. This feels intrusive and it is recommended the service provider consider alternative means for bathroom facilities for care staff. The staff room is in another person's bungalow but is accessed by a separate door. Some care staff have raised that it can become noisy in there at times and they are mindful of the impact on people living in that particular bungalow.

## Leadership and Management

People and their representatives have access to the information they need about the service. The statement of purpose is regularly reviewed and overall it reflects the service seen at inspection. People have suitably formatted guides to the service and their personal plans, which are shared with them as part of their individual house meetings.

Overall, there are sufficient numbers of care staff to ensure people's needs can be safely met. Rotas show for most days and nights care staff are at the required numbers with the use of a group of consistent agency care staff to cover any gaps due to annual or sickness leave. When there is insufficient notice to cover gaps in night staffing, a risk assessment is in place for a day time care staff member to sleep in as a last resort. The service provider is recruiting care staff and the use of agency care staff is reducing.

Care staff are trained and supervised in order to fulfil their role. A minority of care staff are qualified and almost all other care staff are in the process of completing a qualification relevant to their role. Care staff have completed training in the core subjects of fire safety, first aid and behaviour management and nearly all are up to date with their safeguarding training. They also complete a wide range of other training relevant to people's needs. Many care staff are receiving regular supervision in line with the service provider's policy and records show supervision sessions offer a balance between welfare and work issues and a focus on any practice issues, with action plans to address any concerns.

The feedback in relation to the support for care staff is mixed. Care staff we spoke to and the feedback from questionnaires evidence care staff value the mutual support they receive from each other, particularly the support of more experienced care staff. Some speak positively of management support, saying *"staff merge and work well with each other and we know who to turn to if we need any help or support"*. Others indicate they do not feel valued by managers. This mixed picture is also reflected in the staff feedback in the quality of care review. Team meetings are held virtually and staff spoke of finding it difficult to engage with them in this format. The manager addressed this issue immediately by adding alternate face to face team meetings each month. The minutes evidence suitable direction and praise from managers and a focus on people's outcomes.

Suitable quality assurance measures are in place but some areas require improvement to more fully meet regulations. The RI is regularly visiting the service and their reports show they are talking to care staff and carrying out a range of checks but they do not evidence consultation with people about their care. A range of audits are carried out and the manager completes the lists of tasks identified for action. The quality-of-care review is structured but it does not represent a fully transparent picture of the service, the challenges it has faced and how these have been managed. Consultation with people living at the service is not evidenced and the analysis of information is limited, in informing future developments and improvements to the service.





### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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
6	The service provider has not ensured the service is provided with sufficient care, competence and skill, having regard to the statement of purpose.	Achieved

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.

### Area(s) for Improvement

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

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